CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000011	2 PAGE # 1 of 61		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Darrell	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST Pierce	Suffix	Date Received 2014 00		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX. APT / SUITE #; 901 East 12th St. Austin, TX 78702	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked		
			Receipt # Amount 2		
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	м	Date Processed UT		
NAME	Aaron	PULLED	Date Imaged		
	NICKNAME LAST Demerson	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S 6019 Roxxbury Lane Austin, TX 78739	UITE#; CITY; STATE;	ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 470-6544	EXTENSION			
8 REPORT TYPE	January 15 X 30th day before elec		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year	Month Day	Year		
COVERED	07/01/2014	ROUGH 09/25/20	14		
10 ELECTION	ELECTION DATE ELECTION 1 Month Day Year Prim 11/04/2014		General Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (If known City Council			
GO TO PAGE 2					

Texas Ethics Commission	P.O. Box 120	70 Austin, Texas 78711-2070	(512)463-5800	TDD 1-800-735-298
CANDIDATE	/ OFFICEH	OLDER REPORT:		ORM C/OH
SUPPORT &	TOTALS		Cover	SHEET PG 2
			<u>.</u> .	
13 C/OH NAME Piero	e, Darrell		14 ACCOUNT # 00000011	(Ethics Commission filers)
15 NOTICE FROM	have been made with	office of political expenditures by political committees to support the ca nout the candidate's or officeholder's knowledge or consent. Candidately receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	9PECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		<u></u>
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S., LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	2,520.00
· · · · · · · · · · · · · · · · · · ·		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	32,895.81
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	367.38
	4. TOTAL (POLITICAL EXPENDITURES	\$	30,905.10
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	25,862.80
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$	*4500.00
17 AFFIDAVIT			<u> </u>	
	SUSAN C. H Notary Public, Sta My Commission May 16, 2	te of Texas	all information requir	accompanying report red to be reported by
		7	andidate or Officeho	lder
AFFIX NOTARY S	STAMP / SEAL ABOV	E		
Swom to and subscrib	ed before me, by th	ne said Darrill Ruce	, this the	day
of October, 2	. to cer	tify which, witness my hand and seal of office.		

Sall

Susanc. Harry Notary

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3	33 Report: 3/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Aleshire, Bill)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/01/2014	6 Contributor address; City; State; Zip Code 3605 Shady Valley Dr Austin, TX 78739-4425	· · · · · · · · · · · · · · · · · · ·	\$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)
	09/13/2014	Contributor address; City; State; Zip Code 5613 Palisade Ct Austin, TX 78731-4508		\$100.00	1 1 1
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instructions)	Employer (See In:		toxac, complete concessor,
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 3808 Hidden Holw Austin, TX 78731-1511		\$350.00	;
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lobbyist	pation / Job title (See Instructions)	Employer (See In HillCo Partners	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/14/2014	Contributor address; City; State; Zip Code 6502 Staghorn Cv Austin, TX 78759-6164		\$100.00	1
				(If travel outside of	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)
	09/24/2014	Contributor address; City; State; Zip Code 2213 Equestrian Trl Austin, TX 78727-1503		\$100.00	
				(If traval autoids of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Toxas, complete schedule 1)
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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 2/3	33 Report: 4/61		
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Ball, Shawn)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/15/2014	6 Contributor address; City; State; Zip Code 7416 Wisteria Valley Dr Austin, TX 78739-1934		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Consultant	ation / Job title (See Instructions)	10 Employer (See In Ball Business C				
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/02/2014	Contributor address; City; State; Zip Code 14309 Ballycastle Trl Austin, TX 78717-4435		\$350.00	 -		
					Texas, complete Schedule T)		
	Principal occup Engineer	ation / Job title (See Instructions)	Employer (See In Microsemi	structions)			
	Date	Full name of contributor □ out-of-state PAC (ID# Barfield, Adrian)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/21/2014	Contributor address; City; State; Zip Code 2122 S Cockrell Hill Rd Duncanville, TX 75137-4606		\$350.00	 		
		Duricanville, 12 73137-4000		(If travel outside of	Texas, complete Schedule T)		
	Principal occup General Mana	ation / Job title (See Instructions) ager	Employer (See In Cardinal Health				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/21/2014	Contributor address; City; State; Zip Code 2122 S Cockrell Hill Rd Duncanville, TX 75137-4606		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Veterinarian	ation / Job title (See Instructions)	Employer (See In Self Employed	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Bermiss, Y. Sekou)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 1924 Antone St Austin, TX 78723-5443		\$150.00] 		
				416.4	·		
\vdash	Principal occur	eation / Job title (See Instructions)	Employer (See In	l '	Texas, complete Schedule T)		
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	The Instruction	on Guid∈ explains how to complete this form.		1 PAGE#			
_				Schedule: 3/3	33 Report: 5/61		
2	FILER NAME	Pierce, Darrell		3 ACCOUNT#	(Ethics Commission filers)		
Ļ				00000011	 		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID‡ Bernard, Tanisa	<u> </u>	7 Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/03/2014	6 Contributor address; City; State; Zip Code 1203 Baylor Street Austin, TX 78703		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Lawyer	pation / Job title (See Instructions)	10 Employer (See In Bernard and As				
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/17/2014	Contributor address; City; State; Zip Code 1009 Vanderbilt Cir Pflugerville, TX 78660-4754		\$100.00	I I I		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	L '			
	Date	Full name of contributor ut-of-state PAC (ID# Bingham, A.J.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) food & beverages for		
	07/07/2014	Contributor address; City; State; Zip Code 2200 Pennsylvania Ave. Austin, TX 78702		\$100.00	fundraiser		
				(If travel outside of	Texas, complete Schedule T)		
H	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/13/2014	Contributor address; City; State; Zip Code 9102 Sautelle Ln Austin, TX 78749-1145		\$100.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup retired	pation / Job title (See Instructions)	Employer (See In none	nstructions)			
-	Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution		
	Date	Bingham, Alfred	//	contribution (\$)	description (if applicable)		
	09/19/2014	Contributor address; City; State; Zip Code 9102 Sautelle Ln Austin, TX 78749-1145		\$100.00	I 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup retired	ation / Job title (See Instructions)	Employer (See In none	,			

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	The Instruction	on Guide explains how to complete this form.		1 PAGE#			
L				1	33 Report: 6/61		
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)		
4	Date	5 Full name of contributor out-of-state PAC (ID# Bingham, Tony)	7 Amount of contribution (\$)	8		
	09/19/2014	6 Contributor address; City; State; Zip Code 9102 Sautelle Lane Austin, TX 78749		\$100.00	fundraiser 		
				(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	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/11/2014	Contributor address; City; State; Zip Code 1013 Weeping Willow Dr Austin, TX 78753-5856		\$150.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In				
		<u> </u>					
	Date	Full name of contributor ☐ out-of-state PAC (ID# Brady, Abigail	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/18/2014	Contributor address; City; State; Zip Code 5104 Lassant Cv Austin, TX 78749-2215		\$300.00	 		
		,		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete ochedule 1)		
	Consultant		Self Employed				
	Date	Full name of contributor ☐ out-of-state PAC (ID# Brock, Vaughn)	Amount of contribution (\$)	In-kind contribution description (if applicable) contribution returned on		
	09/11/2014	Contributor address; City; State; Zip Code 600 Congress Ave Austin, TX 78701-3238		\$100.00	9/26/14 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Brock Consultin	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 600 Congress Ave Austin, TX 78701-3238		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Brock Consultir				
	Office		PLOCK COUSUIL	ig Oloup			

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 5/3	33 Report: 7/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Brown, Sabrina	<u>; </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/12/2014	6 Contributor address; City; State; Zip Code 2603 Wooldridge Dr Austin, TX 78703-2537		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Lobbyist	ation / Job title (See Instructions)	10 Employer (See In Self Sabrina T.		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/05/2014	Contributor address; City; State; Zip Code 7513 Ponoma Trl Austin, TX 78749-2910		\$100.00	
-	Principal occur	pation / Job title (See Instructions)	Emplayer (See In		Texas, complete Schedule T)
	Timulpai occup	audit 7 300 title (Gee manucions)	Employer (See in	structions)	
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/24/2014	Contributor address; City; State; Zip Code 12317 Gatling Gun Ln Austin, TX 78739-4811		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions) ess Specialist	Employer (See In Progressive Ins		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/10/2014	Contributor address; City; State; Zip Code 6301 Shadow Mountain Dr Austin, TX 78731-4112		\$150.00	
				(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	In-kind contribution
	Date	Cerny, Karl	//	contribution (\$)	description (if applicable) food for event
	08/11/2014	Contributor address; City; State; Zip Code 6301 Shadow Mountain Dr Austin, TX 78731-4112		\$133.27	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	<u> </u>

