

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: 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Rebecca		OFFICE USE ONLY Date Received 2014 OCT 27 PM 8 49 Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX "Becky" Bray		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 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 Blanca		
	NICKNAME LAST SUFFIX 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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 26 / 2014 10 / 25 / 2014		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 2014		
12 OFFICE	OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) City Council 8

GO TO PAGE 2

AUSTIN CITY CLERK
RECEIVED

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 pages

17 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)

\$ 10,675.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 71,652.21

CONTRIBUTION BALANCE

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

\$ 75,747.37

OUTSTANDING LOAN TOTALS

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

\$ 30,000.00

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 16, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rebecca Bray, this the 26th day of October, 20 14, 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: 11	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-1-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Arcadis G+M, Inc. Texas PAC 6 Contributor address: City: State: Zip Code 11490 Westheimer Rd. Ste 600 Houston, TX 77077	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 10-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) John Barr Contributor address: City: State: Zip Code 7611 Black Mountain Drive Austin, TX 78736	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) owner		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) Corrbarr, Inc.			
Date 10-7-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Margene Beckham Contributor address: City: State: Zip Code 1212 Havre Lafitte Dr. Austin, TX 78746	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) realtor		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) self			
Date 10-15-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ryan Berger Contributor address: City: State: Zip Code 1613 W 10th St. Austin, TX 78703	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) real estate investor		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) self			
Date 9-26-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Tom Bergstrom Contributor address: City: State: Zip Code 6102 Open Range Tr. Austin, TX 78749	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) N/A			
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

11

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9.30.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Cue + Dorothy Baykin

6 Contributor address: City: State: Zip Code

3621 Windsor Rd.
Austin, TX 78703

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

attorney / retired

10 Employer (See Instructions)

retired

Date

10.23.14

Full name of contributor

☐ out-of-state PAC (ID#)

James Bradley

Contributor address: City: State: Zip Code

3420 Caladium Circle
Austin, TX 78748

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

construction

Employer (See Instructions)

Capital Excavation

Date

10.24.14

Full name of contributor

☐ out-of-state PAC (ID#)

Scott Budd

Contributor address: City: State: Zip Code

6200 mesa Grande
Austin, TX 78749

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

project manager

Employer (See Instructions)

Capital Excavation

Date

10.16.14

Full name of contributor

☐ out-of-state PAC (ID#)

Lara Burns

Contributor address: City: State: Zip Code

801 W 5th St., Ste 100
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)

COO

Employer (See Instructions)

Urban Space

Date

9.26.14

Full name of contributor

☐ out-of-state PAC (ID#)

Paul + Jennifer Bynum

Contributor address: City: State: Zip Code

3749 Whit Loop
Austin, TX 78749

Amount of contribution (\$)

700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

vp of admin / housewife

Employer (See Instructions)

