CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST TOLL	MI	OFFICEUSE ONLY Date Received
	NICKNAME LAST PULPS	SUFFIX	RECEIVED OF 14 PO
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: 3616 FAV WEST BLUK	STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address	Austin, TX 18731		Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (5/2) 6/4 - 1559	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST SUMMLY NICKNAME LAST	MI SUFFIX	Date Imaged
	Bentard	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 12720 St. Thomas, Del	Valle, 7861	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5/2) 297 - 822/	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
	Land ,	limit	Timal report (Altaci) (701) - FK)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 9/25//6	Year 4 140
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff G	Seneral Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Mayor of	Austin
	GOTOPAG	E 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	odd Pheli	S 1	5 ACCOUNT # (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF 1	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL SPECIFIC	COMMITTEE ADDRESS					
additional pages		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 240,						
	2. TOTAL (OTHER	\$ 3890.00					
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	ZED \$ 816.43				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 13846.47				
CONTRIBUTION BALANCE	5. TOTAL PO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA RTING PERIOD	\$				
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	1E \$				
18 AFFIDAVIT							
			erjury, that the accompanying report information required to be reported by				
MY CO	NRGRETT FRANKLIN MMISSION EXPIRES ctober 17, 2014	Signature of Candi	date or Officeholder				
AFFIX NOTARY STAME	7 / SEAL ABOVE	Λ .					
Sworn to and subs	cribed before n		, this the				
Signature of officer admin	of frak	Ann Magrett Franklin Printed name of efficer administering oath	Title of officer administering oath				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

			· ··· · · · · · · · · · · · · · · · ·	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/24/14	6 Contributor address: City; State: Zip Code 12710 RESEARCH Blvd, StC	210	150.00	
	AUSHM, TX 78759		(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City; State: Zip Code		100.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
18/9/14	Contributor address: City: State: Zip Code 901 W Ath St. Ste 110		350.00	
	Austin, TX 78703		(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
93014	Contributor address: City: State: Zip Code		50.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/30/14	Contributor address: City; State: Zip Code		50.°°	
				of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	redule A:
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/23/14	6 Contributor address: City; State: Zip Code		200.00]
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See I	····	.,
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9 /24 /14	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
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			(If travel outside	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/14	Contributor address; City: State: Zip Code		150.00	[
			(If travel outside	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor Out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/28/14	Contributor address; City; State: Zip Code		200.00	
			(If travel outside	I of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		
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,	1403 Club Ridge CV		When it is the	[
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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The Instruction Guide explains how to complete this form.					
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
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8/19/14	6 Contributor address: Oty; State; Zip Code	,	700.00	1	
1711118	JAMUS SKAGGS 6 Contributor address: Oty; State; Zip Code A 700 TOYEULOV DY		• -	! ·	
	Austin, TX 78744		(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	Instructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
m /31 -/141	Contributor address: City: State: Zip Code		1000		
9/10/14	Contributor address; City; State; Zip Code		100.00		
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Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
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www.ethics.state.tx.us Revised 04/19/2013

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	J	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
19/30/14	6 Contributor address: City; State; Zip Code		20.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/2/14	Contributor address; City; State: Zip Code		100.00	
				of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	Instructions)	
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Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
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Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
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Principal occup	eation / Job title (See Instructions)	Employer (See I	Instructions)	
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9/30/14	Contributor address: City: State: Zip Code		50.00	
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Principal occup	eation / Job title (See Instructions)	Employer (See I	<u> </u>	J. Johnson Contocute 17
9730/14	Full name of contributor Out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/3/14	Contributor address: City; State: Zip Code		20.00	
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				of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See 1	Instructions)	

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9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	nstructions)	
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Austin, Texas 78711-2070

POLITICAL EXPENDITURES

, SCHEDULE F.