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/3	33 Report: 8/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Cirkiel, Bria	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/24/2014	6 Contributor address; City; State; Zip Code 3208 Sunny Ln Austin, TX 78731-5434		\$350.00	
9	Principal occup Homemaker	ation / Job title (See Instructions)	10 Employer (See In Homemaker	·	Texas, complete Schedule T)
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 1201 County Road 138 Hutto, TX 78634-5127		\$350.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Realtor broke	ation / Job title (See Instructions) r/owner	Employer (See In M.E. GeneJ oh		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 3208 Sunny Ln Austin, TX 78731-5434	•••••	\$350.00	
<u>_</u>				1	Texas, complete Schedule T)
	Chef/Owner	eation / Job title (See Instructions)	Employer (See In Parkside Projec		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/06/2014	Contributor address; City; State; Zip Code 1711 Richlen Way Desoto, TX 75115-2125	• • • • • • • • • • • • • • • • • • • •	\$75.00	! !
	Principal acque	ation / Job title (See Instructions)	Employer/See In		Texas, complete Schedule T)
	Principal occup	anon / Job line (See instructions)	Employer (See In	succions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; City; State; Zip Code 5607 Abilene Trl Austin, TX 78749-2110		\$100.00	 - -
<u> </u>	Deinoinal again	ation / Job title (See Instructions)	Employee (Co. 1)	<u> </u>	Texas, complete Schedule T)
L	Filicipal occup	anon , soo tille (see instructions)	Employer (See In	Siruciions)	

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	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 7/3	33 Report: 9/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT # 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor uut-of-state PAC (ID# Covington, Sid)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Code 4810 Placid Pl Austin, TX 78731-5519		\$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 ut-of-state PAC (ID# Curry, Mark)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/11/2014	Contributor address; City; State; Zip Code 4000 Tablerock Dr Austin, TX 78731-1425		\$350.00	1
				<u> </u>	Texas, complete Schedule T)
		ation / Job title (See Instructions) ank President	Employer (See In Wells Fargo	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) food for event
	08/11/2014	Contributor address; City; State; Zip Code 4000 Tablerock Austin, TX 78746		\$133.27	
				<u></u>	Texas, complete Schedule T)
	Principal occup	etion / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/14/2014	Contributor address; City; State; Zip Code 9601 Padina Cv Austin, TX 78733-1682		\$100.00	
				(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 16100 Chateau Ave Austin, TX 78734-2631		\$350.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup CEO	ation / Job title (See Instructions)	Employer (See In Legend Commu		
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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/3	33 Report: 10/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Demerson, Aaron	<u>; </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/01/2014	6 Contributor address; City; State; Zip Code 6019 Roxbury Ln Austin, TX 78739-1646		\$210.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Director	ation / Job title (See Instructions)	10 Employer (See In Texas Workford		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/06/2014	Contributor address; City; State; Zip Code 5010 N Rim Dr Austin, TX 78731-1122		\$100.00	
	•			(If travel outside of	Texas, complete Schedule T)
<u> </u>	Principal occur	eation / Job title (See Instructions)	Employer (See In	1 '	rexas, complete ochedule 1)
		and the coordinate and the coord	Employer (Occ III	su dellons)	
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable) food for event
	08/14/2014	Contributor address; City; State; Zip Code 9601 Padina Cove Austin, TX 78733		\$60.00	!
				(If travel outside of	Texas, complete Schedule T)
┢	Principal occur	ation / Job title (See Instructions)	Employer (See In	1	Texas, complete ochedate 1)
			Employer (ecc in	ou deliona,	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; Slate; Zip Code 10126 Planters Woods Dr Austin, TX 78730-3552		\$250.00	I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Executive Dir	ation / Job title (See Instructions) ector	Employer (See In Charter School		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/11/2014	Contributor address; City; State; Zip Code 3803 Kenora Ct Austin, TX 78738-5010		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	1 '	

	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE# Schedule: 9/3	33 Report: 11/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Ebe, Nancy	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/11/2014	6 Contributor address; City; State; Zip Code PO Box 91507 Austin, TX 78709-1507		\$275.00	
		<u>, </u>		(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In Ebe and Assoc		
	Date	Full name of contributor ut-of-state PAC (ID# Ebe, Nancy	;)	Amount of contribution (\$)	In-kind contribution description (if applicable) food for event
	08/11/2014	Contributor address; City; State; Zip Code PO Box 91507 Austin, TX 78709-1507		\$75.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Ebe and Associ	structions)	· · · · · · · · · · · · · · · · · · ·
	Date	Full name of contributor	 	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 1900 Elton Ln Austin, TX 78703-2918		\$199.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/18/2014	Contributor address; City; State; Zip Code 309 Lake Cliff Trl Austin, TX 78746-4678		\$350.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup President	pation / Job title (See Instructions)	Employer (See In Heritage Title C	structions) company of Austin	, Inc
	Date .	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/18/2014	Contributor address; City; State; Zip Code 309 Lake Cliff Trl Austin, TX 78746-4678		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In	<u> </u>	
	Homemaker		Homemaker		

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	1/33 Report: 12/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Fendley, Hunter	<u> </u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Code 404 Sunfish St Lakeway, TX 78734-4404		\$175.00	
				(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 ut-of-state PAC (ID: Fischer, Colleen	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/11/2014	Contributor address; City; State; Zip Code		\$350.00	
		Austin, TX 78723		-	_
			r <u> </u>	<u> </u>	Texas, complete Schedule T)
	•	ation / Job title (See Instructions) ager/Director of Booking	Employer (See In Austin City Limi	•	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/04/2014	Contributor address; City; State; Zip Code 5800 Medicine Creek Dr Austin, TX 78735-7918		\$100.00	[· · · · · · · · · · · · · · · · · · ·
				(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 20612 Kearney Hill Rd Pflugerville, TX 78660-8095		\$200.00	1 1 F
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Regulator	ation / Job title (See Instructions)	Employer (See In Texas Departm	structions) ent of Licensing a	nd Regulation
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/16/2014	Contributor address; City; State; Zip Code 6909 N Lakewood Dr Georgetown, TX 78633-9534		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions) obal Configuration Services Delivery	Employer (See In Dell	<u> </u>	, ,,

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The Instruct	TION GUIDE explains how to con	nplete this form.		1 PAGE # Schedule: 11	/33 Report: 13/61
2 FILER NAME	Pierce, Darrell			3 ACCOUNT# 00000011	(Ethics Commission filers)
4 Date	5 Full name of contributor Fryer, Catherine	ut-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/16/2014	6 Contributor address; 5504 Woodview Ave Austin, TX 78756-1807	City; State; Zip Code		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9 Principal occi	pation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
Date	Full name of contributor Fulton, Elaine	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/18/2014	Contributor address; 5000 Mission Oaks Blvd Unit 55	City; State; Zip Code	,	\$100.00	
	Austin, TX 78735-6745			(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instruction	ns)	Employer (See In	structions)	
Date	Full name of contributor Garza, Rolando	□ out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/05/2014	Contributor address; 4019 Amy Cir Austin, TX 78759-8103	City; State; Zip Code		\$100.00	
				<u> </u>	Texas, complete Schedule T)
Principal occi	pation / Job title (See Instruction	ns)	Employer (See In	structions)	
Date	Full name of contributor Gentry, Gary	☐ out-of-state PAC (ID#	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/24/2014	Contributor address; 8804 Golden Rain Cv Austin, TX 78735-1427	City; State; Zip Code	, , , , , , , , , , , , , , , , , , , ,	\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occi	pation / Job title (See Instruction	าร)	Employer (See In	structions)	
Date	Full name of contributor Glasco, Richard	□ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/15/2014	Contributor address; 11824 Jollyville Rd Ste 300 Austin, TX 78759-2300	City; State; Zip Code		\$200.00	!
				(If travel outside of	Texas, complete Schedule T)
Principal occi Agent	pation / Job title (See Instruction	ns)	Employer (See In State Farm	structions)	

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 12	//33 Report: 14/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Goyal, Mohit	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/13/2014	6 Contributor address; City; State; Zip Code 8705 Samuel Bishop Dr Austin, TX 78736-3338		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Sales	pation / Job title (See Instructions)	10 Employer (See In Lobiolly	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 6147 Reservoir Ct Granite Bay, CA 95746-9697		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup CEO	ation / Job title (See Instructions)	Employer (See In CPS HR Consu		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/05/2014	Contributor address; City; State; Zip Code 2103 Meadowbrook Dr Austin, TX 78703-2233		\$100.00	
				(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)
	09/18/2014	Contributor address; City; State; Zip Code 2216 Thornton Rd Apt 210 Austin, TX 78704-5177		\$100.00	
<u> </u>					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 10126 Planters Woods Dr Austin, TX 78730-3552		\$250.00	
		<u> </u>		L '	Texas, complete Schedule T)
	Principal occup Partner	eation / Job title (See Instructions)	Employer (See In HCM Strategies		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	/33 Report: 15/61
2 F	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Harris, Edward Jr.	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0	9/05/2014	6 Contributor address; City; State; Zip Code 1821 Coronado Hills Dr Austin, TX 78752-2116		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9 F	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)
0	8/11/2014	Contributor address; City; State; Zip Code 3307 Winding Creek Dr Austin, TX 78735-1474		\$350.00	
				If travel enteids of	Tower complete Schedule T\
F	Princinal occur	pation / Job title (See Instructions)	Employer (See In	L '	Texas, complete Schedule T)
	Hospital Adm	inistrator	Seton	siruciionsy	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) food for event
0	7/17/2014	Contributor address; City; State; Zip Code 408 Catumet Dr. Pflugerville, TX 78660		\$100.00	t 1
		Thagervine, 17770000		(If travel outside of	Texas, complete Schedule T)
F	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)
0	8/11/2014	Contributor address; City; State; Zip Code 1204 Havre Lafitte Dr Austin, TX 78746-6858		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup President & C	ation / Job title (See Instructions) CEO	Employer (See In Heldenfels Ente		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
0	9/25/2014	Contributor address; City; State; Zip Code 16032 Fontaine Ave Austin, TX 78734-2649		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In Dawlett Group	<u> </u>	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 14	/33 Report: 16/61
2	FILER NAME	Pierce, Darrell	,	3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/18/2014	6 Contributor address; City; State; Zip Code 17005 Bishopsgate Dr Pflugerville, TX 78660-1874		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
9		ation / Job title (See Instructions) It for Administration and Finance	10 Employer (See In Huston-Tillotsor		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/21/2014	Contributor address; City; State; Zip Code 2200 Carrick Dr Trophy Club, TX 76262-5498		\$100.00	
			,		Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	6.				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; State; Zip Code 2200 Carrick Dr. 7,000 5400		\$100.00	I 1
		Trophy Club, TX 76262-5498	•	(If travel outside of	Texas, complete Schedule T)
_	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	, <u> </u>
			Zimpioyar (888 iii		·
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/15/2014	Contributor address; City; State; Zip Code 2600 Lake Austin Blvd Apt 9201		\$200.00	
		Austin, TX 78703-4472			
					Texas, complete Schedule T)
	Attorney	ation / Job title (See Instructions)	Employer (See In Freescale Semi		
	Date	Full name of contributor out-of-state PAC (ID# Holt, Thad)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/24/2014	Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd Unit 17		\$250.00	
	j	Austin, TX 78735-6741			• -
			<u>-</u>		Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In: Retired	structions)	

