CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| CAMPAIGN F | INANCE REPORT | | COVER SHEET PG 1 |
|---|---|---|---|
| The C/OH Instruction Guit | DE explains how to complete this form. | 1 ACCOUNT # (Ethics Commission filers) 00000004 | 2 PAGE # 1 of 43 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST MS. Katrina | мі | OFFICE USE ONLY |
| , | NICKNAME LAST Daniel | SUFFIX | LUSTIN RE |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; P O Box 15082 Austin, TX 78761-5082 | CITY; STATE; ZIP CODE | Date Hand-delivered or Bale Position |
| Change of Address | | | Receipt # Amount |
| 5 CAMPAIGN | MS/MRS/MR FIRST | | Date Processed |
| TREASURER NAME | Ms. Carol | | Date Imaged |
| INVAIC | NICKNAME LAST | SUFFIX | Sale mages |
| | Huntsberger | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): AP 4506 Shoal Creek Austin, TX 78756 | PT / SUITE #; CITY; STATE: | ZIP CODE |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (512) 829-1205 | EXTENSION | |
| 8 REPORT TYPE | January 15 X 30th day befor | re election Runoff | 15th day after campaign treasurer appointment (officeholder only) |
| | July 15 Sth day before | e election Exceeded \$500 limit | Final report (Attach C/OH - FR) |
| 9 PERIOD COVERED | Month Day Year | Month Day | Year |
| | 07/01/2014 | THROUGH 09/25/20 | 114 |
| 10 ELECTION | | Primary Runoff X | General Special |
| 11 OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known Austin City Council | |
| | GO | TO PAGE 2 | |

| Texas Ethics Commission | P.O. Box 120 | 70 Au | ustin, Texas 787 | 11-2070 | | (512)463-5800 | TDD 1- | 800-735-2989 |
|--|--|----------------|--|--|-----------------------|------------------------------|---------------------|-----------------|
| CANDIDATE SUPPORT & | | OLDE | R REPO | RT: | | Cover | | C/OH T PG 2 |
| 13 C/OH NAME Danie | I, Katrina (Ms.) | - | - | | 1 | 4 ACCOUNT # 00000004 | (Ethics Com | mission filers) |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | | out the candid | late's or officehold ce of such expendi | political committees to suppo er's knowledge or consent. C tures | | | | |
| | GENERAL | COMMITTEE | ADDRESS | | | | | |
| | SPECIFIC | COMMITTEE | CAMPAIGN TREASU | JRER NAME | | | | |
| additional pages | | COMMITTEE | CAMPAIGN TREASU | URER ADDRESS | • | · · · | | |
| 16 CONTRIBUTION TOTALS | | | | F \$50 OR LESS (OTHER TI OF LOANS), UNLESS ITEM | | \$ | | 0.00 |
| | | | ONTRIBUTIONS GES, LOANS, OR | GUARANTEES OF LOANS) |) | \$ | 23 | 3,534.00 |
| EXPENDITURE TOTALS | 3. TOTAL F | OLITICAL EX | PENDITURES OF | \$100 OR LESS, UNLESS I | ITEMIZED | \$ | | 0.00 |
| | 4. TOTAL I | POLITICAL EX | KPENDITURES | | | \$ | 19 | 9,052.50 |
| CONTRIBUTION BALANCE | | | ONTRIBUTIONS MEPORTING PERIC | MAINTAINED AS OF THE | | \$ | 1; | 3,747.42 |
| OUTSTANDING LOAN TOTALS | | | MOUNT OF ALL O | UTSTANDING LOANS AS (| OF THE | \$ | | 0.00 |
| Notar My | DALUPE CORTEZ Public, State of Tenas Commission Expires OBER 22, 2017 | | | I swear, or affirm, under is true and correct and ir me under Title 15, Electi | ncludes all ion Code. | | ired to be re | |
| AFFIX NOTARY S | 171 | ne said | Kati witness my ha | na DANIL and and seal of office. | | , this the | Uth | day |
| Signeture of officer admir | nistering cath | Print | MADUL Trame of officer | 4 (LAA-62 radministering oath | т | DUDIL itle of officer adm | MT7 inistering o | 211) |

| _ | | | | | |
|---|----------------------------|--|--------------------------------------|-------------------------------|--|
| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 1/ | 28 Report: 3/43 |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID# Alexander, Troy & Kara | /) | 7 Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/24/2014 | 6 Contributor address; City; State; Zip Code 1508 Braided Rope Dr Austin, TX 78727 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | | ation / Job title (See Instructions) ector Advocacy | 10 Employer (See In Texas Medical | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/25/2014 | Contributor address; City; State; Zip Code PO Box 5972 Austin, TX 78763 | | · \$50.00 | |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| ┝ | Principal occup | ation / Job title (See Instructions) | Employer (See In | 1 . | Toxas, complete concesso 17 |
| | Lawyer | | Waller | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Ausley, Robbie | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/25/2014 | Contributor address; City; State; Zip Code 3707 Laurel Ledge Ln Austin, TX 78731 | | \$100.00 | |
| L | | , | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In Retired | structions) | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/15/2014 | Contributor address; City; State; Zip Code 5817 Wilcab Road, Suite #4 Austin, TX 78721 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| - | Principal occup | ation / Job title (See Instructions) | Employer (See In | L ' | |
| - | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/04/2014 | Contributor address; City; State; Zip Code 2501 Galewood Place Austin, TX 78703 | | \$200.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 一 | | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | Lawyer | | Texas Hospital | Association | |

| | OTHER | THAN PLEDGES OR LOAI | ··· | | |
|----------|----------------------------------|--|---------------------------------------|-------------------------------|--|
| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/2 | 28 Report: 4/43 |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | 1 | 3 ACCOUNT # 00000004 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Barker, Bobbie |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 08/05/2014 | 6 Contributor address; City; State; Zip Code 300 Bowie Street #4004 Austin, TX 78703 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Vice Presider | pation / Job title (See Instructions) | 10 Employer (See In St Davids Foun | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Beck, E C |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/22/2014 | Contributor address; City; State; Zip Code 7716 Basil Dr Austin, TX 78750 | | \$100.00 | |
| | | Austin, 17,70750 | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occur Owner | pation / Job title (See Instructions) | Employer (See In Beck and Comp | | · |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/22/2014 | Contributor address; City; State; Zip Code 7716 Basil Dr Austin, TX 78750 | | \$100.00 | |
| L | | | | <u> </u> | Texas, complete Schedule T) |
| | Principal occup Owner | pation / Job title (See Instructions) | Employer (See In Beck and Comp | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Beck, E C |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/22/2014 | Contributor address; City; State; Zip Code 7716 Basil Dr Austin, TX 78750 | | \$100.00 | 1 |
| L | | - | | <u> </u> | Texas, complete Schedule T) |
| L | Principal occur Owner | pation / Job title (See Instructions) | Employer (See In Beck and Comp | | |
| | Date | Full name of contributor out-of-state PAC (ID#Beinke, Allen | <u>'</u>) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/23/2014 | Contributor address; City; State; Zip Code 2607 Trail of the Madrones Austin, TX 78746 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| \vdash | Principal occur | Dation / Job title (See Instructions) | Employer (See In | l ' | |
| | | | | | |

| L | | | | | | | | |
|----------|---------------------------------|--|--|-------------------------------------|--|--|--|--|
| | The Instruction | on Guide explains how to complete this form. | | 1 PAGE# | | | | |
| <u> </u> | mandone | | | • | 28 Report: 5/43 | | | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | | | |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID# Belcher, Nora | :) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | | |
| | 09/25/2014 | 6 Contributor address; City; State; Zip Code 4709 Trail Crest Cir Austin, TX 78735 | | \$50.00 | | | | |
| L | | | | | Texas, complete Schedule T) | | | |
| 9 | Principal occup Trade Associa | ation / Job title (See Instructions) ate Executive | 10 Employer (See In Texas e-Health | | | | | |
| | Date | Full name of contributor | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 07/03/2014 | Contributor address; City; State; Zip Code 28 Hewitt Dr Corpus Christi, TX 78404 | | \$300.00 | 1 | | | |
| L | | | | | Texas, complete Schedule T) | | | |
| | Principal occup Govt Consult | ation / Job title (See Instructions) ant | Employer (See In Self | structions) | | | | |
| L | | | | | | | | |
| | Date | Full name of contributor | <u>; </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 09/24/2014 | Contributor address; City; State; Zip Code 7140 Chimney Cors Austin, TX 78731 | | \$250.00 | | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | | |
| - | Principal occup Finance | ation / Job title (See Instructions) | Employer (See In PSW Real Esta | structions) | | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# | <u> </u> | Amount of | In-kind contribution | | | |
| | | Blanca, Laborde | • | contribution (\$) | description (if applicable) | | | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 2100 La Casa Drive Austin, TX 78704 | ^ | \$100.00 | 1 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | | |
| | Principal occup Consultant | ation / Job title (See Instructions) | Employer (See Ir Blanca Laborde | | | | | |
| | Date . | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 9610 Southward Cove Austin, TX 78733 | | \$ 50.00 | I I I | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | | |
| Γ | Principal occup | ation / Job title (See Instructions) | Employer (See In Texas State Te | nstructions) eachers Association | on | | | |
| 1 | | | . SAUG State 16 | | | | | |

| | Offici | - THANT ELDOLG ON LOAD | | | |
|----|------------------------------|--|----------------------------|-------------------------------|--|
| | The Instruction | אס Guide explains how to complete this form. | <u> </u> | 1 PAGE # Schedule: 4/2 | 28 Report: 6/43 |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Brady, Denise | !) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/06/2014 | 6 Contributor address; City; State; Zip Code 1310 San Antonio St #2 Austin, TX 78701 | | \$25.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) • | |
| == | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/25/2014 | Contributor address; City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 | | \$50.00 | - |
| | Di i i | | Employer (See In | , | Texas, complete Schedule T) |
| | Campaign Ma | ation / Job title (See Instructions) anager | Katrina;Daniet (| | |
| | Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/23/2014 | Contributor address; City; State; Zip Code 1801 Lavaca, Suite 13L Austin, TX 78701 | | \$700.00 | |
| L | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Attorney | eation / Job title (See Instructions) | Employer (See In Self | structions) | |
| | Date | Full name of contributor | 1) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/06/2014 | Contributor address; City; State; Zip Code 1413 Corona Dr Austin, TX 78723 | | \$25.00 | |
| | | | | <u>'</u> | Texas, complete Schedule T) |
| | Principal occup Professor | ation / Job title (See Instructions) | Employer (See In UT SPH | structions) | |
| | Date | Full name of contributor | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/21/2014 | Contributor address; City; State; Zip Code 2603 Wooldridge Austin, TX 78703 | | \$350.00 | ! ! ! |
| 1 | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Lobbyist | ation / Job title (See Instructions) | Employer (See In Self | structions) | |
| | | | | | |