Dominion Realty Advisors

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: 11	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9.26.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kenneth Carr 6 Contributor address; City; State; Zip Code PO BOX 2445 Fredericksburg, TX 78624	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) retired		10 Employer (See Instructions) N/A	
Date 10.16.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) C. Brian Cassidy Contributor address; City; State; Zip Code PO BOX 1414 Austin, TX 78767	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) attorney		Employer (See Instructions) Locke Lord LLP	
Date 10.21.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jennifer Cawley Contributor address; City; State; Zip Code 3426 Shady Valley Dr. Austin, TX 78748	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) Texas Assoc. of Life/Health Insurers	
Date 10.9.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Michael Cooper Contributor address; City; State; Zip Code 1910 Bremen 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) marketing		Employer (See Instructions) Heritage Title Company	
Date 9.29.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Preston Craig Contributor address; City; State; Zip Code PO BOX 50213 Austin, TX 78763	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) retired		Employer (See Instructions) N/A	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.16.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Scott Dukette 6 Contributor address; City; State; Zip Code 4410 Twisted Tree Dr. Austin, TX 78735	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Civil engineer		10 Employer (See Instructions) Klotz Associates, Inc.	
Date 10.20.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Pete Dwyer Contributor address; City; State; Zip Code 8110 Blue Goose Rd Manor, TX 78653	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) developer		Employer (See Instructions) Self	
Date 10.8.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rod Edens, Jr. Contributor address; City; State; Zip Code 401 Congress Ave., Suite 2200 Austin, TX 78701	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) attorney		Employer (See Instructions) GDH & M	
Date 10/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) David + Sasha Edwards Contributor address; City; State; Zip Code 2715 Woolridge Dr. Austin, TX 78703	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) financial organization/bookkeeping		Employer (See Instructions) On the List Presents, LLC	
Date 10.8.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Michael Eledge Contributor address; City; State; Zip Code 3705 -A Gilbert St. Austin, TX 78703	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) account executive		Employer (See Instructions) Advanced Network Solutions	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.1.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Karen Friese 6 Contributor address; City; State; Zip Code 6603 Cat Creek Trl Austin, TX 78731	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) engineer		10 Employer (See Instructions) K Friese & Associates	
Date 10.16.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Casey Giles Contributor address; City; State; Zip Code 5103 Split Cedar Cove Austin, TX 78735	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) civil engineer		Employer (See Instructions) PSW Real Estate	
Date 10.13.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dean Goodnight Contributor address; City; State; Zip Code 10220 Pinehurst Dr. Austin, TX 78747	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) real estate developer		Employer (See Instructions) self	
Date 10.16.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jay Hailey Contributor address; City; State; Zip Code 3408 Mt. Bonnell Rd. Austin, TX 78731	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) DLA Piper LLP	
Date 10.14.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michele Haussman Contributor address; City; State; Zip Code 28 Tilbury Ln. San Antonio, TX 78230	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.17.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) John Hay	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2103 Sharon Lane Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) attorney		10 Employer (See Instructions) The Hay Legal Group PLLC	
Date 10.17.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ken Holcomb	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3110 Eaneswood Dr. Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.1.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Keith Jackson	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 504 E. 42nd St. Austin, TX 78751		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) RS + H	
Date 10.1.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jones + Carter Inc. PAC	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6335 Gulton St, Ste. 100 Houston, TX 77081		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.22.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Stephen + Nicole Levy	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 30312 Austin, TX 78755		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) president		Employer (See Instructions) Levy Architects	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9.28.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Gilbert Martinez 6 Contributor address; City; State; Zip Code 10113 Dobbin Dr. Austin, TX 78748	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) attorney		10 Employer (See Instructions) retired	
Date 10.9.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Nikelle Meade Contributor address; City; State; Zip Code 5363 Austral Loop Austin, TX 78739	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) attorney / partner		Employer (See Instructions) Husch Blackwell, LLP	
Date 10.15.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Nick Maulinet Contributor address; City; State; Zip Code 15201 Gebron Dr. Lakeway, TX 78734	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) Dir. of Business Development		Employer (See Instructions) Burr	
Date 10.1.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Michael Moya Contributor address; City; State; Zip Code 10509 Pariva Trl Austin, TX 78726	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) Halff & Associates	
Date 10.1.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Derek Naiser Contributor address; City; State; Zip Code 104 Summer Glen Boerne, TX 78006	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) LNV	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <u>Rebecca Bray</u>		3 ACCOUNT # (Ethics Commission Filers) <u>11</u>	
4 Date <u>10.15.14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Jonathan + Melissa Negund</u>	7 Amount of contribution (\$) <u>600.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City: State: Zip Code <u>7901 Menier Drive Austin, TX 78735</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Civil engineers</u>		10 Employer (See Instructions) <u>Bury + Partners</u>	
Date <u>10.18.14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>James Presley</u>	Amount of contribution (\$) <u>350.00</u>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <u>4803 Midoak Circle Austin, TX 78749</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>real estate developer</u>		Employer (See Instructions) <u>Self</u>	
Date <u>10.1.14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Raba-Kistner PAC, Inc.</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <u>PO Box 690287 San Antonio, TX 78269</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10.1.14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Flo Ann Randall</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <u>3309 Windsor Austin, TX 78703</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>realtor</u>		Employer (See Instructions) <u>Amelia Bullock</u>	
Date <u>10.15.14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Chris Randa220</u>	Amount of contribution (\$) <u>350.00</u>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <u>1522 West Saint John's Ave. Austin, TX 78757</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>engineer</u>		Employer (See Instructions) <u>Bury Inc.</u>	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-23-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Reca - Good Gov. PAC	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd., Ste 510 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-23-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Harry Savio	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4300 Kilgore Ln Austin, TX 78727		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) association staff		Employer (See Instructions) HBA Greater Austin	
Date 10-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rob Shands	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2525 South Lamar Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) Live Oak Gottesman	
Date 10-1-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Robert Siddons	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11612 Rm 2244 #1-230 Austin, TX 78738		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A	
Date 10-15-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kathleen Smith	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3400 Spanish Oak Dr. Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) HDR	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

11

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.13.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Texas Taxi PAC

6 Contributor address; City, State, Zip Code

919 Congress Ave., Ste 1500
Austin, TX 78701

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

10.1.14

Full name of contributor

☐ out-of-state PAC (ID#)

Susan Turrieta

Contributor address; City, State, Zip Code

PO Box 5902
Austin, TX 78763

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)

engineer

SELF

Date

10.16.14

Full name of contributor

☐ out-of-state PAC (ID#)

Benjamin White

Contributor address; City, State, Zip Code

4702 Rue Street
Austin, TX 78731

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)

real estate development

D+B Realty

Date

9.30.14

Full name of contributor

☐ out-of-state PAC (ID#)

William Williams III

Contributor address; City, State, Zip Code

228 N. Crossing Trail
Roundrock, TX 78665

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)

retired

N/A

Date

10.1.14

Full name of contributor

☐ out-of-state PAC (ID#)

William Williams III

Contributor address; City, State, Zip Code

228 N. Crossing Trail
Roundrock, TX 78665

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)

retired

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:

11

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.23.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

William Williams III

6 Contributor address; City; State; Zip Code

228 N. Crossing Trail
Roundrock, TX 78665

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

retired

10 Employer (See Instructions)

N/A

Date

9.26.14

Full name of contributor

☐ out-of-state PAC (ID#)