(512) 463-5800

	EXPERDITOR	RE CATEGORIES FOR BUX	
Advertising Expense	Gift/Awards/Memorials-Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expens	· · · · · · · · · · · · · · · · · · ·
	The Instruction Gu	ide explains how to complete th	
Total pages Schedule F:	2 FILER NAME 1 1	1	3 ACCOUNT # (Ethics Commission Filers)
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6 Antount (6)	7 Payee address: City;	State: Zip Cpde	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

didete / Officeholdername

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gitt/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Contributions/Donation Candidate/Officeho	nent & Related Expense ns Made By older/Political Committee
, 555	- ·	le explains how to complete th	,	
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT #	(Ethics Commission Filers)
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the temperature)	top of this schedule). (b) Descri	ption (If travel outside of Texas, (complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate/ Officeholder nam		sought	Office held
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PURPOSE OF EXPENDITURE	Category (See categories listed at the	IN A LOUTE I	iption, (If travel outside of Texas.	complete Schedule T}
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PURPOSE OF EXPENDITURE	Salaries Wages	top of this schebule) Description Description	iption (If travel outside of Texas.	complete Schedule T)
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P.O. Box 12070

SCHEDULE F

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	EXPENDITURI	E CATEGORIES FO	OR BOX 8(a)	·· ···	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cont	-, -	Loan Repayment/Re	imbursement
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8 PURPOSE	(a) Category (See categories listed at the t	op of this schedule) ((b) Description	(If travel outside of Texas	, complete Schedule T)
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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

	EXPENDITU	RE CATEGORIES FOR	BOX 8(a)	j
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Solicitation/Fundraising E Travel In District Travel Out Of District Office Overhead/Rental	xpense Transportation Contributions/D Candidate/C	nt/Reimbursement Equipment & Related Expense conations Made By fficeholder/Political Committee a category not listed above)
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B PURPOSE OF EXPENDITURE	Category (See categories listed at the Category (See Categories See See Category (See Categories See Categories	5 Contract	Description (If travel outside of	Texas. complete Schedule T)
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PURPOSE OF EXPENDITURE	Category (See categories listed at the SACWIES WIGE	1 Contract	Description (If traveloutside of	
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\$1000,00	Payee address; City;	State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at t	he top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
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PURPOSE OF EXPENDITURE	Salegory (See categories listed at the Salegories Wal)	the top of the Contract A Con	Description (If travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder no	ame (OOO)	Office sought	Office held

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Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

POLITICAL EXPENDITURES

P.O. Box 12070

Gift/Awards/Memorials Expense

SCHEDULE F

(512) 463-5800

Loan Repayment/Reimbursement

Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction G	buide explains how to complete this	form.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
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6 Amôunt (\$) \$50,00	Playee address: E. An 2404 E. An Austin, TX	derson Sahe #1033	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at SULAN ES/WILL)	the top of this schedule) (b) Description	ion (If travel outside of Texas, complete Schedule T)
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PURPOSE OF EXPENDITURE	Category (See categories listed at SUGVES) Wage	the soroi this sciledule) Descripti	ion (if travel outside of Texas, complete Schedule T) 32 VOWS
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Po-1114	Payer name 3000 Ke	tolderm	
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PURPOSE OF EXPENDITURE	Cajegory (See ditegeries listed at		ion (If travel outside of Texas, complete Schedule T)
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9/27/14	Payer pame Meraton	Swage	
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P.O. BOX 12070

