



MEMORANDUM

TO: Karen Kennard, City Attorney
Austin Kaplan, Ethics Commission
Mary Rudig
Becky Bray

FROM: Jannette Goodall, City Clerk 

DATE: October 1, 2014

SUBJECT: Sworn Complaint

The attached sworn complaint was received on October 1, 2014 in the Office of the City Clerk. It was filed by Mary Rudig against Becky Bray.

Per City Code, Chapter 2-7-41(D), this letter serves as the Office of the City Clerk's acknowledgement that the complaint was received and as notice to all those named above, as required in the code.

Attachment

Cc: Cindy Tom, City Law Department

AUSTIN CITY CLERK
RECEIVED

ETHICS REVIEW COMMISSION 2014 OCT 1 PM 12 18
CHAPTER 2-7 CITY CODE

COMPLAINT

NAME OF PERSON(S) FILING COMPLAINT: Mary Rudig

ADDRESS: 1907 Rainy Meadows, Austin TX 78758

PHONE NUMBER: 512-836-4989

[PLEASE FILE A SEPARATE COMPLAINT FOR EACH PERSON COMPLAINED AGAINST]

NAME OF PERSON COMPLAINED AGAINST: Becky Bray

CITY OFFICE, DEPARTMENT, COMMISSION: **Candidate for Austin City Council, District 8**

ADDRESS: **6820 Via Correto, Austin, TX 78749**

PHONE NUMBER [IF KNOWN] _____

[PLEASE LIST EACH VIOLATION SEPARATELY]

I.

SECTION OF ETHICS ORDINANCE VIOLATED: **Article 3, Section 8(A)**

DATE OF ALLEGED VIOLATION: **June 27, 2014**

ACTIONS ALLEGED TO BE A VIOLATION:

See attached sworn complaint of Becky Bray that is attached herein for all purposes. Becky Bray violated Article 3, Section 8(A) of the Austin City Charter by accepting a political contribution in excess of the amount permitted by law. Such violation constitutes a Class C misdemeanor. *See § 2-2-5.*

WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED:

Becky Bray accepted a loan in the amount of \$20,000 on June 27, 2014 from William Terry Bray, a natural person. Section 2-2-2(6), City Code, states that the contribution "includes a loan or extension of credit, other than those expressly excluded by the Texas Election Code..." The Texas Election Code does not exclude loans from natural persons from the definition of contribution. *See § 251.001(2), Texas Election Code.*

II.

SECTION OF ETHICS ORDINANCE VIOLATED: **Section 2-2-27**

DATE OF ALLEGED VIOLATION: **June 28, 2014**

ACTIONS ALLEGED TO BE A VIOLATION:

See attached sworn complaint of Becky Bray that is incorporated herein for all purposes. Becky Bray violated Section 2-2-27, Austin City Code by failing to timely report a loan that she made to her own campaign. Such violation constitutes a Class C misdemeanor. See § 2-2-5.

WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED:

Becky Bray filed within her July 15 report, a \$30,000 personal loan that she made to her campaign account on June 28, 2014. She reports and additional \$3,158.33 in expenditures from her personal funds during the reporting period. Section 2-2-27 requires a candidate who loans personal funds to their campaign or makes expenditures in support of their campaign in excess of \$25,000 to disclose the loans and expenditures within seven business days of reaching that goal.

Section 2-2(5)(a), City Code, defines a candidate as “a candidate for mayor or city council.” Section 2-2-3, City Code, clearly establishes that terms not defined in the City Code but defined in the Texas Election Code have the meaning assigned by the Texas Code. Furthermore, it makes clear that the Texas Election Code prevails in the event of any conflict between the two.

Section 251.001(1), Texas Election Code, defines a candidate to include any person who knowingly or willingly takes an affirmative action for the purpose of gaining nomination or election to public office such as filing of a campaign treasurer appointment. Becky Bray filed her campaign treasurer appointment on April 25, 2014 and was clearly a candidate for city council under City of Austin ordinances and state law.

See page 21 of the attached document where Becky Bray provided verification as being in full compliance of Section 2-2-27, Austin City Code. This provides evidence that Becky Bray not only accepted an illegal political contribution, failed to report a loan in a timely manner, in which the date of this loan is inconsistent from what she reported on July 15 and that of the sworn affidavit, but also dishonestly and unethically swore to be in compliance of the ordinances of the Austin City Code.

[IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK PAGE USING THE SAME FORMAT]

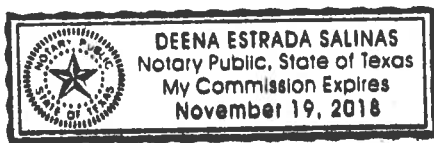
ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE TRUE AND
FACTUAL TO THE BEST OF MY KNOWLEDGE.