| | The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 5/2 | 28 Report: 7/43 | | |
|---|------------------------------|---|-----------------------------|-------------------------------|---|--|--|
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID Brunson, Howard (Mr.) | #) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 08/27/2014 | 6 Contributor address; City; State; Zip Code PO Box 29825 Austin, TX 78755 | | \$100.00 | | | |
| | | | • | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup retired | ation / Job title (See Instructions) | 10 Employer (See In retired | structions) | | | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/24/2014 | Contributor address; City; State; Zip Code 2121 Barton Hills Dr Austin, TX 78704 | | \$300.00 | | | |
| | | | | (if travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Owner SDI | ation / Job title (See Instructions) | Employer (See In Self | structions) | | | |
| | Date | Full name of contributor ut-of-state PAC (ID Burklund, Adam | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/23/2014 | Contributor address; City; State; Zip Code 1200 Barton Hills Dr Apt 249 Austin, TX 78704 | | \$100.00 | | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | <u> </u> | | | |
| | | • | | | | | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/23/2014 | Contributor address; City; State; Zip Code PO Box 384 Del Rio, TX 78841 | | \$100.00 | I I | | |
| | | • | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/24/2014 | Contributor address; City; State; Zip Code 4111 Circletree Loop Austin, TX 78731 | | \$50.00 | ! ! ! | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup TARB | ation / Job title (See Instructions) | Employer (See In TARB | <u> </u> | , | | |

| L | | | | | | |
|----------|-------------------------------|---|--------------|--|-------------------------------|--|
| | The Instruction | N GUIDE explains how to complete this for | m. | | 1 PAGE# Schedule: 6/2 | 28 Report: 8/43 |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | • | | 3 ACCOUNT# 00000004 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-sta Cheng, Karen | ate PAC (ID | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/25/2014 | 6 Contributor address; City; State; 6513 Mitra Drive Austin, TX 78739 | Zìp Code | • | \$100.00 | |
| | | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Government | ation / Job title (See Instructions) Affairs | | 10 Employer (See In Centene | structions) | |
| | Date | Full name of contributor | ate PAC (ID# | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/29/2014 | Contributor address; City; State; 1213 Timber View Dr Bedford, TX 76021 | Zip Code | | \$100.00 | ! |
| | | | | | (If travel outside of | Texas, complete Schedule T) |
| \vdash | Principal occup | ation / Job title (See Instructions) | | Employer (See In | <u> </u> | , , <u> </u> |
| | Social Worke | 7 | | Retired | | |
| | Date | Full name of contributor ut-of-sta | ate PAC (ID) | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/10/2014 | Contributor address; City; State; 4364 Faculty Lane Houston, TX 77004 | Zip Code | | \$350.00 | |
| | | | | | (If travel outside of | Texas, complete Schedule T) |
| \vdash | Principal occup | ation / Job title (See Instructions) | | Employer (See In | - | Texas, complete schedule () |
| | Housewife | , | | Not Employed | • | |
| | Date | Full name of contributor out-of-sta | ate PAC (ID) | #) | Amount of | In-kind contribution |
| | | Coleman, Garnet | | | contribution (\$) | description (if applicable) |
| | 09/10/2014 | Contributor address; City; State; PO Box 88140 Houston, TX 77288 | Zip Code | | \$350.00 | |
| | | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Consultant | ation / Job title (See Instructions) | | Employer (See In Self | structions) | |
| - | Date | Full name of contributor | ate PAC (IDa | <u> </u> | Amount of | In-kind contribution |
| | | Crimmins, Patrick | | · <u></u> | contribution (\$) | description (if applicable) |
| | 08/16/2014 | Contributor address; City; State; 9415 McNeal Dr. Apt 1224 | Zip Code | | \$25.00 | |
| | | Austin, TX 78750 | | | //f tempo = | Texas, complete Schedule T) |
| \vdash | Principal occur | ation / Job title (See Instructions) | | Employer (See In | | Texas, complete schedule 1) |
| | Media Relatio | | | State of Texas | | · . |

| L | OTHER THAN PLEDGES OR LUANS | | | | | | |
|----------|--------------------------------|---|--|-------------------------------|--|--|--|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 7/2 | 28 Report: 9/43 | | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Danzeiser, Doug | :) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 08/05/2014 | 6 Contributor address; City; State; Zip Code 7717 Kiva Drive Austin, TX 78749 | ······································ | \$50.00 | | | |
| | İ | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup Attorney | ation / Job title (See Instructions) | 10 Employer (See In State of Texas | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/01/2014 | Contributor address; City; State; Zip Code 2902 Bonnie Road Austin, TX 78703 | | \$50.00 | | | |
| | | | | , | Texas, complete Schedule T) | | |
| | Principal occup Real Estate | ation / Job title (See Instructions) | Employer (See In CBRE | structions) | | | |
| | Date , | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 1704 Windsor Rd Austin, TX 78701 | | \$200.00 | l l l | | |
| | | • | | l ' | Texas, complete Schedule T) | | |
| | Principal occup Consultant | eation / Job title (See Instructions) | Employer (See In Delisi Commun | | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 504 Sunny Lane Austin, TX 78704 | | \$300.00 | I I I * | | |
| <u>L</u> | · | | | <u> </u> | Texas, complete Schedule T) | | |
| | Finance | ation / Job title (See Instructions) | Employer (See In PSW Homes | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/01/2014 | Contributor address; City; State; Zip Code 5500 Ave F Austin, TX 78751 | | \$100.00 | | | |
| L | | | , | | f Texas, complete Schedule T) | | |
| | Principal occur Farm Manage | pation / Job title (See Instructions) er | Employer (See In Green Gate Fa | | | | |

| L | | | | | | |
|----------|-------------------------------|--|--|-------------------------------|--|--|
| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 8/2 | 28 Report: 10/43 | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT# 00000004 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Driscoll, Evan | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 09/03/2014 | 6 Contributor address; City; State; Zip Code 6807 Tulane Dr Austin, TX 78723 | , | \$100.00 | | |
| | | | | | Texas, complete Schedule T) | |
| 9 | | ation / Job title (See Instructions) Projects Manager | 10 Employer (See In Sustainalble Fo | | | |
| | Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/23/2014 | Contributor address; City; State; Zip Code 1205 Sahara Ave Austin, TX 78745 | | \$50.00 | ! | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| ┝ | Principal occup | ation / Job title (See Instructions) | Employer (See In | | , | |
| | | · | | · . | | |
| | Date | Full name of contributor □ out-of-state PAC (ID# Farmer, Mr & Mrs Gary | /) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/18/2014 | Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746 | | \$700.00 | ! ! | |
| | | Adsult, 17 70740 | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup President | ation / Job title (See Instructions) | Employer (See Ir Heritage Title C | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Floyd, Jason | ;) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/23/2014 | Contributor address; City; State; Zip Code 2609 Wilson St Austin, TX 78704 | | \$300.00 | | |
| | | | | (if travel outside of | Texas, complete Schedule T) | |
| | Principal occup confirming | ation / Job title (See Instructions) | Employer (See In confirming | nstructions) | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 07/03/2014 | Contributor address; City; State; Zip Code 1712 Morrow St Austin, TX 78757 | | \$350.00 | | |
| \vdash | Deinale - L | pline / Joh Aid (Con Industry) | F | <u> 1 '</u> | Texas, complete Schedule T} | |
| | Govt Consult | ation / Job title (See Instructions) ant | Employer (See Ir K & L Gates | istructions) | | |

Texas Ethics Commission

| | The Instruction | אס Guide explains how to complete this form. | · · · · · · · · · · · · · · · · · · · | 1 PAGE# | | | |
|----------|----------------------------|---|---------------------------------------|-------------------------------|-----------------------------|--|--|
| L | | | | Schedule: 9/2 | 28 Report: 11/43 | | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT# | (Ethics Commission filers) | | |
| | | | • | . 00000004 | | | |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID# |) | 7 Amount of contribution (\$) | 8 | | |
| | | Freedman, Michael | | Contribution (\$) | description (ii applicable) | | |
| l | 09/19/2014 | 6 Contributor address; City; State; Zip Code | | \$250.00 | <u> </u> | | |
| | , | 505 Bell Lane | | Ψ200.00 | ! | | |
| | | Maple Glen, PA 19002 | | | l | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | | ation / Job title (See Instructions) | 10 Employer (See In | | | | |
| | Consultant | · | Sentinel Solutio | ons, LLC | • | | |
| F | Date | Full name of contributor ut-of-state PAC (ID# |) | Amount of | In-kind contribution | | |
| | 22.0 | Gadbois, Glenn | ; | contribution (\$) | description (if applicable) | | |
| | | 2 | | **** | ł | | |
| | 08/21/2014 | Contributor address; City; State; Zip Code 5616 Bull Creek Rd | | \$100.00 | 1 | | |
| | | Austin, TX 78756 | | | | | |
| L | - | | | <u>'</u> | Texas, complete Schedule T) | | |
| | Principal occup ED | ation / Job title (See Instructions) | Employer (See In Moveablility Aus | | | | |
| L | | • | Woveability Au | 500 | | | |
| | Date | Full name of contributor 🔲 out-of-state PAC (ID# | ·) | Amount of | In-kind contribution | | |
| | | Gilbert, Don | | contribution (\$) | description (if applicable) | | |
| | 00/00/0044 | 0.45.0.10.10.10.10.10.10.10.10.10.10.10.10.1 | | #050.00 | I | | |
| | 09/20/2014 | Contributor address; City; State; Zip Code 401 West 15th Street Suite 870 | | \$350.00 | 1 | | |
| | | Austin, TX 78701 | | | 1 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| Г | | ation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | Consultant | | Self | | | | |
| Г | Date | Full name of contributor ut-of-state PAC (ID# |) | Amount of | In-kind contribution | | |
| 1 | | Glenn, Noble | . | contribution (\$) | description (if applicable) | | |
| 1 | | | | | 1 | | |
| | 09/24/2014 | Contributor address; City; State; Zip Code | | \$350.00 | I | | |
| | | 8600 Ranch Road 620 N Apt 335 Austin, TX 78726 | | 1 | Ī | | |
| | | | | (If trave) autoid = -4 | Towns complete Schedule T\ | | |
| \vdash | Principal occur | ation / Job title (See Instructions) | Employer (See In | <u> </u> | Texas, complete Schedule T) | | |
| | Manager | zilon, sos alle (see maradions) | BG Staffing | 31140401107 | | | |
| H | Date | Full name of contributor | <u> </u> | Amount of | In-kind contribution | | |
| | Date | Graham, Russell | , | contribution (\$) | description (if applicable) | | |
| | | | | | 1 1 | | |
| 1 | 08/21/2014 | Contributor address; City; State; Zip Code | | \$350.00 | 1 | | |
| | | 2930 Oestrick Lane Austin, TX 78733 | | | i 1 | | |
| 1 | | | | | _ | | |
| L | Barrier | | | <u> </u> | Texas, complete Schedule T) | | |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In Retired | structions) | | | |
| | | | | | | | |