POLITICAL	EXPENDITURES	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Salaries/Wages/C Expense Solicitation/Fundr Legal Services Travel In District Food/Beverage Expense Travel Out Of Dist Polling Expense Office Overhead/F Printing Expense The Instruction Guide explains how to o	rict Contributions/Donation Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F: 4 Date	2 FILER NAME TO SERVICE TO SERVIC	3 ACCOUNT # (Ethics Commission Filers)
6 Amount (\$)	7 Payee address; City: State; Zip Code	
\$10.00	301 West 2nd Austra	1,TX 18701
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) CHIZUMS FOR TAX VCIRF NOW Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought Office held
S/30/14 Amount (\$)	Payee name PLUSION (MWM 4 VIO Payee address; City; State; Zip Code	leo
\$205.68	2438 W Anderson Lr	SteB-4 AVANITY 1875
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMMON WINTA	Description (If travel outside of Texas, complete Schedule I) One of the Check if Austin, TX, officeholder living expense.
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 10/3/14	Payee name CMIR ADDON	
43510-00	Payee address: U City; State; Zip Code 2020 CONGVESS #220	AUSTIN, TX 18104
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Harmonia Wages	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 7/18/14 Amount (\$)	Payee name i (MHAAL (.CM) Payee address; City: State; Zip Code	
\$4.84		Monsville, NC 27520
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) West SMG Repense	Description (If travel outside of Texas, complete Schedule T) Outside Time Texas, complete Schedule T) Check if Austin, TX, officeholder jurge expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

Texas Etnics Commissio	n P.O. Box 12070 Austin	1, Texas 78711-2070 (5	12) 463-5800 (100 1-800-735-2989)
POLITICAL	. EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Expense So Legal Services Tri Food/Beverage Expense Tri Polling Expense Of Printing Expense	alaries/Wages/Contract Labor olicitation/Fundraising Expense avel In District avel Out Of District ffice Overhead/Rental Expense uplains how to complete this form	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	TOH THUDS		3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/20/14	Network Control	5 (.com)	
6 Amount (\$) \$45:19	7 Payee address; City: State; 2508 QVM RAY		wille, EL 32258
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top schedule) Office were a	email	n (If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office soug	ht Office held
Date 8/27/14 Amount (\$)	Payee name NUTURE SOUTHOM Payee address; City; State;	S (.C.OM)	-
\$8.97	12808 9rm Ba	1 Plany, Jucks	anville, FL, 372.58
PURPOSE OF EXPENDITURE	Category (See categories listed at the top schedule)	<u>el</u> vail	(If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	Office held
Date \$1201/14	Payee name CAVIS WONAVA		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top schedule)	of this Description	(If travel outside of Texas, complete Schedule T) Austin, TX officeholder living expense
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Date 1/2/K	Payee name PULISION CAMPUA	+ Video	
402.84	Payee address; City; State;	Ln Seb-4	AUSIN, TX 78757
PURPOSE OF EXPENDITURE	Category (See categories listed at the top schedule) CAMWA FUHCU	augusta Read	(If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C.	Candidate / Officeholder name	Office soug	oht Office held
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POLITICAL	EXPENDITURES				SCHEDULE	F
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the schedule) +	· ,	parking	_	Texas, complete Schedui	ie T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	e	Office sought	_	Office held	
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POLITICAL	EXPENDITURES	SCHEDULE F
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442.90	7 Payee address; City; State; Zip Code	1, Jacksonville, FL 32258
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)
EXPENDITURE	Office overhead	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date / 9/14	Proce Holderby	
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\$230.00	2104 F Andersor In #	1033, AUSTIN TX 78752_
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Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officetolder name OH	Office sought Office held
P9/10/14	Payee name TPWIS Griffin	
#1000.00	Payee address; City; State; Zip Code	Justin, TX 78101
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Office folder name	Office sought Office held
Date:	Payee name	
9/11/14 Amount (\$)	Brooke Holderby	
\$200.00	210/15 10/10/20 / 10/10	1033, ALKHIN TX 78752
PURPOSE	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	schedule) CHAH WMORS	Check if Austin-TX officeholder living expense
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P.O. BOX 12070