DATE: 10.1.14

[Signature]
COMPLAINANT'S SIGNATURE

MARY RUDIG
PRINT NAME

STATE OF TEXAS



COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

Mary Rudig

On the 1st day of October, 2014, to certify which witness my

hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Deena Estrada-Salinas

Typed or Printed Name of Notary

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:

1721 Ng

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Rebecca
Becky Bray

A

OFFICE USE ONLY

Date Received

2014 JUL 15 PM 12 09

AUSTIN CITY CLERK
RECEIVED

Date Hand-delivered or Postmarked

Receipt #

788 Hunt

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY,

STATE;

ZIP CODE

☐ change of address

6820 Via Correto
Austin, TX 78749

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

762 5406

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Blanca
Zamora Garcia

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8412 Big Timber
Austin, TX 78735

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

789 - 6716

9 REPORT TYPE

☐ January 15☐ 30th day before election☐ Runoff☐ 15th day after campaign
treasurer appointment
(officeholder only)☒ July 15☐ 8th day before election☐ Exceeded \$500
limit☐ Final report (Attach C/OH - FR)10 PERIOD
COVERED

Month

Day

Year

5 / 08 / 2014

THROUGH

Month

Day

Year

6 / 30 / 2014

11 ELECTION

ELECTION DATE
Month Day Year

11 / 04 / 2014

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

City Council: 8

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Rebecca Bray

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8,270

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3,817.⁶⁵CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 58,270

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 50,000

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rebecca Bray

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rebecca Bray, this the 13 day of June ~~July~~ 2014, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Madison A. Gessner
Printed name of officer administering oath

notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8 (1 of 8)	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5.9.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Carol T. Baker	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1418 Lance way Austin, TX 78758		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6.26.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mike Benton	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5508 Hwy 290 West Suite 201 Austin, TX 78735		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.16.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Charlie Betts	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14741 Arrowhead Volente, TX 78641		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) association		Employer (See Instructions) Downtown Austin Alliance	
Date 6.19.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kenneth T. Blaker	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6820 Via Correto Dr. Austin, TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.28.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rebecca Bray	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6820 Via Correto Dr. Austin, TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

(2 of 8)

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6.3.14

5 Full name of contributor

☐ out-of-state PAC (ID#):

Judy + Terry Bray

6 Contributor address; City; State; Zip Code

401 Congress Ave. Suite 2200
Austin, TX 78701

7 Amount of
contribution (\$)

700.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6.12.14

Full name of contributor

☐ out-of-state PAC (ID#):

Aan Coleman

Contributor address; City; State; Zip Code

9890 Silver Mountain Dr.
Austin, TX 78737

Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.13.14

Full name of contributor

☐ out-of-state PAC (ID#):

Rudy Colmenero

Contributor address; City; State; Zip Code

43 Rainey Street
No. 2601 Austin, TX 78701

Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Mitchell + Colmenero, LLP

Date

5.9.14

Full name of contributor

☐ out-of-state PAC (ID#):

Cathy Conewey

Contributor address; City; State; Zip Code

8701 Bluecreek Cv.
Austin, TX 78735

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.18.14

Full name of contributor

☐ out-of-state PAC (ID#):

John P. Cyrier

Contributor address; City; State; Zip Code

1301 Westwood Rd.
Lockhart, TX 78644

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

(3 of 8)

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6.1.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Gerald Daugherty

6 Contributor address: City: State: Zip Code

1403 Club Ridge Cv
Austin, TX 78735

7 Amount of
contribution (\$)

250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5.20.14

Full name of contributor

☐ out-of-state PAC (ID#)

Taryn R. Ficke

Contributor address: City: State: Zip Code

8208 Washita Dr.
Austin, TX 78749

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.11.14

Full name of contributor

☐ out-of-state PAC (ID#)

Eddie Fleming

Contributor address: City: State: Zip Code

PO BOX 303414
Austin, TX 78703

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.13.14

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas Glass (Kim)

Contributor address: City: State: Zip Code

178 Lonely Pine Cv
Driftwood, TX 78619

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

accountant

Glass & Co, CPAs

Date

6.2.14

Full name of contributor

☐ out-of-state PAC (ID#)

Joyce W. Harmon

Contributor address: City: State: Zip Code

125 Indian Hills Point
Kyle, TX 78640

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

(4 of 8)

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5.9.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

R. Clarke Heidrick

6 Contributor address; City; State; Zip Code

3702 Easthedge Dr.
Austin, TX 78731

7 Amount of contribution (\$)

350.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6.30.14

Full name of contributor

☐ out-of-state PAC (ID#)