SCHEDULE A

TDD 1-800-735-2989

| | OTHER THAN PLEDGES OR LOANS | | | | | | |
|---|-------------------------------|--|--------------------------------------|-------------------------------|--|--|--|
| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 10 | /28 Report: 12/43 | | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | , | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID# Grant, Kathryn |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 09/24/2014 | 6 Contributor address; City; State; Zip Code 915 W. Johanna Street Austin, TX 78704 | | \$350.00 | | | |
| | | | | <u> </u> | Texas, complete Schedule T) | | |
| 9 | Principal occup Consultant | ation / Job title (See Instructions) | 10 Employer (See In Self Employed | structions) | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Hackney, Clint |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/16/2014 | Contributor address; City; State; Zip Code PO Box 163164 | | \$350.00 | | | |
| | | Austin, TX 78716 | | (If traval outside of | Texas, complete Schedule T) | | |
| | | ation / Job title (See Instructions) | Employer (See In | | rexas, complete schedule 1) | | |
| | Government | Relations and Public Policy | Self | | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/16/2014 | Contributor address; City; State; Zip Code 2118 Bandera Path Round Rock, TX 78665 | | \$100.00 | | | |
| | | | • | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Attorney | eation / Job title (See Instructions) | Employer (See In Greenberg Trau | | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 08/07/2014 | Contributor address; City; State; Zip Code 301 Congress Avenue Suite 1700 Austin, TX 78701 | | \$350.00 | I , | | |
| | | | | <u> </u> | Texas, complete Schedule T) | | |
| | Consultant | eation / Job title (See Instructions) | Employer (See In HMWK, LLC | structions) | | | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Hall, Nancy |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/04/2014 | Contributor address; City; State; Zip Code 606 Amesbury Austin, TX 78752 | | \$100.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Retired | pation / Job title (See Instructions) | Employer (See In Retired | estructions) | | | |

| L | OTHER THAN PLEDGES OR LOANS | | | | | |
|---|-----------------------------|--|-----------------------------|-------------------------------|--|--|
| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 11 | /28 Report: 13/43 | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | · | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor aut-of-state PAC (ID# Hanna, Mr & Mrs Mark |) | 7 Amount of contribution (\$) | 8 | |
| | 09/25/2014 | 6 Contributor address; City; State; Zip Code 900 Congress STE 250 Austin, TX 78701 | | \$700.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occur Attorney | oation / Job title (See Instructions) | 10 Employer (See In Self | structions) | | |
| _ | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 08/03/2014 | Contributor address; City; State; Zip Code 8501 Shenandoah Dr Austin, TX 78753 | | \$50.00 | | |
| | | | | (if travel outside of | Texas, complete Schedule T) | |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | | |
| | Date | Full name of contributor □ out-of-state PAC (ID# Harger, Rachel | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 07/27/2014 | Contributor address; City; State; Zip Code 4313 Avenue G Austin, TX 78751 | | \$25.00 | ! ! ! | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | | oation / Job title (See Instructions) Organizer/Activist | Employer (See In Self | structions) | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/23/2014 | Contributor address; City; State; Zip Code 1504 Hardouin Ave Austin, TX 78703 | | \$50.00 | | |
| | | Addin, 177700 | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup Writer | ation / Job title (See Instructions) | Employer (See In Self | structions) | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 3222 Cherry Lane Austin, TX 78703 | | \$350.00 | | |
| | | | | (if travel outside of | Texas, complete Schedule T) | |
| Г | | pation / Job title (See Instructions) | Employer (See In | | · | |
| | Government | Relations | Texas Hospital | Association | | |

| | OTHER THAN PLEDGES OR LOANS | | | | | |
|---|----------------------------------|--|--------------------------------------|-------------------------------|--|--|
| | The INSTRUCTION | אס Guide explains how to complete this form. | | 1 PAGE# Schedule: 12 | :/28 Report: 14/43 | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT# 00000004 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Hawkins, Mr & Mrs Albert |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 09/25/2014 | 6 Contributor address; City; State; Zip Code 7005 Quill Leaf Cove Austin, TX 78750 | | \$700.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occup Policy Consu | pation / Job title (See Instructions) Itant | 10 Employer (See In Self Employed | structions) | | |
| | Date | Full name of contributor □ out-of-state PAC (ID# Heckmann, Kris | ·) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 07/03/2014 | Contributor address; City; State; Zip Code 4305 Endcliffe Austin, TX 78731 | | \$50.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup Attorney | pation / Job title (See Instructions) | Employer (See In Granite Public / | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 7212 Mitra Dr Austin, TX 78739 | | \$50.00 | | |
| | | 222,222, | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup Policy Adviso | pation / Job title (See Instructions) | Employer (See In State of Texas | structions) | | |
| | Date | Full name of contributor | <u>‡</u>) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 08/07/2014 | Contributor address; City; State; Zip Code 2404 Topeka Lubbock, TX 79047 | | \$350.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup Physician | pation / Job title (See Instructions) | Employer (See In Grace Medical | structions) | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/17/2014 | Contributor address; City; State; Zip Code 3121 Buffalo Speedway Houston, TX 77098 | | \$50.00 | ! | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | | pation / Job title (See Instructions) | Employer (See In | structions) | | |
| | Healthcare C | Orisuitarit | GIS | | | |

TDD 1-800-735-2989

SCHEDULE A

POLITICAL CONTRIBUTIONS

| OTHER | OTHER THAN PLEDGES OR LOANS | | | | |
|---------------------------------|--|---------------------------------------|---------------------------------|--|--|
| The Instructi | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 13 | /28 Report: 15/43 | |
| 2 FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Hopson, Steve | !) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| 09/05/2014 | 6 Contributor address; City; State; Zip Code 1114 Hollybluff Austin, TX 78753 | | \$50.00 | | |
| • | | * | (If travel outside of | Texas, complete Schedule T) | |
| 9 Principal occu Retired | pation / Job title (See Instructions) | 10 Employer (See Ins Retired | structions) | ٠ | |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 07/28/2014 | Contributor address; City; State; Zip Code 1306 Cullen Ave Austin, TX 78757 | | \$50.00 | | |
| | Additi, TX 10737 | | (If travel outside of | Texas, complete Schedule T) | |
| Principal occu Real Estate I | pation / Job title (See Instructions) Broker | Employer (See In: Austin Portfolio | structions) Real Estate - KW | | |
| Date | Full name of contributor | <u>+</u>) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 09/25/2014 | Contributor address; City; State; Zip Code 4703 Gold Flower Hollow Austin, TX 78731 | | \$100.00 | | |
| | | | | Texas, complete Schedule T) | |
| Principal occu Consultant | pation / Job title (See Instructions) | Employer (See In: Self | structions) | | |
| Date | Full name of contributor ut-of-state PAC (ID# Katopis, Chris | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 09/25/2014 | Contributor address; City; State; Zip Code 1308 Clifton Street NW Apt 412 Washington, DC 20009 | | \$100.00 | | |
| _ | | | (If travel outside of | Texas, complete Schedule T) | |
| Principal occu Lawyer | pation / Job title (See Instructions) | Employer (See In Self | structions) | | |
| Date | Full name of contributor | ‡) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 07/03/2014 | Contributor address; City; State; Zip Code 2301 S. 5th Unit 9 Austin, TX 78704 | , | \$350.00 | ! | |
| | | | (If travel outside of | Texas, complete Schedule T) | |
| Principal occu Attorney | pation / Job title (See Instructions) | Employer (See In Hursch Blackwe | , | | |

SCHEDULE A

TDD 1-800-735-2989

| | OTHER THAN PLEDGES OR LOANS | | | | | |
|---|-----------------------------|--|--------------------------------------|--------------------------------|--|--|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE# Schedule: 14 | /28 Report: 16/43 | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Kolodzey, Patricia |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 09/23/2014 | 6 Contributor address; City; State; Zip Code 400 Gaines Court Austin, TX 78735 | | \$50.00 | | |
| | | • | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occup Lobbyist | eation / Job title (See Instructions) | 10 Employer (See In Texas Medical | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 07/28/2014 | Contributor address; City; State; Zip Code 2801 Connecticut Ave NW Apt 23 Washington, DC 20008 | | \$199.00 | | |
| | | Madinington, Bo Educa | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 1514 Richcreek Road Austin, TX 78757 | | \$50.00 | | |
| | | | | · | Texas, complete Schedule T) | |
| | Principal occup PR | pation / Job title (See Instructions) | Employer (See In Mike Lavigne P | structions) ublic Relations | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 07/28/2014 | Contributor address; City; State; Zip Code 3613 Wilson St. Austin, TX 78704 | | \$350.00 | | |
| | · | | · | | Texas, complete Schedule T) | |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In Carpenter & La | | | |
| | Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 160 Drifting Sands Dr Dripping Springs, TX 78620 | | \$100.00 | ! | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| 一 | Principal occup | pation / Job title (See Instructions) | Employer (See In | | , <u> </u> | |
| | | | | | | |

| | OTHER THAN PLEDGES OR LOANS | | | | | |
|----------|-----------------------------------|--|---|-------------------------------|--|--|
| | The INSTRUCTION | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 15 | /28 Report: 17/43 | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID# Lieberknecht, John & Terry |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 08/22/2014 | 6 Contributor address; City; State; Zip Code 1602 Patterson Rd Austin, TX 78733 | | \$200.00 | | |
| | , | | · | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occup Retired | pation / Job title (See Instructions) | 10 Employer (See In Retired | structions) | | |
| | Date | Full name of contributor |) | , Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/24/2014 | Contributor address; City; State; Zip Code 3817 Avenue G | • | \$250.00 | | |
| | • | Austin, TX 78751 | | (If travel outside of | Texas, comptete Schedule T) | |
| | Principal occup Lecturer, PI | pation / Job title (See Instructions) | Employer (See In UT Austin | · · | | |
| | Date | Full name of contributor out-of-state PAC (ID# Longley, Dianne | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 1507 Bamfield Cove Round Rock, TX 78665 | | \$200.00 | | |
| | | | | • | Texas, complete Schedule T) | |
| | Principal occup Principal - Co | pation / Job title (See Instructions) principles | Employer (See In Health Manage | | | |
| | Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 1507 Bamfield Cove Round Rock, TX 78665 | | \$200.00 | | |
| L | D. S. et el es | allow (late 19th (Over Instantions) | Frankrije (Can In | <u> </u> | Texas, complete Schedule T) | |
| L | Consultant | pation / Job title (See Instructions) | Employer (See In Grant Thornton | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 19710 Spotted Owl Ln Pflugerville, TX 78660 | | \$100.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| \vdash | Principal occup | Dation / Job title (See Instructions) | Employer (See In | Ļ · | · , | |
| 1 | | | | | | |

| SCI | HE | ΝI | п | = | Δ |
|-----|----|----|----|---|---|
| | | | JL | | _ |

| | OTHER | THAN PLEDGES OR LOAD | NO | • | , |
|---|----------------------------------|--|---------------------------------------|-------------------------------|---|
| | The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 16/ | 28 Report: 18/43 |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID#, Manross, Lee |) | 7 Amount of Contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/25/2014 | 6 Contributor address; City; State; Zip Code 206 E. 15th #1 Austin, TX 78701 | | \$350.00 | |
| | | · | | (If travel outside of I | Texas, complete Schedule T) |
| 9 | Principal occup Consultant | ation / Job title (See Instructions) | 10 Employer (See In Self | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/22/2014 | Contributor address; City; State; Zip Code PO Box 50550 Austin, TX 78763 | | \$100.00 | |
| | | | | (If travel outside of 1 | Texas, complete Schedule T) |
| | Principal occup Writer-Artist | ation / Job title (See Instructions) | Employer (See In Villa Texas | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/30/2014 | Contributor address; City; State; Zip Code 1326 Drifting Wind Run Dripping Springs, TX 78620 | γ | \$250.00 | |
| | | | · · · · · · · · · · · · · · · · · · · | <u> </u> | Texas, complete Schedule T) |
| | Principal occup Lobbyist | ation / Job title (See Instructions) | Employer (See In HMWK, LLC | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/25/2014 | Contributor address; City; State; Zip Code 6917 Larue Belle Cove Austin, TX 78739 | | \$200.00 | |
| | | | | | Fexas, complete Schedule T) |
| | Principal occup Government | ation / Job title (See Instructions) | Employer (See In Dupont | structions) | <u>.</u> |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| - | 09/23/2014 | Contributor address; City; State; Zip Code 98 San Jacinto Blvd FSR-PH | | \$100.00 | ^ ! |
| | | Austin, TX 78701 | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Homemaker | ation / Job title (See Instructions) | Employer (See In Homemaker | structions) | |