POLITICAL	EXPENDITURES	SCHEDULE F
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4 Date 9/12/14	NUTUOOK SolUTIONS (. CO)	(n)
\$ 2.99	7 Payee address; City; State; Zip Code	4, Jacksonville, FL 32258
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office OVENDED	(b) Description (If travel outside of Texas, complete Schedule T) CMMPAY LMAI Check if Xustin, TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
0/15/14	NAWORK Solutions (. Co.	u)
Amount (\$) \$23.95	Payee address; City; State; Zip Code	, Judesonville, FL 32258
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) CMCAIGN MM Check if Austin, TX, officeholder living expense
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Date / 1 10 / 12 Amount (\$)	Payee name AAAA OF DWH-SALUA V Payee address; City: State; Zip Code	entires
\$1931.35		_
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) AUUTSU EXPENSE	Description (If travel outside of Texas, complete Schedule T) Since Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officehølder name DH	Office sought Office held
Date 9/17/14	Payee name NHHUOVK SOUTONS (. 40	M)
\$12,95	Payee address; City; State; Zip Code	Jacksonville, FL 32258
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) Office Www.	Description (If travel outside of Texas, complete Schedule T) CHOOLIGHT Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

rexas Etnics Commission	n P.O. Box 12070 A	ustin, iexas /8/11-20/0 (:	512) 463-5800 (TDD 1-800-735-2989)
POLITICAL	. EXPENDITURES		SCHEDULE F
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4 Date 0/17/14	Rayee name Rywke Holler	by	· · · · · · · · · · · · · · · · · · ·
\$ Amount (\$)	Payee address; City; S 2104 E AndlyS	tatef: Zip Code 50M-LN #1033, A	AKHN, TX 78752-
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the schedule)	945	n (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder nam		Austin, 1% officeholder living expense ght Office held
Date 9/17/14	Brooke Holden	ay a	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Category (See categories listed at # schedule) Candidate / Office lolder name	17.5	AVSAM, TX 18762 (If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense ght Office held
Date	Payee name SUPLY CIVILID Payee address; City; S	SIMS tate: Lip Code	
\$106.90		20. Lp 33.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the schedule) AdVENTISING EX	nace Sign	n (If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam	ne Office souç	ght Office held
Date 9 / 22 / K-	NHWOYK Solut	HOUS (.com)	
\$2.99	Payee address; City; S	tate; Zip Code AY PAW , \ack &	onville FL 32258
PURPOSE OF EXPENDITURE	Category (See categories listed at ti schedule) OHICL Werveld	1 1 1 1 1 1 1 1 1	-0, ,.
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam	ne Office sous	ght Office held

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POLITICAL	EXPENDITURES			S	SCHEDULE F
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4 Date 9 22/14 6 Amount (\$)	Payee name YUNOW CUB OF AU	SHN Ite; Zip Code			
\$42.00					
8 PURPOSE OF Expenditure	(a) Category (See categories listed at the schedule) HAVEL IN DISHICH	top of this		travel outside of Te	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sought		Office held
Date 9/23/14 Amount (\$)	Payee name Note: Name of the control of the contro	15 (.COM ate; Zip Code	<i>)</i>		
\$1.99	12808 gran B	ay Plaw	Y, Jackso	mville,	FL 32258
PURPOSE OF Expenditure	Category (See categories listed at the schedule) OHICL NUMBER	top of this	evail	travel outside of Tes	ras, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held
Date #1255/14	Payee name Boda Veva				
41000.00	Payee addjess; City; Sia	te; Zip Code			
PURPOSE OF	Category (See categories listed at the schedule)	top of this	Description (If	travel outside of Ter	ras, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Check if Austi	n, TX, officeholder liv	office held
Amount (\$)	Payee name Payee address; City, Sta	ite; Zip Code			
\$40.00	ZION FANDONSI	nu#	1033, Au	SHW .T	X 18152
PURPOSE OF EXPENDITURE	Category (See categories listed at the schedule)	top of this	HOUS	f travel outside of Te	xas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit Co	Candidate / Officenolder name OH		Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS N	EEDED	