	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 15	5/33 Report: 17/61		
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC Hooten, James	(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
(09/09/2014	6 Contributor address; City; State; Zip Co 3713 Travis Country Cir Austin, TX 78735-6105	,	\$200.00	1 1 1		
				(if travel outside of	Texas, complete Schedule T)		
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In Retired	<u> </u>			
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
(07/17/2014	Contributor address; City; State; Zip Co 2401 Sweetbrush Dr Austin, TX 78703-1521	ode	\$350.00]]]		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See li Homernaker	nstructions)			
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
(07/17/2014	Contributor address; City; State; Zip Co 2401 Sweetbrush Dr Austin, TX 78703-1521	ode	\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Howry Breen &				
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
(07/30/2014	Contributor address; City; State; Zip Co 10904 Jamie Glen Way Austin, TX 78753-3343	ode	\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Director	ation / Job title (See Instructions)	Employer (See la Eastside Story				
	Date	Full name of contributor ut-of-state PAC Jackson, Larry	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
(08/19/2014	Contributor address; City; State; Zip Co 6729 Cromarty Ln Austin, TX 78754-5824	ode	\$100.00	 		
	Dainer I	Alle (leb Alle (Oc. 1 a lea	<u> </u>	<u> </u>	Texas, complete Schedule T)		
	нплограг оссир	ation / Job title (See Instructions)	Employer (See li	nsiruciions)			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 16	/33 Report: 18/61		
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Johnson, James	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	08/11/2014	6 Contributor address; City; State; Zip Code 711 Churchill Farms Dr Georgetown, TX 78626-6320		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup retired	ation / Job title (See Instructions)	10 Employer (See In: none	structions)			
	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 711 Churchill Farms Dr Georgetown, TX 78626-6320		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions)	Employer (See In	structions)			
	retired		none	V.			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/25/2014	Contributor address; City; State; Zip Code 4825 Davis Ln 1734		\$100.00] 		
		Austin, TX 78749-4599					
	Distant				Texas, complete Schedule T)		
		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)		
	09/18/2014	Contributor address; City; State; Zip Code 4014 Greenhill PI Austin, TX 78759-8115		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions) gal and Policy Services	Employer (See In Texas Charter S	structions) Schools Association	on		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/18/2014	Contributor address; City; State; Zip Code 6335 Gulfton St Ste 100 Houston, TX 77081-1112		\$350.00	 		
		Tidustoff, TA 7700 FTTT2		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	l '	, ,		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	/33 Report: 19/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT.# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Kendrick, Don)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) food for event
	08/11/2014	6 Contributor address; City; State; Zip Code 20110 Rod And Gun Club Rd Spicewood, TX 78669-6532		\$133.27	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Banker	ation / Job title (See Instructions)	10 Employer (See In Wells Fargo	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/18/2014	Contributor address; City; State; Zip Code 20110 Rod And Gun Club Rd Spicewood, TX 78669-6532		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Banker	ation / Job title (See Instructions)	Employer (See In Wells Fargo	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/03/2014	Contributor address; City; State; Zip Code 8213 Ganttcrest Dr		\$100.00	
		Austin, TX 78749-3518		(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)
٠	09/25/2014	Contributor address; City; State; Zip Code 11000 Onion Creek Ct Austin, TX 78747-1608		\$350.00	
		•		1	Texas, complete Schedule T)
	Principal occup CEO	ation / Job title (See Instructions)	Employer (See In Austin Conventi	structions) ion & Visitors Bure	eau
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/19/2014	Contributor address; City; State; Zip Code 11320 Viridian Way Austin, TX 78739-2093		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

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	The Instruction	סא Guide explains how to complete this form.		1 PAGE # Schedule: 18	3/33 Report: 20/61	
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)	
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/15/2014	6 Contributor address; City; State; Zip Code 2100 W William Cannon Dr Ste C		\$100.00	[[[
		Austin, TX 78745-4869		(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	<u> </u>	Total, compate contact ()	
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/11/2014	Contributor address; City; State; Zip Code 12005 Uplands Ridge Dr Bee Cave, TX 78738-5018		\$200.00	! 	
		·		(if travel outside of	Texas, complete Schedule T)	
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In DuBois Bryant &	structions) & Campbell LLP		
	Date .	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/31/2014	Contributor address; City; State; Zip Code 5405 Badger Bnd Austin, TX 78749-1227		\$150.00		
			,	(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/24/2014	Contributor address; City; State; Zip Code 11200 Readvill Ln Austin, TX 78739-1695	• • • • • • • • • • • • • • • • • • • •	\$60.00	 	
				(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# Mann, Leonard	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/22/2014	Contributor address; City; State; Zip Code 1008 Brookhollow Dr Pflugerville, TX 78660-5792		\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Minnie's Beauty			

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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	0/33 Report: 21/61
2 FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# McDonald, Larry	()	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/19/2014	6 Contributor address; City; State; Zip Code 6210 Boxcar Run Austin, TX 78745-3786		\$100.00	
•	A Comment		(If travel outside of	Texas, complete Schedule T)
9 ,Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/18/2014	Contributor address; City; State; Zip Code 2113 E M L K Jr Blvd Austin, TX 78702-1357		\$350.00	
:			(If travel outside of	Texas, complete Schedule T)
Principal occup Dentist	pation / Job title (See Instructions)	Employer (See Ir Self Employed	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/16/2014	Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd Unit 4 Austin, TX 78735-6739		\$25.00]
·	Additi, 12 70733-0739		(if travel outside of	Texas, complete Schedule T)
Principal occup retired	pation / Job title (See Instructions)	Employer (See Ir retired	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/14/2014	Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd Unit 4		\$300.00	
	Austin, TX 78735-6739		(If travel outside of	Texas, complete Schedule T)
Principal occuj Retired	pation / Job title (See Instructions)	Employer (See Ir Retired	· ·	
Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) food for event
08/14/2014	Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd Unit 4		\$25.00	
1	Austin, TX 78735-6739			_
Dringing Lagre	position / Joh (ittle /Con Instruct*>	Emple ver (Dec.)	<u> </u>	Texas, complete Schedule T)
retired	pation / Job title (See Instructions)	Employer (See Ir retired	ISTRUCTIONS)	

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Ĺ	The INSTRUCTION	ом Guide explains how to complete this form.		1 PAGE # Schedule: 20	3/33 Report: 22/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# McGhee, Katherine	;)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/31/2014	6 Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd Unit 4		\$350.00	
		Austin, TX 78735-6739		(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In Retired		Texas, complete contended ()
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/28/2014	Contributor address; City; State; Zip Code 104 Marshall Ct Georgetown, TX 78628-7040		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Pres & CEO	ation / Job title (See Instructions)	Employer (See In DNT Constructi	•	
	Date	Full name of contributor	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/02/2014	Contributor address; City; State; Zip Code 6007 Mesa Dr Austin, TX 78731-3735	• • • • • • • • • • • • • • • • • • • •	\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Teacher	eation / Job title (See Instructions)	Employer (See In AISD	structions)	
	Date	Full name of contributor □ cut-of-state PAC (ID# Means, Ronald	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/02/2014	Contributor address; City; State; Zip Code 6007 Mesa Dr Austin, TX 78731-3735		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup General Mana	ation / Job title (See Instructions) ager	Employer (See In Asutin Cab Co.		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 4401 Sacred Arrow Dr Austin, TX 78735-6363	• • • • • • • • • • • • • • • • • • • •	\$350.00]]
L	=			(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Bickerstaff Hea	structions) th Delgado Acosta	3