POLITICAL CONTRIBUTIONS OTHER THAN DI FRCES OF LOANS

P.O.Box 12070

| | OTHER THAN I LEDGES ON LOANS | | | | | | |
|---|---------------------------------|--|------------------------------------|-------------------------------|---|--|--|
| | The Instruction | N Guide explains how to complete this form. | | 1 PAGE # Schedule: 17 | /28 Report: 19/43 | | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT# 00000004 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Meroney, Shannon |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 09/22/2014 | 6 Contributor address; City; State; Zip Code 6901 Glen Ridge Drive Austin, TX 78731 | | \$100.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup Account Exec | ation / Job title (See Instructions) utive | 10 Employer (See In: Aetna | structions) | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 08/10/2014 | Contributor address; City; State; Zip Code 568 Beauchamp Road Dripping Springs, TX 78620 | | \$250.00 | } | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Consultant | ation / Job title (See Instructions) | Employer (See In: Self Employed | | <u> </u> | | |
| | Date | Full name of contributor ut-of-state PAC (ID# |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 5903 Belfast Drive Austin, TX 78723 | | \$25.00 | . | | |
| | | | | | Texas, complete Schedule T) | | |
| | Principal occup Editor | ation / Job title (See Instructions) | Employer (See In TxDot | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/01/2014 | Contributor address; City; State; Zip Code 777 Taylor Street Fort Worth, TX 76102 | | \$200.00 | ! ! ! | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Retired | ation / Job title (See Instructions) | Employer (See In Retired | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/18/2014 | Contributor address; City; State; Zip Code 4300 Rosedale Ave Austin, TX 78756 | | \$25.00 | ! ! | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | | ation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | Executive Dir | ector | Texas Impact | | | | |

| | OTHER THAN PLEDGES OR LOANS | | | | | |
|---|-----------------------------------|--|-------------------------------------|-----------------------------------|---|--|
| | The Instruction | GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 18/ | 28 Report: 20/43 | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Munoz, Mario |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 09/09/2014 | 6 Contributor address; City; State; Zip Code 1731 Spyglass Dr. No 70 Austin, TX 78746 | | \$200.00 | | |
| | | | • | (If travel outside of l | Fexas, complete Schedule T) | |
| 9 | Principal occup Legislative Co | ation / Job title (See Instructions) onsultant | 10 Employer (See In Self | structions) | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/24/2014 | Contributor address; City; State; Zip Code 12521 Belcara Place | | \$300.00 | | |
| | | Austin, TX 78732 | | l | • | |
| | | | | (If travel outside of I | Texas, complete Schedule T) | |
| | Principal occup Manager of C | ation / Job title (See Instructions) perations | Employer (See In PS Landscape | structions) | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 07/02/2014 | Contributor address; City; State; Zip Code | | \$500.00 | | |
| | | | | | | |
| | Principal accur | ation / Job title (See Instructions) | Employer (See In | | Texas, complete Schedule T) | |
| | Attorney | ation 7 sob title (occ matidotions) | State of Texas | Subchoria) | | |
| | Date | Full name of contributor |) | Amount of ` contribution (\$) | In-kind contribution description (if applicable) | |
| | 07/15/2014 | Contributor address; City; State; Zip Code 611 Westbrook Dr Austin, TX 78746 | | \$100.00 | | |
| | | | ^ | • | Texas, complete Schedule T) | |
| | Principal occup Attorney | ation / Job title (See Instructions) | Employer (See In Texas Mutual Ir | | | |
| | Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/24/2014 | Contributor address; City; State; Zip Code 8005 A Tuscarora Tr Austin, TX 78729 | | \$200.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup Regional Sup | ation / Job title (See Instructions) ervisor | Employer (See In Jones Manager | | | |

SCHEDULE A

TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS

| | OTHER THAN PLEDGES OR LOANS | | | | | | |
|-----|--------------------------------|---|---|-------------------------------|---|--|--|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 19 | /28 Report: 21/43 | | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Pickens, Marilyn |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 07/22/2014 | 6 Contributor address; City; State; Zip Code 100 W Lisa Dr Austin, TX 78752 | *************************************** | \$350.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup Teacher | ation / Job title (See Instructions) | 10 Employer (See In: Huntington-Surr | | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Pinnelli, Janis |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/19/2014 | Contributor address; City; State; Zip Code PO Box Austin, TX 78763 | | \$350.00 | | | |
| | | | | | Texas, complete Schedule T) | | |
| | Principal occup Accountant | ation / Job title (See Instructions) | Employer (See In Self | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/24/2014 | Contributor address; City; State; Zip Code 5930 Worth Street Dallas, TX 75214 | , | \$100.00 | | | |
| | | | | | Texas, complete Schedule T) | | |
| | Principal occup Lawyer | eation / Job title (See Instructions) | Employer (See In Health Care Se | structions) rvice Corporation | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Polikov, Scott |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/27/2014 | Contributor address; City; State; Zip Code 3000 Blackburn St Apt # Dallas, TX 78204 | | \$200.00 | I | | |
| | , | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Town Planne | nation / Job title (See Instructions) | Employer (See In Gateway Plann | | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/20/2014 | Contributor address; City; State; Zip Code 1600 Pennsylvania Ave Austin, TX 78702 | | \$250.00 | [| | |
| | | | | Ill traval autoide of | Texas, complete Schedule T) | | |
| | Principal occup DSL Inc | pation / Job title (See Instructions) | Employer (See In Program Manag | structions) | TEABLE, COMPLETE SCHOULING T) | | |
| L., | | | | | | | |

| | OTHER THAN PLEDGES OR LOANS | | | | | |
|---|----------------------------------|--|---|-------------------------------|--|--|
| | The Instruction | N Guide explains how to complete this form. | | 1 PAGE # Schedule: 20 | /28 Report: 22/43 | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT# 00000004 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Quirk, Thomas |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 09/18/2014 | 6 Contributor address; City; State; Zip Code 4307 Beechwood Lane Dallas, TX 75220 | | \$350.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occup Health Care S | eation / Job title (See Instructions) Services | 10 Employer (See In: United Health C | | | |
| _ | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/24/2014 | Contributor address; City; State; Zip Code 1309 Concho St. Austin, TX 78702 | | \$50.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup Lobbyist | ation / Job title (See Instructions) | Employer (See In Premier Legisla | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 5117 Prairie Dunes Dr Austin, TX 78747 | | \$50.00 | i I I | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup Healthcare E | eation / Job title (See Instructions) xecutive | Employer (See In TexHealth Cent | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/20/2014 | Contributor address; City; State; Zip Code 485 Nicholas Lane Driftwood, TX 78619 | | \$350.00 | | |
| L | | | | • | Texas, complete Schedule T) | |
| | Principal occup Lobbyist | vation / Job title (See Instructions) | Employer (See In Self Employed | structions) | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 1705 Schieffer Austin, TX 78722 | | \$50.00 | | |
| | | | | ill traval autoido of | Texas, complete Schedule T) | |
| | Principal occur CEO | pation / Job title (See Instructions) | Employer (See In Peoples Comm | structions) | . vicas, complete denedule 1) | |

| | OTHER THAN PLEDGES OR LOANS | | | | | | |
|----------|----------------------------------|---|--|-------------------------------|--|--|--|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 21 | /28 Report: 23/43 | | |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Roland, Bill |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 09/24/2014 | 6 Contributor address; City; State; Zip Code 808 W 10th St Austin, TX 78701 | | \$300.00 | | | |
| | • | | • | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup Principle | ation / Job title (See Instructions) | 10 Employer (See In: Granite Properti | | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Romo, Joel |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/25/2014 | Contributor address; City; State; Zip Code PO Box 114 Chappell Hill, TX 77426 | | \$25.00 | | | |
| | | | - | <u> </u> | Texas, complete Schedule T) | | |
| | Principal occup Gov Relations | ation / Job title (See Instructions) s | Employer (See In Gov Relations | structions) | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Sawyer, Charles | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/19/2014 | Contributor address; Clty; State; Zip Code 6800 Airport Blvd Austin, TX 78752 | | \$100.00 | ! ! ! | | |
| <u> </u> | | | | | Texas, complete Schedule T) | | |
| | Principal occup | eation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/23/2014 | Contributor address; City; State; Zip Code 1801 Yaupon Valley Rd Austin, TX 78746 | | \$100.00 | - | | |
| | | | | <u> </u> | Texas, complete Schedule T) | | |
| | Principal occup | pation / Job title (See Instructions) | Employer (See in | structions) | | | |
| | Date | Full name of contributor | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/23/2014 | Contributor address; City; State; Zip Code 7005 Deborah Drive Austin, TX 78752 | | \$50.00 | ! | | |
| | | | | (if travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Attorney | pation / Job title (See Instructions) | Employer (See In Walsh, Anderso | | en & Trevino, P.C. | | |