P.O. Box 12070

POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expens Fravel In District Fravel Out Of District Office Overhead/Rental Expense explains how to complete this f	Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	FILER NAME PULLS		3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/2/14	Payee name; (M+AC+ (COM)	7.0	
\$ 10,00	7 Payee address; City; State 2450 PeriMeter Pa		Marisville, NC 21560
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to schedule) AdvWHSING LM	CAMPO	tion (if travel outside of Texas, complete Schedule T) WOW CPAGE AWORDSTONE k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Office folder name DH	Office so	ought Office held
Date (0/2/4	Payee name AUSHIN CONVINHION	Center	·
Amount (\$)	Payee address; City; State	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to schedule)	Harpl Par	tion (If travel outside of Texas, complete Schedule T) Wilding k if Austir, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office so	ought Office held
Date 10/2/14 Amount (\$)	Broke Holderby	75.004	
\$290.00	Payoe address; City; State 2104 E AVILLOSOA	e; zip Code #1083 / AVSI	HM, TX 78752
PURPOSE OF EXPENDITURE	Category (See categories listed at the to schedule)	29	tion (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name	Office so	ought Office held
Date 13/14	Payee name AMOYO PROWCHOY	IS	
Amount (\$) 452011.05	Payee address; City; State	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the t schedule) Adver+15-19 ekp	suser Sign	tion (If travel outside of Texas, complete Schedule T) Skif Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office so	
	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE	AS NEEDED

rexas Etnics Commission P.U. BOX 12070 Austin, Texas 78711-2070 10/12/1403-0800 (1001-800-735-2989) POLITICAL EXPENDITURES SCHEDULE F Gift/Awards/Memorials Expense Advertising Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Legal Services Consulting Expense Travel In District Food/Beverage Expense Contributions/Donations Made By **Event Expense** Travel Out Of District Polling Expense Candidate/Officeholder/Political Committee Fees Office Overhead/Rental Expense Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F 3 ACCOUNT # (Ethics Commission Filers) FILER NAME 4 Date Payee address; State; Zip Code City: (a) Category (See categories listed at the top of this (b) Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pluy, Jacksonville, FL 32258 Category Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Category (See categories listed at the top of this Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name State; Zip Code City; PURPOSE Category (See categories listed at the top of this Description (If travel outside of Texas, complete Schedule T) OF

Candidate / Officeholder name

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH Office held

Check if Austin, TX, officeholder living expense

Office sought

rexas ⊑tnics ∪ommissio	n P.O. BOX 12070 Au	stin, lexas /8/11-20/0 (012) 463-58UU (TUUT) -8UU-735-2988)
POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this force	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m.
1 Total pages Schedule F:	TO THEOS		3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/15/14 6 Amount (\$)	7 Payee address; City; St.	ate: Zip Code	
\$128.00	2104 E Anderson Ln	#1033, AUSHN, T	X 18752
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the schedule) STAH WUGRS	12_ War	n (If travel outside of Texas, complete Schedule T) S Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH	e Office sou	ght Office held
Date 7/14	Payee name ROCKE HOLLEVAY		
4(5.00	Payee address: City; I St. 2104 E ANGUSON	ate; zip Code UN #1033, AUSHI	1, TX 7875Z
PURPOSE OF EXPENDITURE	Category (See categories listed at the schedule) SHUH WUGS	1.5 1	n (If travel outside of Texas, complete Schedule T) OUT (Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	e Office sou	ght Office held
Date 1/31/14	Payee name TVWIS 9riff() Payee address; City: Str	ate; Zip Code	
\$1080.00	419 A BYOLDS ST	#Cal, Austin,	TX 78701
PURPOSE OF EXPENDITURE	Category (See categories listed at the schedule) Staff WARS	POHIC	n (If travel outside of Texas, complete Schedule T) Al Aw(S) f Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	e Office sou	ght Office held
Date 1/3//4 Amount (\$)	Payee name Prove Holden Payee address; City; St	ate, Zip Code	
\$255.00	2104 E AnderSo	1 (p#1033 AUS	M, TX 18752
PURPOSE OF EXPENDITURE	Category (See categories listed at the schedule)	1	(If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Check if Austrii, 1X, officeholder living expense