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 21	/33 Report: 23/61		
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mendez, Linda)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) food for event		
	07/17/2014	6 Contributor address; City; State; Zip Code 4401 Sacred Arrow Dr Austin, TX 78735-6363		\$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)		
	08/11/2014	Contributor address; City; State; Zip Code PO Box 91507 Austin, TX 78709-1507		\$275.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occur	ation / Job title (See Instructions)	Employer (See In:		Texas, complete denedule 17		
	Owner	,	Irey LTD`				
	Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable) food for event		
	08/11/2014	Contributor address; City; State; Zip Code PO Box 91507 Austin, TX 78709-1507		\$75.00	 		
				<u> </u>	Texas, complete Schedule T}		
	Owner	ation / Job title (See Instructions)	Employer (See In Irey LTD	structions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/14/2014	Contributor address; City; State; Zip Code PO Box 27143 Austin, TX 78755-2143		\$100.00	 		
				(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)		
	08/01/2014	Contributor address; City; State; Zip Code 3603 Indian Point Dr Austin, TX 78739-4438		\$100.00	l 		
				l '	·		
	Daily 1	D. (114 PH- /0-14 S.)		<u> </u>	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# : Schedule: 22	/33 Report: 24/61		
2 FILER NAME	Pierce, Darrell	·	3 ACCOUNT# 00000011	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mims, David Jr.	<u>; </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
07/28/2014	6 Contributor address; City; State; Zip Code 8101 Asherton Cv Austin, TX 78750-7855		\$250.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup Attorney - IP	pation / Job title (See Instructions) Law	10 Employer (See In Self Employed	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/19/2014	Contributor address; City; State; Zip Code 8101 Asherton Cv Austin, TX 78750-7855		\$100.00	 		
			. `	Texas, complete Schedule T)		
Principal occuj Attorney - IP	pation / Job title (See Instructions) Law	Employer (See In Self Employed	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/08/2014	Contributor address; City; State; Zip Code 805 Beardsley Ln Austin, TX 78746-4933		\$350.00	 		
			(lf travel autoids of	Towns		
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)		
Findipal occup	Dation 7 300 title (See Histitictions)	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 7911 Henry Kinney Row Austin, TX 78749-1866		\$100.00	I 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor	<u> </u>	Amount of cantribution (\$)	In-kind contribution description (if applicable)		
08/04/2014	Contributor address; City; State; Zip Code 1995 Egg Hill Rd Alamo, TN 38001-4248		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occur	Loation / Job title (See Instructions)	Employer (See In		The state of the s		
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 23	//33 Report: 25/61	
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Nance, Lawrence)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/02/2014	6 Contributor address; City; State; Zip Code 512 Via Colinas Westlake Village, CA 91362-5028		\$150.00	! !	
				(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)	
	07/30/2014	Contributor address; City; State; Zip Code 8217 Partridge Bend Cv Austin, TX 78729-6481		\$100.00	 	
				I	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)	
	07/01/2014	Contributor address; City; State; Zip Code 1312 N Travis St Sherman, TX 75092-5139		\$20.00	 	
				-	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor □ out-of-state PAC (ID# Nelson, Shawna)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/20/2014	Contributor address; City; State; Zip Code 1312 N Travis St Sherman, TX 75092-5139		\$50.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u></u>		
		<u> </u>				
	Date	Full name of contributor ut-of-state PAC (ID# Ozbirn, Paul	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/24/2014	Contributor address; City; State; Zip Code 1600 West Ave Apt 12		\$350.00	 	
		Austin, TX 78701-1544				
		S (11.59 (5.7)			Texas, complete Schedule T)	
	Principal occup Beverage Din	ation / Job title (See Instructions) ector	Employer (See In Parkside Projec			

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 24	//33 Report: 26/61
2 FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Patel, Biral	<i>‡</i>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/12/2014	6 Contributor address; City; State; Zip Code 1416 Hawks Canyon Cir Austin, TX 78732-2413		\$150.00 [°]	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Pearson, Morris	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/03/2014	Contributor address; City; State; Zip Code 5802 Blanco River Pass Austin, TX 78749-2836		\$200.00	
·				Texas, complete Schedule T)
Principal occup Analyst	pation / Job title (See Instructions)	Employer (See In: Travis County	structions)	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/18/2014	Contributor address; City; State; Zip Code 5750 N Scout Island Cir Austin, TX 78731-3368		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Photographe	pation / Job title (See Instructions)	Employer (See In: Self		
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/14/2014	Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd Unit 7 Austin, TX 78735-6739		\$100.00	
ĺ			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	l	
Date	Full name of contributor ut-of-state PAC (ID# Peten, Jeannette	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) food for event
08/14/2014	Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd Unit 7		\$75.00	
	Austin, TX 78735-6739			'
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction Guide explains how to co	omplete this form.		1 PAGE # Schedule: 25	i/33 Report: 27/61
2 FILER NAME Pierce, Darrell			3 ACCOUNT # 00000011	(Ethics Commission filers)
4 Date 5 Full name of contributor Peten, Jeannette	out-of-state PAC (ID#	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/26/2014 6 Contributor address; 5000 Mission Oaks Blvd	City; State; Zip Code		\$75.00	
Unit 7 Austin, TX 78735-6739				1
		T '0	1 '	Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructi	ons)	10 Employer (See In	structions)	
Date Full name of contributor Peten, Trevor	r ☐ out-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/14/2014 Contributor address; 1909 Hartside Drive	City; State; Zip Code	-	\$100.00	
Unit B Austin, TX 78757				
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructi	ions)	Employer (See In	structions)	
Date Full name of contributor Phillips, Cheryse	out-of-state PAC (IDa	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/13/2014 Contributor address; 3104 Port Anne Way Leander, TX 78641-3039	City; State; Zip Code		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructi	ions)	Employer (See In	structions)	, ,
Date Full name of contributor	r 🔲 out-of-state PAC (ID:	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Phillips, Randy			Contribution (\$)	description (ii applicable)
07/17/2014 Contributor address; 8901 W Highway 71 Austin, TX 78735-8015	City; State; Zip Code		\$250.00	!
			(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructi Pastor	ions)	Employer (See In PromiseLandW	structions)	
Date Full name of contributor Pope, Karen	r ☐ out-of-state PAC (IDa	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/14/2014 Contributor address; 10500 Antelope Run Austin, TX 78748-3008	City; State; Zip Code		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructi VP	ions)	Employer (See In NY Life Insuran		

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 26	/33 Report: 28/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor uut-of-state PAC (ID#Reed, Todd)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Code 1700 Westlake Dr West Lake Hills, TX 78746-3718		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Reed & Scardin		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) food for fundraiser
	08/11/2014	Contributor address; City; State; Zip Code 10201 Milky Way Austin, TX 78730		\$100.00	
				(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)
	07/07/2014	Contributor address; City; State; Zip Code 6605 Woodcrest Dr Austin, TX 78759-3827		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup CPA	ation / Job title (See Instructions)	Employer (See In Reynolds & Fra		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 6605 Woodcrest Dr Austin, TX 78759-3827		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup CPA	ation / Job title (See Instructions)	Employer (See In Reynolds & Fra		
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/10/2014	Contributor address; City; State; Zip Code 7007 One Oak Rd Austin, TX 78749-2330		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
-		ation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
	Director		Buffalo America	ıs	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 27	/33 Report: 29/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT # 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Richie, Nan	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/23/2014	6 Contributor address; City; State; Zip Code 11208 Sacahuista Ct Austin, TX 78750-3416		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	• ••
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/28/2014	Contributor address; City; State; Zip Code 7813 Wisteria Valley Dr Austin, TX 78739-1993	,	\$200.00	
					Texas, complete Schedule T)
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In A Done Right P		
	Date	Full name of contributor ut-of-state PAC (ID#Roberts, Anita)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/14/2014	Contributor address; City; State; Zip Code 3420 Pinnacle Rd Austin, TX 78746-7464		\$100.00	
				(If travel outside of	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)
	09/18/2014	Contributor address; City; State; Zip Code 6920 Robert Dixon Dr Austin, TX 78749-2218		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup none	ation / Job title (See Instructions)	Employer (See In none	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/19/2014	Contributor address; City; State; Zip Code 605 W Oltorf St Austin, TX 78704-5319		\$100.00	
					·
	Principal occur	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	. moper coop	Siles to the too mondenting	Employer (Gee III		