Texas Ethics Commission

| The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 22 | 1/28 Report: 24/43 |
|-------------------------------|---|---|-------------------------------|--|
| 2 FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ut-of-state PAC (ID# Sharphorn, Bridget (Ms.) | <u> </u> | 7 Amount of contribution (\$) | 8 |
| 09/25/2014 | 6 Contributor address; City; State; Zip Code 5904 Marilyn Dr Austin, TX 78757 | | \$25.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occup Attorney | ation / Job title (See Instructions) | 10 Employer (See In State | structions) | |
| Date | Full name of contributor ut-of-state PAC (ID# Simpson, Don | /) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/25/2014 | Contributor address; City; State; Zip Code 1105 Upland Dr Austin, TX 78741 | | \$100.00 | |
| | · · · · · · · · · · · · · · · · · · · | | | Texas, complete Schedule T) |
| Principal occup Retired | ation / Job title (See Instructions) | Employer (See In Retired | istructions) | |
| Date | Full name of contributor ut-of-state PAC (ID# Spilman, Annie | ;) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/25/2014 | Contributor address; City; State; Zip Code 10004 Sausalito Drive Austin, TX 78759 | | \$100.00 | t i I |
| | | V. | l | Texas, complete Schedule T) |
| Principal occup Lobbyist | ation / Job title (See Instructions) | Employer (See In NFIB | estructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID# Stonewall Democrats of Austin PAC | <u></u> ;) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/06/2014 | Contributor address; City; State; Zip Code PO Box 40898 Austin, TX 78704 | | \$50.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Ir | <u> </u> | |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/16/2014 | Contributor address; City; State; Zip Code 4502 Riverwood Ct Austin, TX 78731 | • | \$200.00 | 1 1 1 |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Lawyer | ation / Job title (See Instructions) | Employer (See Ir Beatty Bangle | | |

| | OIIIEN | THAN I LEDGES ON LOAD | | | |
|---|----------------------------------|--|-----------------------------------|-------------------------------|--|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 23 | /28 Report: 25/43 |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT# 00000004 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Strickland, Stanton | :) | 7 Amount of contribution (\$) | 8 |
| | 09/25/2014 | 6 Contributor address; City; State; Zip Code 1174 San Bernard St Austin, TX 78702 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/22/2014 | Contributor address; City; State; Zip Code 1820 West 10th Streeet Austin, TX 78703 | | \$100.00 | |
| | · | | | | Texas, complete Schedule T) |
| | Principal occup Organizations | ation / Job title (See Instructions) al Consultant | Employer (See In Self Employed | structions) | |
| | Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/24/2014 | Contributor address; City; State; Zip Code 3902 Silverspring Dr Austin, TX 78759 | | \$25.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup VP | eation / Job title (See Instructions) | Employer (See In SUMA Social M | | |
| | Date | Full name of contributor | ') | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/17/2014 | Contributor address; City; State; Zip Code 13404 Caballero Cv Austin, TX 78727 | | \$25.00 | ! |
| 1 | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Association D | ation / Job title (See Instructions) Director | Employer (See In TALHFA | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/06/2014 | Contributor address; City; State; Zip Code 4611 Lambs Lane Austin, TX 78744 | | \$100.00 | ! |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| | | | | | |

| | OTHER | THAN PLEDGES OR LOAD | 42 | | |
|---|---------------------------------|---|-------------------------------------|-------------------------------|---|
| | The Instruction | on Guide explains how to complete this form. | | 1 PAGE # Schedule: 24 | /28 Report: 26/43 |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Temborius, Karen | !) | 7 Amount of contribution (\$) | 8 |
| | 09/22/2014 | 6 Contributor address; City; State; Zip Code 8601 Green Valley Austin, TX 78759 | | \$150.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Property Man | ation / Job title (See Instructions) agement | 10 Employer (See In Westdale Real I | | |
| | Date | Full name of contributor | ;) | Amount of contribution (\$) | In-kind contribution description (if applicable) In Kind Contribution |
| | 08/05/2014 | Contributor address; City; State; Zip Code 4818 E Ben White Suite 104 Austin, TX 78741 | | \$350.00 | Voter File Access |
| | | Austill, 17,70741 | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Comptroller | ation / Job title (See Instructions) | Employer (See In Texas Democra | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/25/2014 | Contributor address; City; State; Zip Code 100 W. O'Dell St Austin, TX 78752 | | \$150.00 | |
| | | | | | Texas, complete Schedule T) |
| | | ation / Job title (See Instructions) unded due to error on web | Employer (See In retired | structions) | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/25/2014 | Contributor address; City; State; Zip Code 100 W. O'Dell St Austin, TX 78752 | | \$150.00 · | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup retired | ation / Job title (See Instructions) | Employer (See In retired | structions) | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/25/2014 | Contributor address; City; State; Zip Code 335 Catalina Lane Austin, TX 78737 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Attorney | ation / Job title (See Instructions) | Employer (See In United Health | structions) | |

| | | | | · · · · · · · · · · · · · · · · · · · | |
|---|---------------------------------|--|-------------------------------------|---------------------------------------|--|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE# Schedule: 25 | 5/28_Report: 27/43 |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Unruh, Stephen | <u>'</u>) | 7 Amount of contribution (\$) | 8 |
| | 07/30/2014 | 6 Contributor address; City; State; Zip Code 2501 Aztec Drive Austin, TX 78703 | | \$50.00 | |
| 1 | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Software Eng | ation / Job title (See Instructions) ineer | 10 Employer (See In ARL:UT | structions) | |
| | Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/18/2014 | Contributor address; Clty; State; Zip Code PO Box 301660 Austin, TX 78703 | | \$50.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| _ | Principal occup Program Man | pation / Job title (See Instructions) pager | Employer (See In Applied Materia | | |
| = | Date | Full name of contributor ut-of-state PAC (ID# | <u> </u> | Amount of | In-kind contribution |
| | | Waldrop, Rebecca | | contribution (\$) | description (if applicable) |
| | 09/23/2014 | Contributor address; City; State; Zip Code 4800 Placid Place Austin, TX 78731 | | \$100.00 | I I I |
| | | | | 1 - | Texas, complete Schedule T) |
| | Principal occup Government | ation / Job title (See Instructions) Affairs | Employer (See In Sandofi | structions) | |
| | Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/12/2014 | Contributor address; City; State; Zip Code 718 Sparks Avenue Austin, TX 78705 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Lobbyist | ation / Job title (See Instructions) | Employer (See In McGuire Woods | structions) s Consulting LLC | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/02/2014 | Contributor address; City; State; Zip Code 718 Sparks Avenue Austin, TX 78705 | | \$100.00 | 1 |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| Г | Principal occup | nation / Job title (See Instructions) | Employer (See In | ` | |
| l | Loweyist | | MICGUILS MOOUS | 5 Sonsuling LLC | |

P.O.Box 12070

| | The Instruction | א Guide explains how to complete this form. | | 1 PAGE # Schedule: 26 | /28 Report: 28/43 |
|---|----------------------------------|---|--------------------------------|-------------------------------|--|
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Ward, Martha |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/09/2014 | 6 Contributor address; City; State; Zip Code 905 East 55 1/2 Street Austin, TX 78751 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See In Retired | structions) | |
| | Date | Full name of contributor | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/07/2014 | Contributor address; City; State; Zip Code 9537 Big View Dr Austin, TX 78730 | | \$250.00 | 1 1 1 |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Finance Direc | ation / Job title (See Instructions) ctor | Employer (See In Apple | structions) | |
| | Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/25/2014 | Contributor address; City; State; Zip Code 3103 Bee Caves Rd Suite 201 Austin, TX 78746 | | \$100.00 | |
| | - | | | <u> </u> | Texas, complete Schedule T) |
| | Principal occup | vation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor | 1): | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/24/2014 | Contributor address; City; State; Zip Code 1602 Broadmoor Dr Austin, TX 78723 | | \$60.00 | |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/23/2014 | Contributor address; City; State; Zip Code 4706 Chiappero Trail Austin, TX 78731 | | \$50.00 | ! - |
| L | | | | (If travel outside of | Texas, complete Schedule T) |
| | | ation / Job title (See Instructions) | Employer (See In | | |
| | VP - Advocac | sy | Medical Associ | auon | |

| | | THAN FEEDGES ON EOAI | | | |
|---|----------------------------------|---|---|-------------------------------|--|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 27 | /28 Report: 29/43 |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT# 00000004 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Wing, Victoria | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 07/05/2014 | 6 Contributor address; City; State; Zip Code 304 Wilmes Drive Austin, TX 78752 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | eation / Job title (See Instructions) | 10 Employer (See In: | structions) | |
| | | | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/01/2014 | Contributor address; City; State; Zip Code 2001 L Street NW. Suite 700 Washington, DC 20036 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \$25.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In: | structions) | |
| | Date : | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/25/2014 | Contributor address; City; State; Zip Code 2001 L Street NW. Suite 700 Washington, DC 20036 | | \$50.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Govt Relation | pation / Job title (See Instructions) | Employer (See In IEEE | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/27/2014 | Contributor address; City; State; Zip Code 105 Timber Ridge Cv Austin, TX 78733 | • | \$200.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| _ | | ation / Job title (See Instructions) I Worker/Psychotherapist | Employer (See In Self Employed | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/24/2014 | Contributor address; City; State; Zip Code 3003 C West 35th Street Austin, TX 78703 | | \$350.00 | ! |
| - | | | | (If travel outside of | Texas, complete Schedule T) |
| Г | | pation / Job title (See Instructions) | Employer (See In | structions) | |
| | ED | | Annie's List | | |

| | OTHER | THAN PLEDGES OR LOAD | 40 | | |
|---|----------------------------|--|--------------------------------|-------------------------------|---|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE# Schedule: 28/ | 28 Report: 30/43 |
| 2 | FILER NAME | Daniel, Katrina (Ms.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Zabel, Doug |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 07/01/2014 | 6 Contributor address; City; State; Zip Code 1501 Barton Springs Rd Austin, TX 78704 | | \$100.00 | |
| | | | | • | Texas, complete Schedule T) |
| 9 | Principal occup Retired | ation / Job title (See Instructions) | 10 Employer (See In Retired | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/23/2014 | Contributor address; City; State; Zip Code 3220 Park Hills Dr | | \$100.00 | |
| | | Austin, TX 78746 | | | |
| | Principal occur | ation / Job title (See Instructions) | Employer (See In | L ' | Texas, complete Schedule T) |
| | o.pa. oooap | one control of the co | | | |
| | | | | | |
| | | | | | • |
| | | | | | |
| | | | * | | |
| | | | | • | |
| | | · | | | |
| | | | | | |
| | | | | - | |
| | | | | | |
| | | | | | |
| | | | • | | |
| | | | | | |
| | | | | | |
| | | | | | • |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | • | |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/QH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