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Salaries/Wages/ Expense Solicitation/Func Legal Services Travel In District Food/Beverage Expense Travel Out Of Dis Polling Expense Office Overhead Printing Expense The Instruction Guide explains how to	trict Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)				
1 Total pages Schedule F:	TODA PHOS	3 ACCOUNT # (Ethics Commission Filers)				
4 Date \$/19/14 6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$357.02	org, State, 2p oods					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SHAFF WAYS	(b) Description (If travel outside of Texas, complete Schedule T) VILLYAPHUL Chack if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held				
Date 8 21 / 14 Amount (\$)	Payee name AVALUTEN AVSTM CHUMBER Rayee address; City: State: Zip Code	of Commerce				
\$105.00						
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See categories listed at the top of this schedule) LAMP LAPPENSE Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense Office sought Office held				
expenditure to benefit C/OH						
Date 25/14 Amount (\$)	Payee name VSPS - CMIMMLY COMU Payee address; City; State; Zip Code	s Station				
\$10,50	35315 FAXWEL Blud, A	145th 17 18731-9998				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Soli Citation Awd Vasing	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
8/29/14	Payee name VT TX Student Public	ation				
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advilvation Q RRPENSE	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/	Candidate / Office holder name	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL	. EXPENDITURES			\$	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Distri Office Overhead/Re	ising Expense in the control of the		pment & Related
1 Total pages Schedule F:	The Instruction Guide	e explains how to co	mplete this form.		(Ethics Commission Filers)
4 Date 8/29/14	5 Payee name WYS LLONArd				
\$500,00	7 Payee address; City; Sta	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the schedule) HAH WAGES	e top of this	graphic	(If travel outside of Te	xas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sough		Office held
Date 0 /3/14	Payee name Publish MOVALES				
Amount (\$) \$135.31	Payee address: City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the schedule)	e top of this	videogr	(If travel outside of Te	xas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office older name	· · · · · · · · · · · · · · · · · · ·	Office sought	t	Office held
Date /5/14 Amount (\$)	Payee name ROCK N ROLL K Payee address; City: Sta	ZUHUIS ate: Zip Code			
\$215.42_					
PURPOSE OF EXPENDITURE	Category (See categories listed at the schedule)	e top of this	poduc	(If travel outside of Te	xas, complete Schedule T) P. VEA+A Ving expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	e	Office sough	t	Office held
Date 9/22/14	Payee name				
Amount (\$) \$131.78	Payee address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the schedule) AWWISM QUI	e top of this	sign N	(If travel outside of To MAHMAS ustin, TX, officeholder li	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name		Office sough	t	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gifl/Awards/Memorials Salaries/Wages/ Expense Solicitation/Fund Legal Services Travel In District Food/Beverage Expense Travel Out Of Dis Polling Expense Office Overhead Printing Expense The Instruction Guide explains how to	raising Expense Ti Ex strict C (Rental Expense	oan Repayment/Reimbursement ansportation Equipment & Related rpense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule F:	Todd Pholos		3 ACCOUNT # (Ethics Commission Filers)
4 Date.	6 Payee name MDULIAM		
\$ Amount (\$) \$175,00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) HAH WALS	videogra	if travel outside of Texas, complete Schedule T) Outside Tiving expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 30/14	Payee name ROCK N ROLL Pentals		
Amount (\$) \$215.42	Payee address; City; State; Zip Code		
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) Advivorship (Appendix)	production	If travel outside of Texas, complete Schedule T) ONIP YCHTU Lin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Office older name OH	Office sought	Office held
Date 5/10/14 Amount (\$)	Payee name MAH DILIAM Payee address; City; State; Zip Code		
\$54.13			
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) GHUH WAGE	videbora	thravel outside of Texas, complete Schedule T) Why In, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officehother name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS I	NEEDED