Jeffrey S. Howard

Contributor address; City; State; Zip Code

5436 Moon Shadow
Austin, TX 78735

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

McLean + Howard, LLP

Date

6.4.14

Full name of contributor

☐ out-of-state PAC (ID#)

William J. Hudspeth

Contributor address; City; State; Zip Code

7602 Rim Cove
Austin, TX 78731

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.13.14

Full name of contributor

☐ out-of-state PAC (ID#)

Amy C. Juried

Contributor address; City; State; Zip Code

4016 Dry Creek Dr
Austin, TX 78731

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.13.14

Full name of contributor

☐ out-of-state PAC (ID#)

Nicholas J. Juried

Contributor address; City; State; Zip Code

6002 mesa Dr.
Austin, TX 78731

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

(5 of 8)

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5.22.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Elizabeth B. Knight

6 Contributor address; City; State; Zip Code

5608 Jim Hogg Ave # B
Austin, TX 78756

7 Amount of
contribution (\$)

350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5.9.14

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Knight

Contributor address; City; State; Zip Code

307 East 2nd
Austin, TX 78701

Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.9.14

Full name of contributor

☐ out-of-state PAC (ID#)

F. Scott Lagrone

Contributor address; City; State; Zip Code

13020 Hymecrow Circle
Austin, TX 78729

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.18.14

Full name of contributor

☐ out-of-state PAC (ID#)

Richard Mobley

Contributor address; City; State; Zip Code

4323 Long Glen Dr.
Houston, TX 77339

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

consulting planner

RS + H

Date

6.30.14

Full name of contributor

☐ out-of-state PAC (ID#)

Melissa Neslund

Contributor address; City; State; Zip Code

7901 Menier Dr.
Austin, TX 78735

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

planner

Bury

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

(6 of 8)

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6.30.14

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

Wesley Joe Peoples

6 Contributor address: City: State: Zip Code

7511 Fireoak Dr.
Austin, TX 78759

7 Amount of
contribution (\$)

350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Builder

10 Employer (See Instructions)

Wes Peoples Homes

Date

6.17.14

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

George E Ramsey III

Contributor address: City: State: Zip Code

515 Congress Ave
Suite 1900 Austin, TX 78701

Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.9.14

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

Ken Riggsbee

Contributor address: City: State: Zip Code

6406 Old Harbor Ln
Austin, TX 78739

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.15.14

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

Patrick M Rose

Contributor address: City: State: Zip Code

627 W. San Antonio St.
San Marcos, TX 78666

Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.9.14

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

Ruthann Rushing

Contributor address: City: State: Zip Code

1702 Michael St.
Austin, TX 78704

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

(7 of 8)

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5.9.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Henry B. Smith

6 Contributor address: City: State: Zip Code

2801 Bear Springs Trail
Austin, TX 78748

7 Amount of
contribution (\$)

250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5.25.14

Full name of contributor

☐ out-of-state PAC (ID#)

Lavada Jackson Steed

Contributor address: City: State: Zip Code

3201 Bridle Path
Austin, TX 78703

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.28.14

Full name of contributor

☐ out-of-state PAC (ID#)

Steven Swanson

Contributor address: City: State: Zip Code

5000 Mission Oaks Blvd.
#9 Austin, TX 78735

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.30.14

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas Terkel

Contributor address: City: State: Zip Code

3105 Bowman
Austin, TX 78703

Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.9.14

Full name of contributor

☐ out-of-state PAC (ID#)

Bethany Weigl

Contributor address: City: State: Zip Code

1307 Deloney Street
Austin, TX 78721

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

(8 of 8)

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5.9.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Blanca Zamora Garcia

6 Contributor address; City; State; Zip Code

1715 S. 1st Street
Austin, TX 78704

7 Amount of
contribution (\$)

200.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:**2** FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES:

\$

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

(If travel outside of Texas, complete Schedule T)

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

Date

Full name of pledgor

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

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

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

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

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

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

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

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 50,000.⁰⁰

5 Date of loan

6-27-14

7 Name of lender

Wm. Terry Bray

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

20,000.⁰⁰

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

401 Congress Ave. Suite 2200
Austin, TX 78767

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

attorney

13 Employer (See Instructions)

Graves, Daugherty, Hearon & Moody

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account

☐

16 GUARANTOR INFORMATION

☒ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

6-28-14

Name of lender

Rebecca A. Bray

☐ out-of-state PAC (ID#:

Loan Amount (\$)

30,000.⁰⁰

Is lender a financial institution?

Y ☒ N

Lender address; City; State; Zip Code

6820 Via Correto
Austin, TX 78749

Interest rate

N/A

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Brown & Gay Engineers Inc.