Michael Wong

Contributor address; City; State; Zip Code

8 Inwood Circle
Austin, TX 78746

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)

real estate

Employer (See Instructions)

Aim Real Estate Group

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <div style="text-align: center; font-size: 1.5em;">1</div>	
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Rebecca Bray</div>		3 ACCOUNT # (Ethics Commission Filers) <div style="font-size: 1.5em; font-family: cursive;">N7A</div>	
4 TOTAL OF UNITEMIZED PLEDGES: → → → → → →		\$	

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div>	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 <input type="checkbox"/> out-of-state PAC (ID#: <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div>	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 <input type="checkbox"/> out-of-state PAC (ID#: <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div>	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 <input type="checkbox"/> out-of-state PAC (ID#: <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div>	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 <input type="checkbox"/> out-of-state PAC (ID#: <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div>	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.			
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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: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)	
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
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: <u>1</u>		2 FILER NAME <u>Rebecca Bray</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10.1.14</u>		5 Payee name <u>Terry Bray</u>			
6 Amount (\$) <u>20,000.00</u>		7 Payee address; City; State; Zip Code <u>2 Green Lanes Austin, TX 78703</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>other</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>refund-improper clon.</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>10.3.14</u>		Payee name <u>American Bank</u>			
Amount (\$) <u>3.00</u>		Payee address; City; State; Zip Code <u>3520 Bee Cave Rd. Westlake, Hills, TX 78746</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>banking</u>		Description (If travel outside of Texas, complete Schedule T) <u>bank fee</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>10.24.14</u>		Payee name <u>Pyrlix</u>			
Amount (\$) <u>274.02</u>		Payee address; City; State; Zip Code <u>144 2nd St. 1st Floor San Francisco, CA 94105</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>fees</u>		Description (If travel outside of Texas, complete Schedule T) <u>online donation fees</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder 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)		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

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: 4		2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9.27.14		5 Payee name Waterloo Ice House			
6 Amount (\$) 44.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 9600 Escarpment Blvd. Austin, TX 78749			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) food expense		(b) Description (If travel outside of Texas, complete Schedule T) volunteer lunch	
Date 9.30.14		Payee name KC Strategies			
Amount (\$) 6854.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 3571 Far West Blvd #196 Austin, TX 78731			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) consulting expense		Description (If travel outside of Texas, complete Schedule T) communications	
Date 10.1.14		Payee name Myers Consulting			
Amount (\$) 2,700.00 <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		Description (If travel outside of Texas, complete Schedule T) campaign manager	
Date 10.5.14		Payee name Home Depot # 6570			
Amount (\$) 12.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 1200 Home Depot Blvd. Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) other		Description (If travel outside of Texas, complete Schedule T) sign expense	

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: 4	2 FILER NAME Rebecca Bray	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10.6.14	5 Payee name North by Northwest	
6 Amount (\$) 81.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10010 N. Capital of Texas Hwy. Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) food/beverage	(b) Description (If travel outside of Texas, complete Schedule T) volunteer food
Date 10.13.14	Payee name Motzarts	
Amount (\$) 3.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3825 Lake Austin Blvd. Austin, TX 78703	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) beverage expense	Description (If travel outside of Texas, complete Schedule T) coffee
Date 10.15.14	Payee name Hoa-Q Asian Kitchen	
Amount (\$) 16.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3742 Far W. Blvd #113 Austin, TX 78731	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food expense	Description (If travel outside of Texas, complete Schedule T) staff lunch
Date 10.22.14	Payee name Texas Land and Cattle	
Amount (\$) 30.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1101 S Mopac EXPY Austin, TX 78746	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food expense	Description (If travel outside of Texas, complete Schedule T) consulting dinner

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: 4		2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.22.14		5 Payee name Home Depot # 6570			
6 Amount (\$) 41.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 1200 Home Depot Blvd. Austin, TX 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) other		(b) Description (If travel outside of Texas, complete Schedule T) sign supplies	
Date 10.23.14		Payee name HEB			
Amount (\$) 43.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 5800 W. Slaughter Ln. Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) food/beverage		Description (If travel outside of Texas, complete Schedule T) volunteer supplies	
Date 10.25.14		Payee name KC Strategies			
Amount (\$) 41,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 3571 Far West Blvd. #196 Austin, TX 78731			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) consulting expense		Description (If travel outside of Texas, complete Schedule T) signs, media, hangers, flyers	
Date 10.25.14		Payee name Mail Chimp			
Amount (\$) 15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 512 means St Ste 404 Atlanta, GA 30318			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising		Description (If travel outside of Texas, complete Schedule T) website	

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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: 4		2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.25.14		5 Payee name Waterloo Ice House			
6 Amount (\$) 46.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 9600 Escarpment Blvd. Austin, TX 78749			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) food expense		(b) Description (If travel outside of Texas, complete Schedule T) volunteer food	
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)	
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)	

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: <u>1</u>		2 FILER NAME <u>Rebecca Bray</u>		3 ACCOUNT # (Ethics Commission Filers)	
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)	
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	
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	

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

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**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

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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: <u>9</u>
2 FILER NAME <u>Rebecca Bray</u>		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)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		