EXPENDITURE CATEGORIES

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Daniel, Katrina (Ms.) 00000004 Schedule: 1/12 Report: 32/43 4 Date 5 Payee name Adjavon, Tsoke 08/22/2014 Amount (\$) Payee address City; State; Zip Code 6 916 Rochester Castle Way \$205.00 Pflugerville, TX 78660 (If travel outside of Texas, complete Schedule T) 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Booth at the Cultural Fest **Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Austin AFL- CIO 09/15/2014 Amount (\$) Payee address City; State; Zip Code C/O PO Box 301074 \$145.00 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) 2014 Labor Day Progam Ad **PURPOSE** Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Azul Strategies 07/01/2014 Payee address Amount (\$) City; State; Zip Code \$1,286.25 1802 Ann Arbor Austin, TX 78704 Description (If Tri-Folds 7500 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense ΩF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Payee name Azul Strategies 07/01/2014 Amount (\$) Payee address City; State; Zip Code 1802 Ann Arbor \$1,320.00 Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Tri-Folds Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure

direct expenditure to benefit C/OH

Office sought:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

EXPENDITURE CATEGORIES

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

| Event Expense Fees | Polling I Printing | | fice Overhead/Rer explains how to | ntal Expense OT | | cendider/Political Coategory not listed a | |
|--|-----------------------|--|--------------------------------------|-------------------------|-----------------|---|--------------|
| 1 PAGE# | | 2 FILER NAME | | . | 1 | ACCOUNT# | (TEC filers) |
| Schedule: 3/12 R | eport: 34/43 | Daniel, Katrina (Ms.) | | | ` | 00000004 | (, ==, |
| 4 Date | 5 Payee name | | | | L | | |
| 07/15/2014 | Brass, Chels | sea (Ms.) | | | | | |
| 6 Amount (\$) | 7 Payee addres | • • | Code | | · | | |
| | · · | nwoods Lane | | | | | |
| \$1,000.00 | Austin, TX | | | | | | |
| 8 | (a) Category (Se | e Categories listed at the top of this s | schedule) | (b) Description (If tra | aval outside of | Texas, complete S | chedule T\ |
| PURPOSE | | ges/Contract Labor | Jones July | payroll 7/1/2014 | | | |
| OF EXPENDITURE | | 3 | | | 7 | | |
| EXPERIENTORE | | | • | Check If Austin, TX, | officeholder l | living expense | |
| 9 Complete ONLY if | Candidate / O | fficeholder name | | Office sought: | | Office held: | |
| direct expenditure to benefit C/OH | | | | | | | |
| Date | Payee name | . | | | | | _ |
| 07/31/2014 | Brass, Chels | sea (Ms.) | | | | | |
| Amount (\$) | Payee addres | s City; State; Zip | Code | , | | | |
| \$1,000.00 | | woods Lane | | | | | |
| , , | Austin, TX | 78753 | | | | | |
| | | | | | | | Λ |
| | | e Categories listed at the top of this s | schedule) | | | Texas, complete S | chedule T) |
| PURPOSE OF | Salaries/Wa | ges/Contract Labor | | Payroll 7/16/201 | 4 - 7/31/20 | 14 | * |
| EXPENDITURE | | r. | | | | | |
| | | | | Check if Austin, TX, | officeholder | | |
| Complete ONLY if direct expenditure | Candidate / O | fficeholder name | | Office sought: | | Office held: | |
| to benefit C/OH | | | | | | | |
| Date | Payee name | | | | | | - |
| 08/20/2014 | Brass, Chels | sea (Ms.) | | | | | |
| Amount (\$) | Payee addres | | Code | | | | |
| \$1,000.00 | , , | nwoods Lane | | | | | |
| φ1,000.00 | Austin, TX | | | | | | |
| | | | | | | | |
| | Category (Se | e Categories listed at the top of this s | schedule) | | | Texas, complete S | chedule T) |
| PURPOSE | Salaries/Wa | ges/Contract Labor | | Payroll for Week | s of 8/1/14 | <i>-</i> 8/15/14 | _ |
| OF EXPENDITURE | | | | | | | |
| | | | | Check If Austin, TX, | officeholder | living expense | |
| Complete ONLY if | Candidate / C | fficeholder name | | Office sought: | · | Office held: | |
| direct expenditure to benefit C/OH | | | | • | | | |
| Date | Payee name | <u>-</u> | | | | | |
| 08/31/2014 | Brass, Chels | sea (Ms.) | | | | | |
| Amount (\$) | Payee addres | | Code | · · · · · · | | | |
| ``` | i * | nwoods Lane | 5506 | | _ | | |
| \$1,000.00 | Austin, TX | | | | • | | |
| | | - | | | | | |
| | Category (Se | e Categories listed at the top of this s | schedule) | Description (If to | avel outside of | Texas, complete S | chedule T) |
| PURPOSE | | ges/Contract Labor | | Payroll for Week | s of 8/16/1 | 4 to 8/31/14 | ٠, ١ |
| OF EXPENDITURE | | • - | | | | | |
| EM EMBITORE | | | | Check If Austin, TX, | officeholder | living expense | |
| Complete ONLY if | Candidate / C | fficeholder name | | Office sought: | | Office held: | |
| direct expenditure to benefit C/OH | | | | | | | |

SCHEDULE F

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense

| Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees | ing Legal Services Solicits ise Food/Beverage Expense Travel Polling Expense Travel Printing Expense Office | s/Wages/Contract Labor ation/Fundraising Expense In District Out Of District Overhead/Rental Expense lains how to complete this fo | Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) rm. |
|--|---|---|--|
| 1 PAGE# | 2 FILER NAME | | 3 ACCOUNT# (TEC filers) |
| Schedule: 4/12 F | | | 0000004 |
| 4 Date | 5 Payee name | | 1 000000 |
| 09/15/2014 | Brass, Chelsea (Ms.) | | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Coo | 4_ | |
| | | i e | • |
| \$1,000.00 | 8205 Brettonwoods Lane Austin, TX 78753 | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor | dule) (b) Description Payroll for w | (If travel outside of Texas, complete Schedule T) ks 9/1/2014 to 9/15/2014 |
| EXPENDITURE | | Check if Austin | n, TX, officeholder living expense |
| 9 Complete ONLY if | Candidate / Officeholder name | Office sou | ight: Office held: |
| direct expenditure to benefit C/OH | <u></u> | | |
| Date | Payee name | | |
| 09/04/2014 | Clark, Elizabeth | | |
| Amount (\$) | Payee address City; State; Zip Coo | te . | |
| \$100.00 | | | |
| * | · | | , |
| | | | |
| | Category (See Categories listed at the top of this sche | dule) Description | (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Salaries/Wages/Contract Labor | 10 hours of | canvansassing |
| EXPENDITURE | | | |
| | | | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sou | ight: Office held: |
| Date | Payee name | | |
| 09/23/2014 | Donor, Kate | | |
| Amount (\$) | Payee address City; State; Zip Coo | de | |
| \$350.00 | 815 Brazos St Austin, TX 78703 | | |
| PURPOSE OF | Category (See Categories listed at the top of this sche OTHER - Return of contribution - By Cashie | | (If travel outside of Texas, complete Schedule T) Intribution - By Cashier Check |
| EXPENDITURE | | l <u>–</u> | |
| 0 | Candidate / Officeholder name | Check If Austle Office sou | n, TX, officeholder living expense ught: Office held: |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officenoider name | Office soc | gni. Onice neia. |
| Date | Payee name | | |
| 08/31/2014 | Facebook | | |
| Amount (\$) | Payee address City; State; Zip Coo | te . | |
| l ' ' | - Lyso address Sity, Sidio, Elpost | | |
| \$70.58 | | | |
| PURPOSE | Category (See Categories listed at the top of this sche | dute) Description Reimbursen | (If travel outside of Texas, complete Schedule T) |
| OF | Fees | T Combarden | , |
| EXPENDITURE | | | |
| Complete Chinas | Candidate / Office - belder | | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sou | ught: Office held: |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

| Event Expense Fees | Polling Expense Travel Out Of Dis Printing Expense Office Overhead | |
|--|--|--|
| | The Instruction Guide explains ho | w to complete this form. |
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers) |
| Schedule: 5/12 R | leport: 36/43 Daniel, Katrina (Ms.) | 0000004 |
| 4 Date | 5 Payee name | |
| 08/20/2014 | Kelly Graphics | <u> </u> |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$1,118.47 | 1409 Quaker Ridge Austin, TX 78746 | |
| | (2) (2) | The Desire of the Country of the Cou |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description (If travel outside of Texas, complete Schedule T) Letter Head, Envelopes, Lapel Stickers, Graphic |
| OF EXPENDITURE | Timung Expense | Design |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | |
| | D | , |
| Date 09/09/2014 | Payee name Martinez, Cristian | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$180.00 | 201 E. 21st # M0813R | |
| φ160.00 | Austin, TX 78705 | |
| | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Salaries/Wages/Contract Labor | Canvasor |
| EXPENDITURE | | |
| | Occations (Office Indianance | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: |
| to benefit C/OH | | |
| Date | Payee name | |
| 09/21/2014 | Martinez, Cristian | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$200.00 | 201 E. 21st St #M0813R | |
| | Austin, TX 78705 | |
| | Catomany (Con Catomaian listed at the top of this pahedula) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) Walking/canvassing |
| OF EXPENDITURE | Salarios, wagos Soriilas Labor | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | • |
| Date | Payee name | |
| 09/22/2014 | Northeast Station | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$147.00 | 900 Blackson Ave | |
| ψ1 - 11.00 | Austin, TX 78752 | |
| | | |
| DUDGGG | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE . OF | OTHER - Post office for Stamps | Stamps for mailings |
| EXPENDITURE | | |
| Complete ONLY if | Condidate (Officeholder press | Check if Austin, TX, officeholder living expense Office sought: Office held: |
| direct expenditure | Candidate / Officeholder name | Office sought. Office field. |
| to benefit C/OH | | |

SCHEDULE F

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

| Consulting Experience Event Expense Fees | Polling Expense Travel Out Of D | Ostrict Candidate/Officeholder/Political Committee d/Rental Expense OTHER (enter a category not listed above) |
|---|---|--|
| 4 DACE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers) |
| 1 PAGE # Schedule: 6/12 F | Devial Matrice (Max) | 00000004 |
| 4 Date | 5 Payee name | |
| 08/03/2014 | Office Max | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$13.62 | 4615 North Lamar Blvd Austin, TX 78756 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description (If travel outside of Texas, complete Schedule T) OMX Copy Ream |
| | | Check If Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
| Date | Payee name | |
| 09/09/2014 | Olivares, Christopher Payee address City; State; Zip Code | |
| Amount (\$) | | |
| \$100.00 | 3715 Ticonderoga Dr San Antonio, TX 78230 | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) Canvansor |
| EXPENDITURE | | Cheat if Austin TV officeholder bulge expanse |
| | | Check ii Austin, 1X, emcendider nving expense |
| Complete ONLY if | Candidate / Officeholder name | Check if Austin, TX, efficeholder living expense Office sought: Office held: |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | |
| direct expenditure | Payee name | |
| direct expenditure to benefit C/OH | Payee name Olivares, Christopher | |
| direct expenditure to benefit C/OH Date | Payee name Olivares, Christopher Payee address City; State; Zip Code | |
| direct expenditure to benefit C/OH Date 09/21/2014 | Payee name Olivares, Christopher | |
| Date 09/21/2014 Amount (\$) \$200.00 | Payee name Olivares, Christopher Payee address City; State; Zip Code 3715 Ticonderoga Dr | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) |
| Date 09/21/2014 Amount (\$) | Payee name Olivares, Christopher Payee address City; State; Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230 | Office sought: Office held: |
| Date 09/21/2014 Amount (\$) \$200.00 | Payee name Olivares, Christopher Payee address City; State; Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230 Category (See Categories listed at the top of this schedule) | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Walking/canvassing |
| Date 09/21/2014 Amount (\$) \$200.00 | Payee name Olivares, Christopher Payee address City; State; Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230 Category (See Categories listed at the top of this schedule) | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) |
| direct expenditure to benefit C/OH Date 09/21/2014 Amount (\$) \$200.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH | Payee name Olivares, Christopher Payee address City; State; Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Walking/canvassing Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 09/21/2014 Amount (\$) \$200.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Olivares, Christopher Payee address City; State; Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Walking/canvassing Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 09/21/2014 Amount (\$) \$200.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date | Payee name Olivares, Christopher Payee address City; State; Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Walking/canvassing Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 09/21/2014 Amount (\$) \$200.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 08/07/2014 | Payee name Olivares, Christopher Payee address City; State; Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Pacheco, Jeanette | Description (If travel outside of Texas, complete Schedule T) Walking/canvassing Check If Austin, TX, officeholder living expense Office sought: Office held: |
| direct expenditure to benefit C/OH Date 09/21/2014 Amount (\$) \$200.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 08/07/2014 Amount (\$) | Payee name Olivares, Christopher Payee address City; State; Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Pacheco, Jeanette Payee address City; State; Zip Code 4600 Elmont Dr Apt 933 B | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Walking/canvassing Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 09/21/2014 Amount (\$) \$200.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 08/07/2014 Amount (\$) \$320.00 | Payee name Olivares, Christopher Payee address City; State; Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Pacheco, Jeanette Payee address City; State; Zip Code 4600 Elmont Dr Apt 933 B Austin, TX 78741 Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) Walking/canvassing Check If Austin, TX, officeholder Ilving expense Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Walker/doorhangers |
| direct expenditure to benefit C/OH Date 09/21/2014 Amount (\$) \$200.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 08/07/2014 Amount (\$) \$320.00 PURPOSE OF | Payee name Olivares, Christopher Payee address City; State; Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Pacheco, Jeanette Payee address City; State; Zip Code 4600 Elmont Dr Apt 933 B Austin, TX 78741 Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) Walking/canvassing Check If Austin, TX, officeholder Ilving expense Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) |