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 28	/33 Report: 30/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT # 00000011	(Ethics Cammission filers)
4	Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
С	7/21/2014	6 Contributor address; City; State; Zip Code 4004 Ridge Rock Dr Plano, TX 75074-4041		\$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)
C	9/24/2014	Contributor address; City; State; Zip Code 1000 San Marcos St 451		\$350.00	
		Austin, TX 78702-2605		(If travel outside of	Texas, complete Schedule T)
	Principal occup Manager	ation / Job title (See Instructions)	Employer (See In: Parkside Projec		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
a	9/24/2014	Contributor address; City; State; Zip Code 8916 Chalk Knoll Dr Austin, TX 78735-1731		\$100.00	
				· ·	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)
O	7/31/2014	Contributor address; City; State; Zip Code 1135 Barton Hills Dr Apt 356		\$100.00	
		Austin, TX 78704-1974			ı
	Dein ein al annum	chica / Jah hida /Dog Jackwaling)	Franks 110 11 to	<u> </u>	Texas, complete Schedule T)
	- micipal 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) food for event
a	7/31/2014	Contributor address; City; State; Zip Code 1135 Barton Hills Dr Apt 356		\$27.00	!
		Austin, TX 78704-1974		(15 traval avitation -4	Toyon complete Cabadula Ti
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete Schedule T)
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The Instruction Guide explains how to complete this form.		1 PAGE#	
•			/33 Report: 31/61
2 FILER NAME Pierce, Darrell		3 ACCOUNT # 00000011	(Ethics Commission filers)
4 Date 5 Full name of contributor ☐ out-of-state PAC (IE Smith, Linda Moore)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/15/2014 6 Contributor address; City; State; Zip Code 4906 Broadhill Dr Austin, TX 78723-6108		\$100.00	
		(If travel outside of	Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date Full name of contributor out-of-state PAC (ID Solace Eco-Friendly Fun Services)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/21/2014 Contributor address; City; Slate; Zip Code 1508 W Koenig Ln Austin, TX 78756-1416		\$100.00	
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	l	
Date Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/21/2014 Contributor address; City; State; Zip Code 224 Willard St Unit B Houston, TX 77006-2142	: :	\$200.00	
Principal occupation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Account Manager	Americas Styre		
Date Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/11/2014 Contributor address; City; State; Zip Code 1611 Northwood Rd Austin, TX 78703-1945		\$350.00	! ! !
<u> </u>		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Real Estate	Employer (See In Stratus Properti		
Date Full name of contributor out-of-state PAC (IC Texas Democratic Party)#)	Amount of contribution (\$)	In-kind contribution description (if applicable) voter data access
07/09/2014 Contributor address; City; State; Zip Code 4818 East Ben White Blvd., Suite 104 Austin, TX 78741		\$350.00	
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 30	/33 Report: 32/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# The Law Office of Mark A. Sampson, P.C.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/18/2014	6 Contributor address; City; State; Zip Code 605 W Ottorf St Austin, TX 78704-5319		\$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)
	09/25/2014	Contributor address; City; State; Zip Code 6411 Bridgewater Dr Austin, TX 78723-3907		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	. <u>. </u>
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/30/2014	Contributor address; City; State; Zip Code 3302 Hyclimb Cir Austin, TX 78723-3707		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	1 ·	Toxas, complete contended ()
		,	. , ,	,	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/19/2014	Contributor address; City; State; Zip Code 4109 Avenue F Austin, TX 78751-4623		\$100.00	[]]
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See In	1	
	Date	Full name of contributor ut-of-state PAC (ID# Ware, Joe	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/14/2014	Contributor address; City; State; Zip Code 10201 Oak Hollow Dr Austin, TX 78758-5543		\$100.00	1 1 1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	on G∪IDE explains how to complete this form.		1 PAGE # Schedule: 31,	/33 Report: 33/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Watson, Robert)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/11/2014	6 Contributor address; City; State; Zip Code 2617 University Club Dr Austin, TX 78732-2002		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Hotel Manage	ation / Job title (See Instructions) ement	10 Employer (See In: Hilton	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Watson, Tracy)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/04/2014	Contributor address; City; State; Zip Code 4910 Woodcreek Rd Austin, TX 78749-2340		\$100.00	
		703(iii, 1776) 43 2546			1 -
ļ	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
		audit / 300 tide (See Histrocholis)	Employer (See in	structions	• •
	Dale	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/21/2014	Contributor address; City; State; Zip Code 11003 Marden Ln Austin, TX 78739-1507		\$100.00	
					, ,
	Principal accur	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	т ппорагоссор	adon / 300 title (See instructions)	Employer (See in	su dedons)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/28/2014	Contributor address; City; State; Zip Code 901 S Mo Pac Expy		\$350.00	
		Ste 1-160 Austin, TX 78746-5853			_
				<u> </u>	Texas, complete Schedule T)
	Commercial F	ation / Job title (See Instructions) Real Estate	Employer (See In Self Employed	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/13/2014	Contributor address; City; State; Zip Code 302 Dawnwood Dr Landenberg, PA 19350-9598		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
 	Principal occup	ation / Job title (See Instructions)	Employer (See In	l	
	Consultant	,,	The JW Group	,	

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 32	/33 Report: 34/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wilson, Douglas	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/15/2014	6 Contributor address; City; State; Zip Code 105 Olympic Dr Pflugerville, TX 78660-4786		\$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)
	08/13/2014	Contributor address; City; State; Zip Code 7533 Bonniebrook Dr Austin, TX 78735-1806		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/31/2014	Contributor address; City; State; Zip Code 10603 Yucca Dr Austin, TX 78759-6946		\$100.00	·
				//f harried and aids and	Towar complete Schoolule TV
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	, maparoccop	audit 7 500 title (Occ mandenons)	Employer (See in		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Woods, Leonard	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) food for event
	07/17/2014	Contributor address; City; State; Zip Code 8310 Lewis Mountain Dr. Austin, TX 78737		\$100.00	;
				(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)
	08/19/2014	Contributor address; City; State; Zip Code 321 Chisholm Trl Sherman, TX 75092-7615	ν	\$50.00	
				(If travel outside of	Texas, complete Schedule T)
<u> </u>	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	., ,

POLITICAL CONTRIBUTIONS

		THAN PLEDGES OR LOAD			
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 33	/33 Report: 35/61
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Young, Gloria	!)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
	09/16/2014	6 Contributor address; City; State; Zip Code 321 Chisholm Trl Sherman, TX 75092-7615		\$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)
	09/25/2014	Contributor address; City; State; Zip Code 4502 Balcones Dr Austin, TX 78731-5220		\$100.00	! 1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)	
					·
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POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

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

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

Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead The Instruction Guide explains ho	(Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/23 R	T Bisses Basses B	00000011
4 Date	5 Payee name	1 0000017
08/15/2014	Ampro Productions	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$1,133.38	7202 Smokey Hill Rd. Austin, TX 78736	
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) Yard signs
OF 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	
07/16/2014	Austin Screen Printing	,
Amount (\$)	Payee address City; State; Zip Code	
\$185.00	4204 Medical Pkwy Austin, TX 78756	,
DUBBOOK	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	printing
EXPENDITURE		-
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH	Sandrate / Sinceriolael Hame	Office sought.
Date	Payee name	
07/30/2014	Austin Screen Printing	
Amount (\$)	Payee address City; State; Zip Code	
\$171.19	4204 Medical Pkwy Austin, TX 78756	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	Printing
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	175
07/01/2014	BOAZ Enterprises	
Amount (\$)	Payee address City; State; Zip Code	
\$650.00	1701 Intervail Dr.	
	Austin, TX 78746	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Consulting Expense	Consulting
EXPENDITURE		
		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 Event Expense

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

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

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel Out Of District
Office Overhead/Rental Expense Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 2/23 Report: 37/61 00000011 4 Date 5 Payee name **BOAZ Enterprises** 08/01/2014 6 Amount (\$) Payee address City; State: Zip Code 1701 Intervail Dr. \$650.00 Austin, TX 78746 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Consultina 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 **BOAZ Enterprises** 08/29/2014 Amount (\$) Payee address City; State; Zip Code \$650.00 1701 Intervail Dr. Austin, TX 78746 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Consulting Expense ΩF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Burke, Clifford 08/11/2014 Amount (\$) Payee address City; State; Zip Code 13359 Pond Springs Rd. #714 \$265.00 Austin, TX 78729 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Contract labor Salaries/Wages/Contract Labor **OF 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 Pavee name 08/18/2014 Burke, Clifford Amount (\$) Payee address City; State; Zip Code 13359 Pond Springs Rd. #714 \$225.00 Austin, TX 78729 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Event Expense

to benefit C/OH

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Travel In District Travel Out Of District

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Contributions/Donations Made By Solicitation/Fundraising Expense Candidate/Officeholder/Political Committee Fees Printing Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE # 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 3/23 Report: 38/61 00000011 4 Date 5 Payee name Burke, Clifford 08/25/2014 7 Payee address 6 Amount (\$) City; State; Zip Code \$180.00 13359 Pond Springs Rd. #714 Austin, TX 78729 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor 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 09/02/2014 Burke, Clifford Amount (\$) Payee address City; State; Zip Code 13359 Pond Springs Rd. #714 \$190.00 Austin, TX 78729 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor OF **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 09/08/2014 Burke, Clifford Amount (\$) Payee address City: State: Zio Code 13359 Pond Springs Rd. #714 \$75.00 Austin, TX 78729 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor OF **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 09/15/2014 Burke, Clifford City; State; Zip Code Amount (\$) Payee address 13359 Pond Springs Rd. #714 \$140.00 Austin, TX 78729 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Event Expense

to benefit C/OH

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

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee Printing Expense OTHER (enter a category not listed above) Fees Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 4/23 Report: 39/61 00000011 4 Date 5 Payee name Burke, Clifford 09/22/2014 7 Payee address 6 Amount (\$) City, State, Zip Code 13359 Pond Springs Rd. #714 \$100.00 Austin, TX 78729 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor 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 09/09/2014 City of Austin Amount (\$) Payee address City; State; Zip Code 301 W 2nd St \$200.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** utilities Office Overhead/Rental Expense OF **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 09/02/2014 Combs, Curtis Amount (\$) Payee address City; State; Zip Code 1515 Wickersham Lane #226 \$85.00 Austin, TX 78741 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE contract labor Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY it Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Combs, Curtis 09/08/2014 City; State; Zip Code Amount (\$) Payee address 1515 Wickersham Lane #226 \$140.00 Austin, TX 78741 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES 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 Printing Expense	Travel Out Of Distr Office Overhead/R		Candidate/Offic OTHER (enter a ca	eholder/Political Category not listed	
1 PAGE#	2 FILER NAME				ACCOUNT #	(TEC filers)
Schedule: 5/23 F	1,			1"	00000011	(120 111010)
4 Date 09/15/2014	5 Payee name Combs, Curtis			<u></u>	,	1
6 Amount (\$)	7 Payee address City; State;	Zin Code				
\$180.00	1515 Wickersham Lane #226 Austin, TX 78741	Lip oods				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Salaries/Wages/Contract Labor	f this schedule)	contract labor	f travel outside of 1		chedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	rx, officeholder li nt:	Office held:	
Date	Payee name					<u></u>
09/22/2014	Combs, Curtis					
Amount (\$)	Payee address City; State;	Zip Code	, , ,			
\$265.00	1515 Wickersham Lane #226 Austin, TX 78741	·				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	f this schedule)	Description (I contract labor	f travel outside of	Fexas, complete S	Schedule T)
			Check if Austin,	TX, officeholder li	ving expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt:	Office held:	
Date 07/03/2014	Payee name First Data					
Amount (\$)	Payee address City; State;	Zin Code			•	
\$149.39	5565 Glenridge Connector NE Atlanta, GA 30342	Zip Gode				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Accounting/Banking	f this schedule)	credit card pro	•		Schedule T)
Complete ONLY if	Candidate / Officeholder name		Check if Austin, Office sough	TX, officeholder li	ving expense Office held:	
direct expenditure to benefit C/OH	Candidate / Onicendide Hame		Office sough	111.	Office field.	
Date	Payee name					
07/03/2014	First Data					
Amount (\$)	Payee address City; State;	Zip Code				
\$121.76	5565 Glenridge Connector NE Atlanta, GA 30342					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Accounting/Banking	f this schedule)	credit card pro	Ū		Schedule T)
Complete ONLY	Condidate / Officeholder some	<u></u>	Check if Austin, Office sough			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Onice soug	ш.	Office held	

direct expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Advertising Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Contributions/Donations Made By Legal Services Food/Beverage Expense Travel In District Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees Printing Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 6/23 Report: 41/61 00000011 4 Date 5 Payee name First Data 07/03/2014 6 Amount (\$) 7 Payee address City; State; Zip Code \$116.55 5565 Glenridge Connector NE Atlanta, GA 30342 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** credit card processing fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name First Data 08/04/2014 City; State; Zip Code Amount (\$) Payee address 5565 Glenridge Connector NE Atlanta, GA 30342 \$83.10 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** credit card processing fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name First Data 08/04/2014 Amount (\$) Payee address City: State: Zip Code 5565 Glenridge Connector NE \$171.21 Atlanta, GA 30342 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** credit card processing fees Accounting/Banking **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 First Data 08/04/2014 City; State; Zip Code Amount (\$) Payee address 5565 Glenridge Connector NE \$17.90 Atlanta, GA 30342 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** credit card processing fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY it Candidate / Officeholder name

Office held:

Office sought:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 7/23 Report: 42/61 00000011 4 Date 5 Payee name First Data 08/11/2014 Payee address 6 Amount (\$) City; State; Zip Code 5565 Glenridge Connector NE \$0.07 Atlanta, GA 30342 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** credit card processing fees Accounting/Banking 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 09/03/2014 First Data Amount (\$) Payee address City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342 \$34.75 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** credit card processing fees Accounting/Banking OF **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 09/03/2014 First Data Amount (\$) Payee address City; State; Zip Code 5565 Glenridge Connector NE \$90.08 Atlanta, GA 30342 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** credit card processing fees Accounting/Banking OF. **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 09/03/2014 First Data City; State; Zip Code Amount (\$) Payee address 5565 Glenridge Connector NE \$84.69 Atlanta, GA 30342 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** credit card processing fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Salaries/Wages/Contract Labor Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Solicitation/Fundraising Expense Travel In District Accounting/Banking Legal Services Consulting Expense Food/Beverage Expense Event Expense Polling Expense Travel Out Of District OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 8/23 Report: 43/61 00000011 4 Date 5 Payee name Fisher, Amber 08/11/2014 6 Amount (\$) 7 Payee address State; City; Zip Code 5201 Marymount Dr. \$123.00 Austin, TX 78723 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) PURPOSE contract labor Salaries/Wages/Contract Labor 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 Fisher, Amber 08/18/2014 Amount (\$) Payee address City; State; Zip Code 5201 Marymount Dr. \$87.50 Austin, TX 78723 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Complete ONLY if Office held: direct expenditure to benefit C/OH Date Payee name Fisher, Amber 09/08/2014 Amount (\$) Payee address City: State: Zip Code \$92,50 5201 Marymount Dr. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Fisher, Amber 09/15/2014 Payee address Amount (\$) City; State; Zip Code 5201 Marymount Dr. \$85.00 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE**

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Experience Event Expense Fees	Polling Expense Printing Expense	Travel In District Travel Out Of Dist Office Overhead/F Guide explains how	rict	Contributions/ Candidate/ OTHER (ente	Donations Made By Officeholder/Political Committee r a category not listed above)
1 PAGE#	2 FILER NAME			-	3 ACCOUNT # (TEC filers)
Schedule: 9/23 F	· ·				00000011
4 Date	5 Payee name		,		
07/21/2014	Kelly Graphics				
6 Amount (\$)	7 Payee address City; State;	Zip Code			
\$2,000.00	1322 Lost Creek Blvd. Austin, TX 78746				
8 PURPOSE OF	(a) Category (See Categories listed at the top of Printing Expense	of this schedule)	(b) Description printing	(If travel outside	e of Texas, complete Schedule T)
EXPENDITURE			Check if Austin	TY officebole	der living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou		Office held:
Date	Payee name		-,,		
09/08/2014	LaFave, Daniel				,
Amount (\$)	Payee address City; State;	Zip Code			
\$230.00	1515 Wickersham Lane #226 Austin, TX 78741				
PURPOSE OF	Category (See Categories listed at the top Salaries/Wages/Contract Labor	of this schedule)	Description Contract labor		e of Texas, complete Schedule T)
EXPENDITURE			Check if Austin	. TX. officehold	der living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou		Office held:
Date	Payee name			<u> </u>	.
09/15/2014	LaFave, Daniel				
Amount (\$) \$300.00	Payee address City; State; 1515 Wickersham Lane #226 Austin, TX 78741	Zip Code			
PURPOSE	Category (See Categories listed at the top Salaries/Wages/Contract Labor	of this schedule)	Description Contract labo		e of Texas, complete Schedule T)
EXPENDITURE			Check if Austin	. TX. officehold	der living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou		Office held:
Date	Рауее пате				
09/22/2014	LaFave, Daniel				
Amount (\$)	Payee address City; .State;	Zip Code			
\$285.00	1515 Wickersham Lane #226 Austin, TX 78741				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top Salaries/Wages/Contract Labor	of this schedule)	Description contract labor		e of Texas, complete Schedule T)
					der living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ght:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

to benefit C/OH

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

Event Expense Printing Expense OTHER (enter a category not listed above) Fees Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 10/23 Report: 45/61 00000011 4 Date 5 Payee name NGP Van, Inc. 07/01/2014 6 Amount (\$) 7 Payee address City, State Zip Code \$250.00 1101 15th Street, NW, Suite 500 Washington, DC 20005 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense database software 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 NGP Van, Inc. 09/02/2014 Amount (\$) Payee address City; State; Zip Code \$250.00 1101 15th Street, NW, Suite 500 Washington, DC 20005 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** database software Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Nick Williams 09/15/2014 Amount (\$) Payee address City; State; Zip Code 7889 Highway 71 Austin, TX 78735 \$100.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** contract labor Salaries/Wages/Contract Labor OF **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 Nick Williams Amount (\$) Payee address City; State; Zip Code 7889 Highway 71 Austin, TX 78735 \$130.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

P.O.Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Travel in District Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell 00000011 5 Payee name Nunez, Alyssa 07/01/2014 7 Payee address City; State; Zip Code \$375.00 6307 Bluff Springs Road Apt. # 627 Austin, TX 78744

1 PAGE# Schedule: 11/23 Report: 46/61 4 Date 6 Amount (\$) (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary 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 07/15/2014 Nunez, Alyssa Amount (\$) Payee address City; State; Zip Code \$750.00 6307 Bluff Springs Road Apt. # 627 Austin, TX 78744 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/01/2014 Nunez, Alyssa Amount (S) Payee address City; State; Zip Code 6307 Bluff Springs Road Apt. # 627 \$750.00 Austin, TX 78744 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor OF 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 08/15/2014 Nunez, Alyssa Amount (\$) Payee address City; State; Zip Code 6307 Bluff Springs Road Apt. # 627 \$750.00 Austin, TX 78744 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense

Advertising Expense Accounting/Banking Consulting Expense

Legal Services

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 D	
1 003	The Instruction Guide explains he	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC fifers)
Schedule: 12/23	Report: 47/61 Pierce, Darrell	00000011
4 Date 08/29/2014	5 Payee name Nunez, Alyssa	
6 Amount (\$)	7 Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
\$750.00		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Salary
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	
09/15/2014	Nunez, Alyssa	·
Amount (\$)	Payee address City; State; Zip Code	
\$750.00	6307 Bluff Springs Road Apt. # 627	
-	Austin, TX 78744	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Salary
OF	Salaries/Wages/Contract Labor	Galai y
EXPENDITURE		Check if Austin TV officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
09/24/2014	Oak Hill Gazette	
Amount (\$)	Payee address City; State; Zip Code	
\$354.00	6705 Hwy. 290 West, Suite 502	
	Austin, TX 78735	
<u> </u>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Political print advertising
OF EXPENDITURE	Advantaria Expansa	
EXPERDITORL		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	
07/08/2014	Omni Barton Creek Resort	
Amount (\$)	Payee address City; State; Zip Code	
\$481.31	8212 Barton Club Dr	
Ţ ·- · · -	Austin, TX 78735	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE		Event expenses
1 A-	Event Expense	
OF EXPENDITURE	Event Expense	
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
	,	Check if Austin, TX, officeholder living expense Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