Description of Collateral

☒ none

Check if personal funds were deposited into political account

☒

GUARANTOR INFORMATION

☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Rebecca Bray	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------	------------------------------	--

4 Date 6.30.14	5 Payee name Pirux
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6 Amount (\$) 110.43	7 Payee address: City: State: Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) fees	(b) Description (If travel outside of Texas, complete Schedule T) online donation fee
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 6.6.14	Payee name American Bank
----------------	-----------------------------

Amount (\$) 4.75	Payee address: City: State: Zip Code 3520 Bee Cave Rd. Westlake Hills, TX 78746
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) accounting/banking	Description (If travel outside of Texas, complete Schedule T) bank fees
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address: City: State: Zip Code
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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/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Rebecca Bray	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6.6.14	5 Payee name USPS Westlake	
6 Amount (\$) 49.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 3201 Bee Caves Road Suite 120 Austin, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) printing expense	(b) Description (If travel outside of Texas, complete Schedule T) stamps
Date 6.6.14	Payee name OFFICE DEPOT #477	
Amount (\$) 50.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 5300 mopac Expy S #101 Austin, TX 78749	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) envelopes, printer ink
Date 6.5.14	Payee name Minute Man Press Austin	
Amount (\$) 73.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 1221 W. 6th Street Austin, TX 78703	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) business cards
Date 5.22.14	Payee name Bill Carson Design	
Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 6500 champion Grandview 22312 Austin, TX 78750	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting expense	Description (If travel outside of Texas, complete Schedule T) logo design
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5.21.14		5 Payee name Campaign Partner			
6 Amount (\$) 29.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 16 Dudley St. Fitchburg, MA 01420			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) advertising expense		(b) Description (If travel outside of Texas, complete Schedule T) website	
Date 6.2.14		Payee name CIS MYERS			
Amount (\$) 3,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 809 Canyon Creek Drive Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) consulting expense		Description (If travel outside of Texas, complete Schedule T) myers consulting	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
1	Rebecca Bray		
4 Date	5 Business name		
6 Amount (\$)	7 Business address, City; State; Zip Code		
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)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Rebecca Bray	3 ACCOUNT # (Ethics Commission Filers)
--	--	---

4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
---------------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)**4** Date**5** Name of person from whom amount is received**8** Amount
(\$)**6** Address of person from whom amount is received; City; State; Zip Code**7** Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: _____	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
6 Dates of travel	7 Name of person(s) traveling		
	8 Departure city or name of departure location		
	9 Destination city or name of destination location		
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

PERSONAL FUNDS - LOANS AND EXPENDITURES

This report is for a candidate or officeholder who loans personal funds to his or her campaign or makes expenditures from personal funds in support of his or her campaign. The amounts loaned or expended shall be reported as follows.

Beginning on the date an individual becomes a candidate in a City election and continuing until midnight on the tenth day before a City election, a candidate shall report the new loans or expenditures cumulating to \$25,000 or more within seven business days after the total reaches \$25,000. Additional loans or expenditures cumulating \$25,000 or more shall be reported within seven business days each time the total reaches \$25,000. [City Code, Section 2-2-27(A)(1)]

If the loans or expenditures cumulating to \$25,000 or more occur during the period beginning on midnight on the 10th day before an election and ending at midnight on the day before the election, the report shall be filed with the City Clerk within twenty-four hours after the total reaches \$25,000. Additional loans or expenditures totaling \$25,000 or more shall be reported within twenty-four hours each time the total reaches \$25,000. [City Code, Section 2-2-27(A)(2)]

Name of candidate/officeholder: Rebecca Bray

Reporting Period:



First day of candidacy – Midnight on the 10th day prior to City election



Midnight on the 10th day before City election – Midnight on the day before election

Enter the following information concerning loans of personal funds to the campaign:

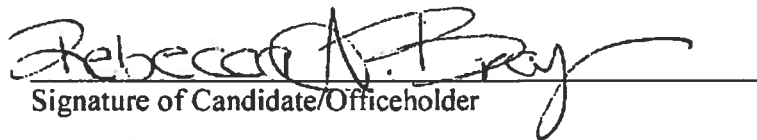
Amount of loan	Date of loan
\$ 30,000.00	6.30.14

Enter the following information concerning the person or persons to whom expenditures were made from personal funds and the total amount, purpose and date of each expenditure:

Name	Street Address	Amount	Purpose	Date

STATE OF TEXAS
VERIFICATION

I swear that the preceding disclosure of loans and expenditures from personal funds of a candidate or officeholder filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-27 for the reporting period indicated.


Signature of Candidate/Officeholder