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES

| Consulting Exper Event Expense Fees | Polling Expense Tra Printing Expense Off | ivel Out Of District | ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above) |
|--|--|--|---|
| 1 PAGE# | 2 FILER NAME | | 3 ACCOUNT # (TEC filers) |
| Schedule: 7/12 R | T Descript (Continue (March) | | 00000004 |
| 4 Date | 5 Payee name | | |
| 08/17/2014 | Pacheco, Jeanette | | |
| 6 Amount (\$) | 7 Payee address City; State; Zip | Code | |
| \$160.00 | 4600 Elmont Dr Apt 933 B Austin, TX 78741 | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor | chedule) (b) Description (If tra Block Walking | avel outside of Texas, complete Schedule T) |
| EXPENDITURE | | <u></u> | |
| | | Check if Austin, TX, | officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
| Date | Payee name | | · · · · · · · · · · · · · · · · · · · |
| 08/05/2014 | Post Office | | |
| Amount (\$) | Payee address City; State; Zip | Code | |
| \$588.00 | 900 Blackson Ave Austin, TX 78752 | | |
| PURPOSE OF | Category (See Categories listed at the top of this s Advertising Expense | chedule) Description (If tra Postage Stamps | avel outside of Texas, complete Schedule T) for mailout |
| EXPENDITURE | | Check if Augustin TV | officeholder living expense |
| | | L Check ii Austiii, 17, | Officeriolder firming expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
| direct expenditure | Candidate / Officeholder name Payee name | | |
| direct expenditure to benefit C/OH | | | |
| direct expenditure to benefit C/OH Date | Payee name | Office sought: | |
| direct expenditure to benefit C/OH Date 07/28/2014 | Payee name Randalls | Office sought: | |
| Date 07/28/2014 Amount (\$) \$99.90 | Payee name Randalls Payee address City; State; Zip 8040 Mesa Drive Austin, TX 78731 Category (See Categories listed at the top of this s | Office sought: Code chedule) Description (If tr. | Office held: |
| direct expenditure to benefit C/OH Date 07/28/2014 Amount (\$) | Payee name Randalls Payee address City; State; Zip 8040 Mesa Drive Austin, TX 78731 | Office sought: Code chedule) Description (If tr. | Office held: |
| Date 07/28/2014 Amount (\$) \$99.90 | Payee name Randalls Payee address City; State; Zip 8040 Mesa Drive Austin, TX 78731 Category (See Categories listed at the top of this s | Office sought: Code Chedule) Description (If tr. Gift Cards to be | Office held: avel outside of Texas, complete Schedule T) used for gas for Canvassers |
| direct expenditure to benefit C/OH Date 07/28/2014 Amount (\$) \$99.90 PURPOSE OF EXPENDITURE | Payee name Randalls Payee address City; State; Zip- 8040 Mesa Drive Austin, TX 78731 Category (See Categories listed at the top of this s Event Expense | Office sought: Code Chedule) Description (If tr. Gift Cards to be | Office held: |
| direct expenditure to benefit C/OH Date 07/28/2014 Amount (\$) \$99.90 PURPOSE OF | Payee name Randalls Payee address City; State; Zip 8040 Mesa Drive Austin, TX 78731 Category (See Categories listed at the top of this s | Office sought: Code Chedule) Description (If tr. Gift Cards to be | office held: avel outside of Texas, complete Schedule T) used for gas for Canvassers officeholder living expense |
| direct expenditure to benefit C/OH Date 07/28/2014 Amount (\$) \$99.90 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Randalls Payee address City; State; Zip 8040 Mesa Drive Austin, TX 78731 Category (See Categories listed at the top of this s Event Expense Candidate / Officeholder name | Office sought: Code Chedule) Description (If tr. Gift Cards to be | office held: avel outside of Texas, complete Schedule T) used for gas for Canvassers officeholder living expense |
| direct expenditure to benefit C/OH Date 07/28/2014 Amount (\$) \$99.90 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH | Payee name Randalls Payee address City; State; Zip- 8040 Mesa Drive Austin, TX 78731 Category (See Categories listed at the top of this s Event Expense | Office sought: Code Chedule) Description (If tr. Gift Cards to be | office held: avel outside of Texas, complete Schedule T) used for gas for Canvassers officeholder living expense |
| direct expenditure to benefit C/OH Date 07/28/2014 Amount (\$) \$99.90 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date | Payee name Randalls Payee address City; State; Zip 8040 Mesa Drive Austin, TX 78731 Category (See Categories listed at the top of this s Event Expense Candidate / Officeholder name | Office sought: Code Chedule) Description (If tr. Gift Cards to be Check If Austin, TX, Office sought: | office held: avel outside of Texas, complete Schedule T) used for gas for Canvassers officeholder living expense |
| direct expenditure to benefit C/OH Date 07/28/2014 Amount (\$) \$99.90 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 08/07/2014 | Payee name Randalls Payee address City; State; Zip- 8040 Mesa Drive Austin, TX 78731 Category (See Categories listed at the top of this s Event Expense Candidate / Officeholder name Payee name Sills, Alejandro | Office sought: Code Chedule) Description (If tr. Gift Cards to be Check If Austin, TX, Office sought: | office held: avel outside of Texas, complete Schedule T) used for gas for Canvassers officeholder living expense |
| Date 07/28/2014 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 08/07/2014 Amount (\$) \$280.00 PURPOSE OF | Payee name Randalls Payee address City; State; Zip- 8040 Mesa Drive Austin, TX 78731 Category (See Categories listed at the top of this s Event Expense Candidate / Officeholder name Payee name Sills, Alejandro Payee address City; State; Zip- 10705 Buckthorn Drive | Code Chedule) Description (If tr. Gift Cards to be Check If Austin, TX, Office sought: | office held: avel outside of Texas, complete Schedule T) used for gas for Canvassers officeholder living expense Office held: |
| direct expenditure to benefit C/OH Date 07/28/2014 Amount (\$) \$99.90 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 08/07/2014 Amount (\$) \$280.00 | Payee name Randalls Payee address City; State; Zip 8040 Mesa Drive Austin, TX 78731 Category (See Categories listed at the top of this s Event Expense Candidate / Officeholder name Payee name Sills, Alejandro Payee address City; State; Zip 10705 Buckthorn Drive Austin, TX 78759 Category (See Categories listed at the top of this s | Code Chedule) Description (If tr. Gift Cards to be Check If Austin, TX, Office sought: Code Chedule) Description (If tr. Walker/doorhang | office held: avel outside of Texas, complete Schedule T) used for gas for Canvassers officeholder living expense Office held: |

SCHEDULE F

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

| Consulting Experience Event Expense | Polling Expense Travel Out Of Dis | |
|---|---|---|
| Fees | Printing Expense Office Overhead/ The Instruction Guide explains how | ` |
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers) |
| Schedule: 8/12 F | Design (MAC) | 0000004 |
| 4 Date | 5 Payee name | |
| 07/18/2014 | Staples | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$19.43 | 1201 Barbara Jordan Blvd Austin, TX 78723 | |
| : | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Event Expense | Water, staples |
| EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
| Date | Payee name | |
| 08/05/2014 | Staples | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$48.68 | 1201 Barbara Jordan Blvd | |
| , , , , , , , , , , , , , , , , , , , | Austin, TX 78723 | |
| | | |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complète Schedule T) Tape, Envelopes, Scissors |
| OF | Advertising Expense | Tape, Envelopes, Ocissors |
| EXPENDITURE | | Charles Austin TV - 45 - 4 - 16-16-16-16-16-16-16-16-16-16-16-16-16-1 |
| | | |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure | Candidate / Officeholder name Payee name | |
| direct expenditure to benefit C/OH | | |
| direct expenditure to benefit C/OH Date | Payee name | |
| direct expenditure to benefit C/OH Date 07/06/2014 | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 | |
| direct expenditure to benefit C/OH Date 07/06/2014 Amount (\$) | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code | |
| direct expenditure to benefit C/OH Date 07/06/2014 Amount (\$) | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 | Office sought: Office held: |
| direct expenditure to benefit C/OH Date 07/06/2014 Amount (\$) | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) | |
| Date 07/06/2014 Amount (\$) \$240.00 | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) |
| Date 07/06/2014 Amount (\$) \$240.00 | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 |
| Date 07/06/2014 Amount (\$) \$240.00 | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) |
| direct expenditure to benefit C/OH Date 07/06/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 07/06/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 Check If Austin, TX, officeholder living expense |
| Date 07/06/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 Check If Austin, TX, officeholder living expense |
| Date 07/06/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/13/2014 | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Stoneking, Taryn (Ms.) | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 Check If Austin, TX, officeholder living expense |
| Date 07/06/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/13/2014 Amount (\$) | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 Check If Austin, TX, officeholder living expense |
| Date 07/06/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/13/2014 | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Stoneking, Taryn (Ms.) | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 Check If Austin, TX, officeholder living expense |
| Date 07/06/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/13/2014 Amount (\$) | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 Check If Austin, TX, officeholder living expense |
| Date 07/06/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/13/2014 Amount (\$) | Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Stoneking, Taryn (Ms.) Payee address City; State; Zip Code 2208 Pearl St. #307 | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 Check if Austin, TX, officeholder living expense Office sought: Office held: |
| Date 07/06/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/13/2014 Amount (\$) \$240.00 | Payee name Stoneking, Taryn (Ms.) Payee address City: State: Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Stoneking, Taryn (Ms.) Payee address City: State: Zip Code 2208 Pearl St. #307 Austin, TX 78705 | Office sought: Office held: Description (if travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 Check if Austin, TX, officeholder living expense Office sought: Office held: |
| Date 07/06/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/13/2014 Amount (\$) \$240.00 | Payee name Stoneking, Taryn (Ms.) Payee address City: State: Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Stoneking, Taryn (Ms.) Payee address City: State: Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 Check if Austin, TX, officeholder living expense Office sought: Office held: |
| Date 07/06/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/13/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE | Payee name Stoneking, Taryn (Ms.) Payee address City: State: Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Stoneking, Taryn (Ms.) Payee address City: State: Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 Check If Austin, TX, officeholder living expense Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 7/7/2014 - 7/13/2014 Check If Austin, TX, officeholder living expense |
| Date 07/06/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/13/2014 Amount (\$) \$240.00 PURPOSE OF EXPENDITURE | Payee name Stoneking, Taryn (Ms.) Payee address City: State: Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Stoneking, Taryn (Ms.) Payee address City: State: Zip Code 2208 Pearl St. #307 Austin, TX 78705 Category (See Categories listed at the top of this schedule) | Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 6/30/2014 - 7/6/2014 Check If Austin, TX, officeholder living expense Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Payroll 7/7/2014 - 7/13/2014 |