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

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

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

Office Overhead/Rental Expense Printing Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 13/23 Report: 48/61 00000011 4 Date 5 Payee name Pierce, Darrell 08/11/2014 6 Amount (\$) 7 Payee address City: State: Zip Code \$64.94 901 East 12th St Austin, TX 78702 Description (If travel outside of Texas, complete Schedule T) Reimbursement for Schedule G expenses (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OTHER 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 08/14/2014 Pierce, Darrell Payee address Amount (\$) City, State, Zip Code 901 East 12th St. \$16.22 Austin, TX 78702 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** reimbursement of schedule G expenses OTHER - reimbursements OF **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 09/08/2014 Pierce, Darrell Amount (\$) Payee address City; State; Zip Code 901 East 12th St. \$33.34 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** reimbursement of Schedule G expenses OTHER - reimbursements OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/QH Date Payee name 09/15/2014 Pierce, Darrell Payee address Amount (\$) City: State: Zip Code 901 East 12th St. \$99.24 Austin, TX 78702 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Reimbursement of Schedule G expenses OTHER **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Legal Services

Gifts/Awards/Memorial Expense Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Consulting Expense Candidate/Officeholder/Political Committee Event Expense Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 14/23 Report: 49/61 00000011 4 Date 5 Payee name Print Runner 07/16/2014 6 Amount (\$) 7 Payee address City; State; Zip Code \$115.18 8000 Haskeil Ave Van Nuys, CA 91406 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Printing Expense printing OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 07/01/2014 Rountree, Chelsea Amount (\$) Payee address City; State; Zip Code \$1,500.00 4810 Walden Circle Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Rountree, Chelsea 07/15/2014 Payee address City; State; Amount (\$) Zip Code 4810 Walden Circle \$1,500.00 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor OF **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 08/01/2014 Rountree, Chelsea Payee address Amount (\$) City; State; Zip Code 4810 Walden Circle \$1,500.00 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Pierce, Darrell 00000011 Schedule: 15/23 Report: 50/61 4 Date 5 Payee name Rountree, Chelsea 08/15/2014 6 Amount (\$) City; State: Zip Code Payee address 4810 Walden Circle \$1,500.00 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** Salary Salaries/Wages/Contract Labor 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 Payee name Date 08/29/2014 Rountree, Chelsea Amount (\$) Payee address City; State; Zip Code 4810 Walden Circle \$1,500.00 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rountree, Chelsea 09/15/2014 Amount (\$) Payee address City State: Zip Code 4810 Walden Circle \$1,500,00 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor OF **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 Samford, Andrew 08/25/2014 Amount (\$) Payee address City; State; Zip Code 6920 Robert Dixon Dr. \$40.00 Austin, TX 78749 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract labor Salaries/Wages/Contract Labor 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

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Office Overhead/Rental Expense Fees Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 16/23 Report: 51/61 00000011 5 Payee name 4 Date 09/02/2014 Samford, Andrew City; State: 6 Amount (\$) 7 Pavee address Zip Code \$40.00 6920 Robert Dixon Dr. Austin, TX 78749 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) 8 (b) Description PURPOSE Contract labor Salaries/Wages/Contract Labor 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 09/08/2014 Samford, Andrew Amount (\$) Payee address City; State; Zip Code 6920 Robert Dixon Dr. \$40.00 Austin, TX 78749 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract labor Salaries/Wages/Contract Labor OF **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 09/15/2014 Samford, Andrew Amount (\$) Payee address City; State; Zip Code 6920 Robert Dixon Dr. \$40.00 Austin, TX 78749 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor OF **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 Samford, Andrew 09/22/2014 Amount (\$) Payee address City; State; Zip Code 6920 Robert Dixon Dr. \$40.00 Austin, TX 78749 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Exper Event Expense Fees	Polling Expense Travel Out O	District Ca ead/Rental Expense OTHE	ibutions/Donations Made By indidate/Officeholder/Political Committee ER (enter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 17/23	I = 6:		00000011
4 Date	5 Payee name		000001
09/15/2014	Scherer, Laith		,
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$100.00	1112 West Ave. #215 San Marcos, TX 78666		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If trave	el outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	contract labor	
OF EXPENDITURE			•
		Check if Austin, TX, of	ficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
09/22/2014	Scherer, Laith		
Amount (\$)	Payee address City; State; Zip Code		
\$230.00	1112 West Ave. #215		
Ψ200.00	San Marcos, TX 78666		
PURPOSE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If trave contract labor	el outside of Texas, complete Schedule T)
OF EXPENDITURE			
		Check If Austin, TX, of	ficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure		Office sought:	Office held:
direct expenditure to benefit C/OH	Payee name Staples	Office sought:	Office held:
direct expenditure to benefit C/OH Date 07/21/2014	Payee name Staples	Office sought:	Office held:
direct expenditure to benefit C/OH Date	Payee name Staples	Office sought:	Office held:
Date 07/21/2014 Amount (\$) \$7.57	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule)	Description (If trav	Office held:
direct expenditure to benefit C/OH Date 07/21/2014 Amount (\$)	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723		
Date 07/21/2014 Amount (\$) \$7.57	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule)	Description (If trave office supplies	el outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 07/21/2014 Amount (\$) \$7.57 PURPOSE OF EXPENDITURE	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If trave office supplies	el outside of Texas, complete Schedule T)
Date 07/21/2014 Amount (\$) \$7.57	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule)	Description (If trave office supplies	el outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 07/21/2014 Amount (\$) \$7.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name	Description (If trave office supplies	el outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 07/21/2014 Amount (\$) \$7.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name	Description (If trave office supplies	el outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 07/21/2014 Amount (\$) \$7.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/30/2014	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name Staples	Description (If trave office supplies	el outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 07/21/2014 Amount (\$) \$7.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/30/2014 Amount (\$)	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name Staples Payee address City; State; Zip Code	Description (If trave office supplies	el outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 07/21/2014 Amount (\$) \$7.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/30/2014	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name Staples	Description (If trave office supplies	el outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 07/21/2014 Amount (\$) \$7.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/30/2014 Amount (\$) \$408.74	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd.	Description (If trave office supplies Check if Austin, TX, of Office sought:	el outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 07/21/2014 Amount (\$) \$7.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/30/2014 Amount (\$) \$408.74	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723	Description (If trave office supplies Check if Austin, TX, or Office sought:	el outside of Texas, complete Schedule T) fficeholder living expense Office held:
direct expenditure to benefit C/OH Date 07/21/2014 Amount (\$) \$7.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/30/2014 Amount (\$) \$408.74	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule)	Description (If trave office supplies Check if Austin, TX, of Office sought: Description (If trave office supplies	el outside of Texas, complete Schedule T) fficeholder living expense Office held;
direct expenditure to benefit C/OH Date 07/21/2014 Amount (\$) \$7.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/30/2014 Amount (\$) \$408.74	Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name Staples Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule)	Description (If trave office supplies Check if Austin, TX, of Office sought: Description (If trave office supplies	el outside of Texas, complete Schedule T) fficeholder living expense Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES 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	District Candidate/Officeholder/Political Committee
1 003	The Instruction Guide explains	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 18/23	I =	00000011
4 Date	5 Payee name	
08/11/2014	Staples	,
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$10.81	1201 Barbara Jordan Blvd.	•
	Austin, TX 78723	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) office supplies
OF	Office Overhead/Rental Expense	
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 Staples	
08/14/2014 Amount (\$)	Payee address City; State; Zip Code	
	1201 Barbara Jordan Blvd.	
\$11.97	Austin, TX 78723	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	office supplies
EXPENDITURE		
		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	
08/19/2014	Staples	•
Amount (\$)	Payee address City; State; Zip Code	•
\$165.48	1201 Barbara Jordan Blvd. Austin, TX 78723	
	Austin, TX 76725	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	office supplies
OF EXPENDITURE	2 Miles exemised Expenses	
EX ENDITORE		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	
09/05/2014	Staples	
Amount (\$)	Payee address City; State; Zip Code	
\$173.86	1201 Barbara Jordan Blvd.	
	Austin, TX 78723	、
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) office supplies
OF	Office Overhead/Rental Expense	οιποε συγγιτεσ
EXPENDITURE		Charlet Avenie TV - Machalda Hela
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	The state of the s	555 555g 556 fista.
to benefit C/OH		

PURPOSE

OF **EXPENDITURE**

Complete ONLY if

direct expenditure to benefit C/OH

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Accounting/Banking Consulting Expense Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District Fees Printing Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 19/23 Report: 54/61 00000011 4 Date 5 Payee name Staples 09/17/2014 7 Payee address 6 Amount (\$) City: State: Zip Code \$198.60 1201 Barbara Jordan Blvd. Austin, TX 78723 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** office supplies Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Staples 09/22/2014 Amount (\$) Payee address City: State: Zip Code \$50.07 1201 Barbara Jordan Blvd. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** office supplies Office Overhead/Rental Expense ΩF **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 09/25/2014 Staples Amount (\$) Payee address City: State: Zip Code 1201 Barbara Jordan Blvd. \$185.20 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** office supplies Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/QH Date Payee name 07/15/2014 Susan Harry Consulting, LLC Amount (\$) Payee address City; State; Zip Code P.O. Box 301074 \$530.00 Austin, TX 78703

Description

Compliance consulting

Office sought:

Check if Austin, TX, officeholder living expense

Category (See Categories listed at the top of this schedule)

Consulting Expense

Candidate / Officeholder name

(if travel outside of Texas, complete Schedule T)

Office held:

(512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 **POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Advertising Expense Accounting/Banking Consulting Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Loan Repayment/Reimbursement Coan Repayment/Reimoursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Travel Out Of District Office Overhead/Rental Expense Event Expense Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Pierce, Darrell Schedule: 20/23 Report: 55/61 00000011

4 Date	5 Payee name	
08/15/2014	Susan Harry Consulting, LLC	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$530.00	P.O. Box 301074	
	Austin, TX 78703	
•	In Cotomon (Oss Cotos Cottos C	Max Describing with the second
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Compliance consulting
OF EXPENDITURE	Consuming Expenses	
EXPENDITURE	,	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
09/23/2014	Susan Harry Consulting, LLC	
Amount (\$)	Payee address City; State; Zip Code	
\$530.00	P.O. Box 301074	
	Austin, TX 78703	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Consulting Expense	Compliance consulting
OF EXPENDITURE	Solicolary Experies	
EXPENDITORE		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	
07/09/2014	Texas Democratic Party	
Amount (\$)	Payee address City; State; Zip Code	
\$550.00	4818 East Ben White Blvd., Suite 104 Austin, TX 78741	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Fees	voter data
OF 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	THE RESERVE OF THE PERSON OF T
08/20/2014	The Home Depot	
Amount (\$)	Payee address City; State; Zip Code	·
\$85.30	1200 Home Depot Blvd Sunset Valley, TX 78735	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	yard sign supplies
OF EXPENDITURE		
37 27.10110112		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

(512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Food/Beverage Expense Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Event Expense Polling Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Pierce, Darrell Schedule: 21/23 Report: 56/61 00000011 4 Date 5 Payee name The Home Depot 08/25/2014 6 Amount (\$) Payee address City; State; Zip Code 1200 Home Depot Blvd \$17.80 Sunset Valley, TX 78735 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** yard sign supplies Advertising 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 Payee name 09/05/2014 The Home Depot Amount (\$) Payee address City; State; Zip Code 1200 Home Depot Blvd \$4.25 Sunset Valley, TX 78735 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** yard sign supplies Advertising Expense OF **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 08/11/2014 Vega, Adolph Amount (\$) Payee address City; State: Zip Code 12443 Tech Ridge Blvd. #1113 \$254.50 Austin, TX 78753 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor OF **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 08/18/2014 Vega, Adolph Payee address City, State, Zip Code Amount (\$) 12443 Tech Ridge Blvd. #1113 \$257.00 Austin, TX 78753 Category (See Categories fisted at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor **EXPENDITURE**

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Experience Event Expense Fees	Polling Expense Printing Expense			Contributions/l Candidate/0 OTHER (enter	Donations Made By Officeholder/Political C r a category not listed	ommittee
1 PAGE#	2 FILER NAME				3 ACCOUNT#	(TEC filers)
Schedule: 22/23	1 =				00000011	(120 111010)
4 Date	5 Payee name					
08/25/2014	Vega, Adolph					
6 Amount (\$) \$280.30	7 Payee address City; State 12443 Tech Ridge Blvd. #1113 Austin, TX 78753	e; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Salaries/Wages/Contract Labor	of this schedule)	(b) Description Contract lab		e of Texas, complete S	chedule T)
·			Check if Austin	, TX, officehold	er living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ght:	Office held:	
Date	Payee name					
09/08/2014	Vega, Adolph					
Amount (\$)		; Zip Code				
\$60.00	12443 Tech Ridge Blvd. #1113 Austin, TX 78753					
PURPOSE OF	Category (See Categories listed at the top Salaries/Wages/Contract Labor	of this schedule)	Description Contract lab		e of Texas, complete S	ichedule T)
EXPENDITURE			Check if Austin	ı, TX, officehold	ler living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou		Office held:	
Date	Payee name		·			•
09/15/2014	Vega, Adolph					
Amount (\$) \$60.00	<u> </u>	e; Zip Code				
PURPOSE OF	Category (See Categories listed at the top Salaries/Wages/Contract Labor	of this schedule)	Description Contract lab		e of Texas, complete S	Schedule T)
EXPENDITURE			<u> </u>			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou		ler living expense Office held	·
Date	Payee name					
09/22/2014	Vega, Adolph					
Amount (\$)	Payee address City; State	e; Zip Code				
\$60.00	12443 Tech Ridge Blvd. #1113 Austin, TX 78753					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top Salaries/Wages/Contract Labor	of this schedule)	Description Contract lab		e of Texas, complete S	Schedule T)
		.			ler living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ght:	Office held:	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Salaries/Wages/Contract Labor Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Accounting/Banking Consulting Expense Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District Printing Expense OTHER (enter a category not listed above) Fees Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE # 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 23/23 Report: 58/61 00000011 4 Date 5 Payee name Walmart 08/07/2014 6 Amount (\$) 7 Payee address City; State; Zip Code \$117.45 5017 W Hwy 290 Austin, TX 78735 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** office supplies Office Overhead/Rental 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 Payee name 07/01/2014 Young, Bryan Amount (\$) Payee address City; State; Zip Code 1107 Greenlawn Blvd. \$120.00 Round Rock, TX 78664 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** graphic design Consulting Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 08/15/2014 Young, Bryan Amount (\$) Payee address City; State; Zip Code 1107 Greenlawn Blvd. \$415.00 Round Rock, TX 78664

Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Graphic design Consulting Expense OF 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 09/23/2014 Young, Bryan Amount (\$) Payee address City; State; Zip Code 1107 Greenlawn Blvd. \$150.00 Round Rock, TX 78664 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Graphic design Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Electronic Filing Version 3.4.6

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 1/3 Report: 59/61 00000011 4 Date 5 Payee name Austin Java Catering 09/02/2014 6 Amount (\$) Payee address City; State; Zip Code 1608 Barton Springs \$13.43 Austin, TX 78704 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Food/beverage for meeting OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name 08/24/2014 HEB Amount (\$) Payee address City; State; Zip Code 5800 W Slaughter Ln \$33.34 Austin, TX 78749 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Food/beverage for event **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name 08/28/2014 Lot 135 Amount (\$) Payee address City; State; Zip Code \$7.00 Austin, TX Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense parking OF EXPENDITURE Check if Austin, TX, officeholder living expense Date Payee name 08/31/2014 Lowe's Amount (\$) Payee address City; State; Zip Code 6400 Brodie Lane \$34.20 Austin, TX 78745 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) (if travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense vard sign hardware **EXPENDITURE** Check if Austin, TX, officeholder living expense

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

case Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out of District
Office Overhead/Rental Expense

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

Event Expense	Polling Expense Travel Out Of	
Fees	Printing Expense Office Overher The Instruction Guide explains h	ad/Rental Expense OTHER (enter a category not listed above) now to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 2/3 Re	I 5. 5	00000011
4 Date	5 Payee name	
09/01/2014	Lowe's	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$8.38	6400 Brodie Lane	
Reimbursement from political	Austin, TX 78745	
contributions intended	(a) Catazoni (Caracia Gardantha ta that a shift and all a	Van Beerstein van de va
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) yard sign hardware
OF EXPENDITURE	, love, training Experies	yara digir narawara
LATERDITOR		
		Check if Austin, TX, officeholder living expense
Date	Payee name	<u> </u>
09/06/2014	Lowe's	
Amount (\$)	Payee address City; State; Zip Code	
\$25.14	6400 Brodie Lane	
Reimbursement from political	Austin, TX 78745	
contributions intended		
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) yard sign hardware
OF EXPENDITURE	Advertising Expense	yara sigir riaraware
EXPENDITORL		
		Check if Austin, TX, officeholder living expense
Date	Payee name	
09/06/2014	Lowe's	
Amount (\$)	Payee address City; State; Zip Code	
\$6.37	6400 Brodie Lane	
Reimbursement from political	Austin, TX 78745	
contributions intended	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	yard sign hardware
OF EXPENDITURE		,
		Check if Austin, TX, officeholder living expense
Date	Payee name	
09/07/2014	Lowe's	<u></u>
Amount (\$)	Payee address City; State; Zip Code	
\$4.72	6400 Brodie Lane	
Reimbursement from political contributions inlended	Austin, TX 78745	
contributions inlended		Deposite time (15 to 1) tails of Tours assisted Cabadula T)
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) yard sign hardware
OF EXPENDITURE	Mayorida Experide	yara sign narawara
EXPENDITURE		
l.		Check if Austin, TX, officeholder living expense

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

vertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract La

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a rateging right listed above)

OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 3/3 Report: 61/61 00000011 4 Date 5 Payee name Office Max 08/02/2014 6 Amount (\$) 7 Payee address City: State; Zip Code \$64.94 9600 S. IH35 Austin, TX 78748 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense office supplies OF EXPENDITURE Check if Austin, TX, officeholder living expense