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES

| Consulting Expe Event Expense | Polling Expense Travel Out | Of District Candidate/Officeholder/Political Committee | |
|--|---|--|--|
| Fees | Printing Expense Office Over The Instruction Guide explain | rhead/Rental Expense OTHER (enter a category not listed above) | |
| 4 DACE# | <u> </u> | 3 ACCOUNT # (TEC filers) | |
| 1 PAGE# | 2 FILER NAME Daniel, Katrina (Ms.) | 00000004 | |
| Schedule: 9/12 F | 5 Payee name | 1 00000004 | |
| 4 Date 07/20/2014 | Stoneking, Taryn (Ms.) | | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | | |
| - ' ' | l' | | |
| \$240.00 | Austin, TX 78705 | | |
| | | • | |
| 8 | (a) Category (See Categories listed at the top of this schedule | (b) Description (If travel outside of Texas, complete Schedule T) | |
| PURPOSE | Salaries/Wages/Contract Labor | Payroll 7/14/2014 - 7/20/2014 | |
| OF EXPENDITURE | | | |
| | | Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: | |
| direct expenditure to benefit C/OH | | | |
| Date | Payee name | | |
| 07/27/2014 | Stoneking, Taryn (Ms.) | , a | |
| Amount (\$) | Payee address City; State; Zip Code | | |
| \$240.00 | | | |
| \$2 4 0.00 | Austin, TX 78705 | | |
| | · | | |
| | Category (See Categories listed at the top of this schedule | | |
| PURPOSE OF | Salaries/Wages/Contract Labor | Payroli 7/21/2014 - 7/27/14 | |
| EXPENDITURE | | _ | |
| | | Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: | |
| to benefit C/OH | | 1 | |
| Date | Payee name | | |
| 08/03/2014 | Stoneking, Taryn (Ms.) | | |
| Amount (\$) | Payee address City; State; Zip Code | | |
| \$240.00 | 2208 Pearl St. #307 | | |
| • | Austin, TX 78705 | • | |
| | | | |
| PURPOSE | Category (See Categories listed at the top of this schedule | Description (If travel outside of Texas, complete Schedule T) Payroll 7/28/2014 - 8/3/2014 | |
| OF | Salaries/Wages/Contract Labor | 1 aylon 1120/2014 - 0/0/2014 | |
| EXPENDITURE | | | |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: | |
| direct expenditure | Sanarosto i Simperiologi Harrio | Omos cought. Omos neid. | |
| to benefit C/OH | | | |
| Date | Payee name | | |
| 08/10/2014 | Stoneking, Taryn (Ms.) | | |
| Amount (\$) | Payee address City; State; Zip Code | · | |
| \$240.00 | 2208 Pearl St. #307 | | |
| | Austin, TX 78705 | | |
| | 0-1 | Description of the Control of the Co | |
| PURPOSE | Category (See Categories listed at the top of this schedule | Description (If travel outside of Texas, complete Schedule T) Payroll 8/4/2014 - 8/10/2014 | |
| | Salarias/Magas/Contract Labor | | |
| OF | Salaries/Wages/Contract Labor | | |
| | Salaries/Wages/Contract Labor | _ ` | |
| OF | | Check if Austin, TX, officeholder living expense Office sought: Office held: | |

SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense

Loan Repayment/Reimbursement

| Consulting Exper Consulting Exper Event Expense Fees | nse Food/Beverage Expense Polling Expense Printing Expense | Travel in District Travel no District Travel Out Of District Office Overhead/Rental Expense DE explains how to complete this for | Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) prm. |
|---|---|--|--|
| 1 PAGE# | 2 FILER NAME | | 3 ACCOUNT # (TEC filers) |
| Schedule: 10/12 | Report: 41/43 Daniel, Katrina (Ms.) | | 0000004 |
| 4 Date | 5 Payee name | | |
| 08/20/2014 | Stoneking, Taryn (Ms.) | - | |
| 6 Amount (\$) | 7 Payee address City; State; 2 | Zip Code | |
| \$240.00 | 2208 Pearl St. #307 Austin, TX 78705 | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of the Salaries/Wages/Contract Labor | nis schedule) (b) Description Payroll Wee | (If travel outside of Texas, complete Schedule T) ck of 8/11/14 - 8/17/14 |
| EXPENDITURE | · | lп | |
| A Complete ONLY if | Candidate / Officeholder name | JL_J Check if Austi Office so | n, TX, officeholder living expense ught: Office held: |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeriolder name | Office so | ogni. Onice nela. |
| Date | Payee name | | |
| 08/29/2014 | Stoneking, Taryn (Ms.) | | |
| Amount (\$) | Payee address City; State; | Zip Code | |
| \$240.00 | 2208 Pearl St. #307 Austin, TX 78705 | • | |
| PURPOSE OF | Category (See Categories listed at the top of the Salaries/Wages/Contract Labor | nis schedule) Description Payroll for V | (If travel outside of Texas, complete Schedule T) Neek of 8/18/14 to 8/24/14 |
| EXPENDITURE | | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office so | |
| Date | Payee name | | |
| 08/31/2014 | Stoneking, Taryn (Ms.) | | |
| Amount (\$) | Payee address City; State; | Zip Code | |
| \$240.00 | 2208 Pearl St. #307 Austin, TX 78705 | | |
| PURPOSE OF | Category (See Categories listed at the top of the Salaries/Wages/Contract Labor | his schedule) Description Payroll for V | (If travel outside of Texas, complete Schedule T) Neek of 8/25/14 to 8/31/14 |
| EXPENDITURE | | Charle of Augst | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office so | |
| Date | Payee name | | |
| 09/09/2014 | Stoneking, Taryn (Ms.) | | |
| Amount (\$) | Payee address City; State; | Zip Code | |
| \$240.00 | 2208 Pearl St. #307 | • | 1 |
| φ240.00 | Austin, TX 78705 | | |
| | Category (See Categories listed at the top of the Salaries/Wages/Contract Labor | his schedule) Description Payroll wk 9 | (If travel outside of Texas, complete Schedule T) 9/1/2014 - 9/07/2014 |
| PURPOSE OF EXPENDITURE | · | i | · |
| OF | | Check if Aust | in, TX, officeholder tiving expense |

SCHEDULE F

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services

| Advertising Experance Accounting/Banki Consulting Experevent Expense Fees | ing Legal Services Solicitation/Fundrai | sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By ict Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above) |
|---|---|--|
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers) |
| Schedule: 11/12 | | 0000004 |
| 4 Date | 5 Payee name | |
| 09/15/2014 | Stoneking, Taryn (Ms.) | · |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | · · · · · · · · · · · · · · · · · · · |
| - | 2208 Pearl St. #307 | |
| \$240.00 | Austin, TX 78705 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) Payroll for wk 9/8/2014 - 9/14/2014 |
| EXPENDITURE | | Charle M. Aventin TV afficability living expense |
| O Camplete ONLY if | Candidate / Officeholder name | Check If Austin, TX, officeholder living expense Office sought: Office held: |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Cardidate / Officeroider frame | Since stagin. |
| Date | Payee name | |
| 09/21/2014 | Stoneking, Taryn (Ms.) | |
| Amount (\$) | Payee address Citỳ; State; Zip Code | , |
| \$240.00 | 2208 Pearl St. #307 Austin, TX 78705 | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Salaries/Wages/Contract Labor | Payroll wk of 9/15/2014 - 9/21/2014 |
| EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
| Date | Payee name | |
| 07/17/2014 | Texas VAN Candidate | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$225.00 | 4818 Ben White Blvd STE 104 Austin, TX 78741 | • |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description (If travel outside of Texas, complete Schedule T) Contribution to the Texas Democratic Party for VAN Check If Austin, TX, officeholder Ilving expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | Candidate / Cincolorde Haric | |
| Date | Payee name | |
| 09/25/2014 | Traylor, Kitty | <u></u> |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$150.00 | 100 W O'Dell St Austin, TX 78752 | • |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return of Contribution - Credit Card Web Bas | Description (If travel outside of Texas, complete Schedule T) Error in web based contribution - was not deposited as of this date Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loah Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

| Event Expense Fees | Polling Expense Travel Out Of Di Printing Expense Office Overhead | I/Rental Expense OTHER (e | ate/Officeholder/Political Committee inter a category not listed above) | |
|------------------------------------|--|--------------------------------|--|--|
| <u>-</u> | The Instruction Guide explains ho | w to complete this form. | I- 1000, 117 (1700 ft) | |
| PAGE# | 2 FILER NAME | | 3 ACCOUNT # (TEC filers) | |
| Schedule: 12/12 | | | 00000004 | |
| Date | 5 Payee name | | | |
| 08/07/2014 | Washington, Randrick | | | |
| Amount (\$) | 7 Payee address City; State; Zip Code | | | |
| \$180.00 | 12612 N. Lamar Apt 8105 | | | |
| | Austin, TX 78753 | | | |
| · | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel out | side of Texas, complete Schedule T) | |
| PURPOSE | Salaries/Wages/Contract Labor | Walker/doorhangers | | |
| OF EXPENDITURE | Salahos, Wagos, Sahilasi 2000 | | | |
| EXPERIENCE | | Check if Austin, TX, officeh | Check if Austin, TX, officeholder living expense | |
| Complete ONLY if | Candidate / Officeholder name | Office sought: | Office held: | |
| direct expenditure to benefit C/OH | | | | |
| 10 benefit C/OTT | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | • | | |
| • | | 7 | | |
| | | | | |
| | · | | | |
| | | | | |
| | | | | |
| | | + | | |
| | | | | |
| | , | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | • | |
| | | | | |
| | | • | | |
| | · | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | • | |
| | | | | |
| | | • | | |
| | | | | |
| | • | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |