	TE / OFFICEHOLDER N FINANCE REPORT		FORE	M C/OH EET PG 1	
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	-	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICEU	SE ONLY	
OFFICEHOLDER NAME	Rebecca		Date Received	2014	
	NICKNAME LAST	SUFFIX			₽
	"Becky" Brac	1		007	AUST
4 CANDIDATE /	ADDRESS / POBOX; . APT / SUITE #; CITY;	STATE; ZIP CODE	- ·	~	REC
OFFICEHOLDER MAILING	6830 VIA Corri	eto	Date Hand-delivered or P		읦은
ADDRESS	Austin, TX	18749	Sate with delivered of t	3	ÆΡ
change of address		. , ,	Receipt #	Amount	ㅁ닫
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	L	ER
PHONE	(512) 762-5401	0		15	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	, MI	Date Imaged		ł
NAME	NICKNAME LAST	SUFFIX			
		•			
	zamora Gar	<u> </u>			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	city: staté:	ZIP CODE		
	Austin, T	-x 787	35	•	
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 ca treasurer appoint (officeholderonly)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach	o C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year		
	9/26/2014	10/05/	~014 ~		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year				
	11 64 2014 Primary	Runoff	General .	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)		
	N/A	City C	ouncil	8	
GO TO PAGE 2					

## **CANDIDATE / OFFICEHOLDER REPORT:**

## FORM C/OH

SUFFURI	& IOIAL		COVER SHEET PG Z	
14 C/OH NAME	becca	Bray 15	ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	, \$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10, 675.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$71,652.01	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	* \$75,747.37	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	* 3000°	
MY C	DISON A. GESSNEF COMMISSION EXPIR February 14, 2018	is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by ideate or Officeholder	
		me, by the said Rebecca Brown, 20 14, to certify which, witness m	y hand and seal of office.	
Signature of officer adm		Madison A - Gessner  Printed name of officer administering oath	Title of officer administering oath	

Texas Ethics Commission

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A;
2 FILER NAME	zeberca Bray	)	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor   out-ot-state PAC(ID#:   Arcadis CHM, Inc. 6 Contributor address; City; State; Zip Code II490 Westhermer Rd		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal again	Houston, Tx 770 Pation / Job title (See Instructions)	77 10 Employer (See	· · · · · · · · · · · · · · · · · · ·	l of Texas, complete Schedule T)
9 Philicipal occup	ation 7 Job title (See Instructions)	10 Employer (See	instructions)	
Date	Full name of contributor   out-of-state PAC (IDII)		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code 7611 Black Mounto	ain Drive	100.00	
Principal occur	Austro, TX 7873	Employer (See		of Texas, complete Schedule T)
1 ' '	wher	COTY		1C.
Date	Full name of contributor   OUI-OF-STATE PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10 114	Margene Beck Contributor address; City: State; Zip Code 1213 Havre Lafitte	Dr.	100.00	 
	Austin, TX 7874	10	(If travel outside	of Texas, complete Schedule T)
1	pation / 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)
10.15.14	Ryan Berger Contributor address: City: State: Zip Code 1613 W 10th St.		a50.°°	 
	Austin. TX 78	703	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions) State Investor	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9.26.14	Ton Bergstron Contributor address: City: State: Zip Code	n e Tr.		
	6102 Open Raha			 
Principal occur	Pustin, TX 78 pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	retired	AVA		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Rebecca Bray		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
9.30.14	CUE + DOPOTHY BC 6 Contributor address: City: State: Zip Code 3621 WINDSOF	ykın 2d	500.00	description (if applicable)
	Austin, TX 787	03	(If travel outside o	of Texas, complete Schedule T)
~ \\ -	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor   cul-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.93.	Contributor address; City; State; Zip Code 3420 Caladium C	ircle	250.00	;
	Austin, TX 787	48	(If revel outside o	of Texas, complete Schedule T)
	STUCTON	Employer (See I		1
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
10.94.	Scott Budd contributor address: City: State; Zip Code 6 200 MeSa Grand	1 <sub>0</sub>	250.8	description (il applicable)
14	Austin, TX 787			l   of Texas, complete Schedule T)
	pation / Job title (See Instructions)  Nect Manager	Employer (See I	nstructions)	ation
Date	Full name of contributor out-of-state PAC (ID#:_	)	Aniount of contribution (\$)	In-kind contribution description (if applicable)
10.16.14	SOI W 5th St., S	te 100	100.00	
Principal occup	PAUSTIN TX 78 reation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Data	Full same of contribut	urbar	1 Space	
9 · 26 ·	Full name of contributor	ynum	Amount of contribution (\$)	In-kind contribution description (if applicable)
14	Aushn, TX 78	· · · · · · · · · · · · · · · · · · ·		of Texas, complete Schedule T)
V D Of	Admin / Nousewife	Employer (See II	_ (	ty Advisors
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

#### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 5" 55		2 ACCOUNT 4 (Eshion Commission Citera)
2 FILER NAME	Rebecca Bray	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of 8 In-kind contribution contribution (\$)   description (if applicable)
9.26.	Kenneth Carr  6 Contributor address; City: State; Zip Code  PD BOX 2445	25000
14	Fredericks burg, TX 78624	(If travel outside of Texas, complete Schedule T)
	pation / Job title (See Instructions)  10 Employer (See	Instructions)
Date		
Date	Full name of contributor     out-of-state PAC(IDI):	Amount of In-kind contribution contribution (\$) description (if applicable)
10.16	Contributor address; City; State; Zip Code	
14	PO BOX 1414	350.°°
·	Austin, TX 78767	(if travel outside of Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)  Employer (See LOCKE)	Instructions)
Date	Full name of contributor	Amount of In-kind contribution
10.21.	Jennifer Cawley Contributor address; City: State; Zip Code	contribution (\$) description (if applicable)
14	3426 Shady Valley Dr.	50.00
· 	Austin, TX 78748	(If travel outside of Texas, complete Schedule T)
	pation / Job title (See Instructions) Employer (See	Instructions)
<u> </u>	HOrney Texas Ass	soc, of Life /Health Insulte
Date	Full name of contributor   out-of-state PAC (ID#)  MICHAEL CODDEY	Amount of In-kind contribution contribution (\$) description (if applicable)
10.9.	Contributor address; City; State; Zip Code 1910 Bremen	100.00
7	Austin, TX 78703	(If travel outside of Texas, complete Schedule T)
· ·	pation / Job title (See Instructions) Employer (See	
(Y	<u> Arketing</u> Heritage	2 Title Company
Date	Full name of contributor   out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
9.29.	Contributor address; City; State; Zip Code) PO BOX 50013	100.00
14	Austin, TX 78763	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)  Employer (See	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

## SCHEDULE A

(512) 463-5800

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

			<del>.</del>	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule A:
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
1	Ze becca 13ray	•		
4 Date	5 Full name of contributorout-of-slate PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Scott Dukette		J	
10 10	6 Contributor address; City; State; Zip Code 4410 TWISTED TY	ee Dr.	$i\infty$ .	
14	Austin, TX 7873	25	(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	ر رـــــــــــــــــــــــــــــــــــ	<del></del>	, , , , , , , , , , , , , , , , , , , ,
<u>C.1</u>	11 evaineer	Klotz A	SSOCIATI	es, Inc.
Date	Full name of contributor   out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	Pete Dwyer		contribution (\$)	description (if applicable)
10.20	Contributor address; City: State; Zip Code		100,00	
	8110 Blue Goos	e Rd	100,	
14	200 2 TV 7	01.60	İ	
	pation / Job title (See Instructions)	80000	·	of Texas, complete Schedule T)
l ' '	eveloper	Employer (See !		
Date	Full name of contributor   oul-of-state PAC (ID#:_		Amount of	In-kind contribution
	Rod Edens. Jr		contribution (\$)	description (if applicable)
10.8.	Contributor address: City: State: Zip Code		100,00	
14	401 Congress Ave.,	Juli 4200		
' '	Prushin TX 78			I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	-
	ittomey	CIDE	1411/	
Date	Full name of contributor   out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	David + Sasha E	quards	_	
101241	Contributor address; City; State; Zip Code	Nic-	50.00	
14	2715 www.indge 15	Ν.		<u> </u>
, ,	Austin, TX 787	03	(If travel outside	of Texas, complete Schedule T)
_ `	pation / Job title (See Instructions)	Employer (See	Instructions)	
financi	a organization backe	eping Or	1 the List	Presents, IIC
Date	Full name of contributor Dut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
l	Michael Eledge		CONTROLL (4)	description (ii applicable)
10.8.14	Contributor address; City; State; Zip Gode		250°°	
	3705 - A Gilbert S	+		
1	Austin TV 78	703	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	0
acour	nt executive	Advance	<u> Networ</u>	r Solutions
			•	
	ATTACH ADDITIONAL COPIES (			
If	contributor is out-of-state PAC, please see inst	ruction guide forad	ditional reporting	requirements.

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	0 1		3 ACCOUNT # (E	thics Commission Filers)
	Rebecca Brau			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Karen Friese		contribution (\$)	description (if applicable)
10-1-14	6 Contributor address; City; State; Zip Code			I .
, - , ,	6603 Cat Creek	Trl	350.00	[
			- 00,	
9 Principal occur	Pation / Job title (See Instructions)		<del></del>	of Texas, complete Schedule T)
	and the (see instructions)	10 Employer (See	A '	ociates
Date	Full name of contributor Out-of-state PAC (ID#;	*	Amount of	
			contribution (\$)	In-kind contribution description (if applicable)
10.16,14	COSCY CIVES  Contributor address; City: State; Zip Code			
	5103 Split Cedar	Cove	50.00	
	'			
	Austin, TX 7873	) ウ	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See )	nstructions).	<u></u>
Date		row Ki	<u> (11 E.S.)</u>	<u>are</u>
Date		)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.13.	Dean Goodnig	nt	_	 
	Contributor address, City; State; Zip Cold 10230 PINEHUTS+	Dr	10000	
14	•		, 00.	
, I	Hustin, TX 78	147	(If travel outside o	f Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	HOTE developer	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#;	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.16.	Jay Harley			· · · · · · · · · · · · · · · · · · ·
10.16.	Contributor address; City; State; Zip Code	d	250.°°	
14	3408 Mt. Bonnell	Rd.		
	Austin, TX 787	3)	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
<u> </u>	wyer	DLA PI	per llf	<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:	}}	Amount of contribution (\$)	In-kind contribution description (if applicable)
ı	Michele Haussh	nan	σογιαισατιστι ( <b>Φ</b> )	description (ii applicable)
10.14.	Contributor address; City; State; Zip Code		5000	
14	28 Tilbury Ln.		<u> </u>	
1 1	san Antonio T	(1823C	(If travel outside o	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See I		revas, complete schedule 1)
CONS	<u>sultant</u>	<u> 581+</u>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule,A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Rebecca Bray			
4 Date			7 Amount of	8 In-kind contribution
- Date			contribution (\$)	description (if applicable)
	John Hay		_	1
10.17.	6 Contributor address; City; State; Zip Code		350.00	! :
IЦ	alos sharon Louna	2		
' '	Austin, TX 78703		(If travel outside	of Texas, complete Schedule T)
9 Principal occup		10 Employer (See	instructions)	
<u> </u>	Horney	The Hay	Legal Gr	oup PUC
Date	Full name of contributor		Amount of	In-kind contribution
	ken Holcomb		contribution (\$)	description (if applicable)
10.17.			- 20	<u>'</u>
10.11.	Contributor address; City; State; Zip Code		100.00	l 1
111	3110 Eaneswood	DF.		l
14	Austin, TX 7874	110		
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
i ilircipai occu	validity 300 title (See Histroctions)	Cimployer (See	mstractions)	•
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
	keith Jackson			1
10-1-14	Contributor address; City; State; Zip Code		350,00	I
•	504 E. 42nd St.		35U,	
	Austin, TX 78	コムト	]	1_
Principal accur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	Naiheer	RS41	linstructions)	
<del></del>			A	In the street section to
Date	Fill name of contributor out-of-state PAC (ID#:	······································	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Jones & Carter Inc	C. PAC		
10.1.14	Contributor address; City; State; Zip Code	- ,	350.00	1
	6335 Gulfton St, S	ste 100-		1
	Horston TV 770	181		
D	Houstion, Tx 770			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See,	Instructions)	
		<u></u>	<del></del>	<u></u>
Date	Full name of contributor 🛗 out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Stephen + NICOle	Levu		Cookington (ii applicasia)
10 22	Contributor address; City, State; Zip Code	•	250, W	1
	PO BOX 3031a		G 0 0 ,	1
14	Austin TV 78	155		1_
Principal occur	pation / Job title (See Instructions)	Employer (See	~	of Texas, complete Schedule T)
	esident	) P\// i	Archite	ects
1		- V - (	111/11/11	
		. •		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE	AS NEEDED	

The I	Instruction Guide explains how to complete this form.	1 Total pages Sch	edule A:
2 FILER NAME	Rebecca Bray	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor	) 7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
d.98.	6 Contributor address; City; State; Zip Code 10113 DObbin Dr.	50.00	
14	Austin, 7x 78748	(If travel outside)	of Texas, complete Schedule T)
	tation / Job title (See Instructions)  10 Employer (See HOYNELL	e Instructions)	
Date	Full name of contributor   Quitof-state PAC (ID#:	_) Amount of contribution (\$)	In-kind contribution description (if applicable)
10.9.	NIKELLE MEADE  Contributor address; City: State; Zip Code  5363 AUSTRAL LOOP	25, <sup>00</sup>	
14	Austin. TX 78739	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions) Employer (Se	e Instructions) BIGCKWEII	LLP
Date	Full name of contributor Dout-of-state PAC (ID#:	_) Amount of contribution (\$)	In-kind contribution description (if applicable)
10/15	NICK MOULINET  Contributor address; City: State, Zip Code  15201 Gebron Dr.	100.00	i   
니	Lakeway, TX 78734	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions) Employer (Se	e Instructions)	
DIV. Of I	SUSINESS Development   247  Full name of contributor   out-of-state PAC (ID#:	_) Amount of	In-kind contribution
10-1-	MICHGEL MOYA Contributor address; City, State: Zip Code	contribution (\$)	description (if applicable)
14	10509 Pariva Tri	α <b>3</b> 0,	1
Dein signt ones	AUSTIN, TX 78786 pation / Job title (See Instructions) Employer (See	(il travel outside	of Texas, complete Schedule T)
	191 neer Halff +	ASSOCIAT	es
Date	Full name of contributor     out-of-state PAC (ID#:		In-kind contribution description (if applicable)
10.1	Derek Naiser Contributor address: City: State, Zip Code 104 Summer Glen	250.00	! 
	Boerne, TX 78006		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)	
	3		
lf d	ATTACH ADDITIONAL COPIES OF THIS SCHEDU contributor is out-of-state PAC, please see instruction guide for		requirements.

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Fiters)
2e1	becca Bray			ı
4 Date	5 Full name of contributorout-of-state PAC(ID#:_		7 Amount of	8 In-kind contribution
10.15	Jonathan + melis	isa Neslund	contribution (\$)	description (if applicable)
10.10.	6 Contributor address: City: State: Zip Code		600.00	<b>!</b> [
14	7901 Menier Drive Austin, TX 787			
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	<del></del>	of Texas, complete Schedule T)
CIVI	l engineers	BULY +		rs
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
10.18	James Presley Contributor address; City: Stale: Zip Code		350.60	
14	4803 Midoak Cir	cle	500.	
<b>' '</b>	Austin, TX 7874	19	/lí travel outside d	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See		or roxus, complete concerts ry
real e	state developer	<u> </u>	<u> </u>	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10.1.	Contributor address; City: State; Zip Code	70, 1110	80	! }
14	PO 30× 690287		250,°°	
1 (	San Antonio, TX 7	8269	r!f travel outside	 of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		·
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
10.1.	Flo Ann Randall			
10.1	Contributor address; City: State: Zip Code 3309 WIN950Y		50.00	<u> </u>
14	Austin TX 787	03		
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
· · · · · · · · · · · · · · · · · · ·	realtor	Amelia	Bullock	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Chris Randazz	, O	contribution (\$)	description (if applicable)
10.15	Contributor address; City; State; Zip Code	1 100	35000	
71.1	1522 west Saint Joh	ins Ave.		
, ,	Austin TX 78	757	(if travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		., .,
	YINET	MUSC	_1MC	
		J		
If co	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru			requirements

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Zeberra Bray		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributoraut-et-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10.93.	Reco - Good Gov. Pf 6 Contributor address; City; State; Zip Code		350.00	1
14	98 San Jacinto Blv 510 Iqustin, TX -		} 	 
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		or leads, complete scriedure 17
Date	Full name of contributor out of state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.03.	Contributor address; City; State; Zip Code 4300 KI 190°E LN		350.00	 
	Austin, TX 1872	]	( i travel outside d	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	a = ( a	ustin
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10.16.	KOD Shands Contributor address; City: State: Zip Code 0585 South Lam	705	100,00	)   
14		3704	(if travel <b>outside</b>	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (Sec   LIVE_OQV	nstructions) <u>COHES</u>	man
Date	Full name of contributor     out-of-state PAC(ID#:_	)	Aniount of contribution (\$)	In-kind contribution description (if applicable)
10-1	Contributor address; City: State; Zip Code	- <i>0</i> 30	d50.°∂	,   
14	Austin, TX 787	38	(* travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor [] out-of-state PAC (ID#:_	10	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.15	Contributor address; City: State: Zip Code	Σ	1100 00	
14	3400 Spanish Oak Austin, TX 7873	Dr. 31	100.	
Principal occup	pation / Job title (See Instructions)	Employer (Sec.		of Texas, complete Schedule T)
		111/		
if c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru			requirements.

www.ethics.state.tx.us

#### SCHEDULE A

	<u> </u>			
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Rebecca Bray		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Gest-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10.13.	6 Contributor address: City. State; Zip Code		350°°	
14	919 congress Ave.	Ste 1500		
0.0000000000000000000000000000000000000	MUSIM, IX 181			of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor Ontrof-state PAC (IDIF:		Amou <b>nt of</b> contributi <b>on (\$</b> )	In-kind contribution description (if applicable)
10 1	Contributor address; City: State; Zip Code PO BOX 5902	<u>u</u>	150,00	 
	Austin, TX 7	8763	(li travel outside o	of Texas, complete Schedule T)
Principal occup	valion / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#:_	)	Amou <b>nt of</b>	In-kind contribution description (if applicable)
10.16.	Benjamin Whit contributor address; City: State, Zip Code 4700 Rue Street	e	100.00	description (ii applicable)
, ,	Austin, TX 787	3١	(I travel outside	of Texas, complete Schedule T)
	nation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor     out-of-state PAC (ID#:_	~< III	Amount of contribution (\$)	In-kind contribution description (if applicable)
9.30.	Contributor address, City. State; Zip Code ZZ8 N. CVDSSTHC		100.°°	[ [
19	Roundrock, TX 781	665	Discussion autoide	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	·——·	or rexas, complete schedule 1)
Date	Full name of contributor   out-of-state PAC (IDIE)	)	Amount of	In-kind contribution
	William William	ns 111	contribution (\$)	description (if applicable)
10 . 1	Contributor address; City, State; Zip Code	Trail	100.00	 
14	Poundrak: TX 78	10105	(d.)	1
Principal occup	valion / Job title (See Instructions)	Employer (Sec.)		of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES O	OF THI <b>S SCHE</b> DULE	AS NEEDED	

		·		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A:
2 FILER NAME	,		3 ACCOUNT# (E	Ethics Commission Filers)
	<u> Pebecca Bray</u>			
4 Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10,23.	William William	ns III	(4)	i description (in approprie)
	6 Contributor address: City: State; Zip Code		100 00	! !
14	228 N. Crossing	Trall		<del> </del> 
<b>A B</b> :	Loundrock, TX	78665		of Texas, complete Schedule T)
9 Principal occur	vation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Michael Wong		conmodition (\$)	description (ii applicable)
4.20	Contributor address; City: State; Zip Code		10000	
14	8 Inwood Circle			1
1 -1	1745th, 7X 787L	6		l of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (Sec :	nstructions)	CHOU:12
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	i of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See .	nstructions)	
Date	Full name of contributor U out-of-state PAC (ID#;_		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address: City: Slate; Zip Code			<u> </u>
	,			1
		r <del></del>	(4 travel outside	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See )	ostructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
				-
		<del></del>	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See i	nstructions)	
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE	AS NEEDED	
If c	ontributor is out-of-state PAC, please see inst	ruction guide forado	litional rep <b>orting</b>	requirements.

PLEDG	SED CONTRIBUTIONS		· .	SCHEDULE B
The	e Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule B:
2 FILER NAME	Le becca Bray		3 ACCOUNT # (E	thics Commission Filers)
<b>4</b> TOT	AL OF UNITEMIZED PLEDGES:	<b>⇔</b> ⇔	o o	\$
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		(II trough autoids	
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See In	·	of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occ	upation / Job title (See Instructions)	Employer (Sec. )	h	of Texas, complete Schedule T)
i ililapai occi	apendity 500 title (See itistitudions)	Employer (See I		
Date	Full name of pledgor out-al-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occu	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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 occi	upation / Job title (See Instructions)	Employer (See I	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			
Principal cas	upation / Job title (See Instructions)	Canalaria (O. )		of Texas, complete Schedule T)
Fancipal occi	upation / Job title (See Instructions)	Employer (See I	nstructions)	
If	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pag	ges Schedule E:
2 FILER NAME	ebecca Brau	1	3 ACCOUN	NT # (Ethics Commission Filers)
TOTA	L OF UNITEMIZED LOANS:	<b>⇒ ပ ဝ ဝ ဝ</b>	>	\$
5 Date of loan	7 Name of lender	out-of-state PAC (IDII:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
ΥN				11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	·	
14 Description of Coll	ateral	15 Check if personal funds were	deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		-	19 Amount Guaranteed (\$)
nof applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:	)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were o	deposited in	nto political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instructions)	ı	<del></del> -
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEE uction guide for additional repo	DED orting requ	uirements.

### POLITICAL EXPENDITURES

## SCHEDULE F

				· · · · · · · · · · · · · · · · · · ·	
	FXPENDITUR	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C		an Repayment/Reimburs	sement
Accounting/Banking	Legal Services	Solicitation/Fundra		ansportation Equipment	J.
Consulting Expense	Food/Beverage Expense	Travel In District	Co	intributions/Donations M	
Event Expense	Polling Expense	Travel Out Of Dis		Candidate/Officeholder	l l
Fees	Printing Expense	Office Overhead/		THER (enter a category	not listed above)
	The Instruction Gui	de explains how to	complete this form.		
1 Total pages:Schedule F:	2 FILER NAME		•	3 ACCOUNT # (Ethic	s Commission Filers)
7	Deveror	Broi	ı		
<u> </u>	- ECLULU	- 1000	<del>-</del>		
4 Date	5 Payee name	<u> </u>	•		
10:1:14	1 cry	Brau.		<u>.</u> .	
6 Amount (\$)	7 Payee address; City;	State; Zip Code		•	
0.0	2 Green	7 Lane	2,5	•	
ഹനന °° -					
مان مان	l Prustir	1, t <u>×</u>	78703		
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description (II	travel outside of Texas, compl	ele Schedule T)
OF	24,000		1.5-0		ما مام
EXPENDITURE	OUKKI		Iretuna-	INTIPROPE	r CION.
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nar DH	ne	Office sought	, , ,	Office held
Date	Payee name				
10.3.14	American	Ban'	$\vee$		
	MINCHEAM		<del>-</del>		
Amount (\$)	- ~ ~ ~	State; Zip Code	$\sim$ $-1$		
~ OO	3520 Kee	Cave	KQ.		
3.00	1 2001	11.116	TX 7	27412	
	WESTICIFE	<u>, HIII)</u>	1 /	0110	
PURPOSE	Category (See categories listed at the	top of this schedule)	Description (II	travel outside of Texas, comp	ete Schedule T)
OF	hanking		bank	e for	
EXPENDITURE	DOINEIN		10000		200
Complete QNLY if direct expenditure to benefit C/0	Candidate / Officeholder nar	me	Office sought		Office held
Date	Payee name	·	<del></del>		
III   NU 111			•		
10,04,14	PULIX		,		
Amount (\$)	Payee address: City:	State; Zip Code			
	1411 252 6	1 1 4	Floor		ν.
27460	119 210		$\sim$	11105	
	San Fra	ncisco	<u>, UA _</u> 9	$\frac{100}{100}$	
PURPOSE	Category (See categories listed at the	e top of this schedule)	Description (II	Inavel outside of Texas, comp	lete Schedule T}
OF	La~		Tonline	donati	in food
EXPENDITURE	tees		online	donati	
Complete QNLY if direct expenditure to benefit C/	Candidate / Officeholder na OH	me 	Office sought	·	Office held
Dale	Payee name				
	<u> </u>	<u> </u>			
Amount (\$)	Payee address; City;	State; Zip Code			
,					
Į.					
<u> </u>		<u> </u>	<u> </u>		
PURPOSE	Category (See categories listed at th	e top of this schedule)	Description (	travel outside of Texas, comp	elete Schedule T)
OF EXPENDITURE					
EXPENDITURE			<u> </u>		
Complete ONLY if direct	Candidate / Officeholder na	me	Office sought		Office held
expenditure to benefit C					··
	ATTACLIABOLTONA	L CODIEC OF THE		IEENEN	·
	ATTACH ADDITIONA	F CONFRONT IN	2 20HEDULE A2 V	ECOED	

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundrais Travel In District Travel Out Of Distr Office Overhead/Re explains how to c	sing Expense Tra Co ict ental Expense OT	an Repayment/Reimbursement insportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME RP.DPCCO	Brau		3 ACCOUNT # (Ethics Commission Filers)
4 Date 9 - 27 - 14	5 Payee name Water 100	Ice H	louse	
6 Amount (\$)  LL 18  Reimbursement from political contributions intended		te; zip code PMEN X 78		
8 PURPOSE	(a) Category (See categories listed at the lop		<del></del>	avel outside of Texas, complete Schedule T}
OF EXPENDITURE	food exper	15C	volunt	eer lunch
9.30.14	Payee name KC Strate	gies		
Amount (\$)  085421  Reimbursement from	Payee address: City: State: Zip Code 3571 Far West Blvd #196			
political contributions intended	Austin, TX	187	31	
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If to	avel outside of Toxas, complete Schedule T)
EXPENDITURE	consulting e	expense	Comm	nunications
Date 10 - 1 - 1 - 1	Payee name MUCTS COI	nsu I+	ıng	
Amount (\$)	Payee address: City; Sta	~	J	
Reimbursement from political contributions intended	809 Canyon Austin, T		Prive .746	
PURPOSE	Category (See categories listed at the top			avel outside of Texas, complete Schedule T)
OF EXPENDITURE	consulting		campai	in manager
Date	Payee name			
10.5.14	Home Dep	<del>ot #</del>	6570	
Amount (\$)		te; Zip Code	1	·
Reimbursement from political contributions	1200 Home D		Jvd.	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If it	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	other	·	_ `	expense
	ATTACH ADDITIONAL CO	PIES OF THIS S	<del></del>	

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

(512) 463-5800

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 Candidate/Officeholder/Political Committee Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) rebecco Bray 4 Date 10.6.14 NOrth by Northwest
7 Payee address; Cily; State; Zip Code
10010 N Capital of Texas Hwy. 6 Amount (\$) 21.lob Reimbursement from political contributions Austin. Tx 78759 (a) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE volunteer food food / beverage MOTZGT+S
Payee address; Ci 10.13.14 Amount (\$) Reimbursement from political contributions 3805 Lake Austin Blvd. Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE beverage expense 10-15-14 HOQ- Q ASIAN KITCHEN City; State; Zip Code Amount (\$) Payee address; 3742 Far W. Blvd #113 16.12 Reimbursement from political contributions Austin, TX 78731 Description (if travel outside of Texas, complete Schedule T) **PURPOSE** staff lunch EXPENDITURE food expense Date Payee name Texas Land and Callle 10-62-14 Amount (\$) Payee address; City; State; Zip Code 30.37 Reimbursement from EXPY 5 MOPGC 1101 political contributions intended AUSTIN, TX 78746

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

Description Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE expense consulting dinher ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

#### SCHEDULE G

(512) 463-5800

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Gift/Awards/Memorials Expense Advertising Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Legal Services Accounting/Banking Food/Beverage Expense Travel In District Contributions/Donations Made By Consulting Expense Candidate/Officeholder/Political Committee Travel Out Of District Event Expense Polling Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME Rebecca 4 Date Home Depot # 6570
7 Payee address: City; State; Zip Code 10.20.14 6 Amount (\$) 1200 Hoppe Depot Blvd. 41.84 Reimbursement from political contributions intended (b) Description (Il travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Sign supplies other Pavee name Date 10.23.14 HEB City; State; Zip Code 5800 W. Slaughter Ln. Reimbursement from political contributions Description (If travel outside of Toxas, complete Schedule T) **PURPOSE** OF EXPENDITURE food / beverage | volunteer supplies KC Strategies

Payee address: City, State; Zip Code 10.25.14 3571 Far West Blvd. #196 Reimbursement from political contributions Description (If travel outside of Texas, complete Schedule T) PURPOSE signs, media, hangers, OF EXPENDITURE Consulting expense Payee name Mall Chimp

ayee address: City; State; Zip Code 10.25.14 Amount (\$) 512 means St Ste 404 Reimbursement from political contributions intended A+Iahta, GA 30318
Category (Secretegorics listed at the top of this schedule)

Descrip Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE advertising ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

### SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(n)			
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement  Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense			
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By 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 G:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)			
H L L L L L L L L L L L L L L L L L L L	Rebecca Bray			
4 Date	5 Payee name			
10.35.14	Water 100 Ice House			
6 Amount (\$)	7 Payee address: City; State; Zip Code			
HQ.18	9600 Escarpment Blvd.			
political contributions intended	Austin, TX 78749			
8 PURPOSE	(a) Category (See entegories listed at the lop of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	food expense volunteer food			
Date	Payee name			
	· ·			
Amount (\$)	Payee address: City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE	Category (Sercategories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE				
	Payee name			
EXPENDITURE				
EXPENDITURE				
EXPENDITURE  Date	Payee name			
Date  Amount (\$)  Reimbursement from political contributions	Payee name			
EXPENDITURE  Date  Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF	Payee name Payee address: City; State; Zip Code			
EXPENDITURE  Date  Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Payee name  Payee address: City; State; Zip Code  Category (Sec categories listed at the top of this solicefule)  Description (If ravel outside of Texas, complete Schedule T)			
EXPENDITURE  Date  Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date	Payee name  Payee address: City; State; Zip Code  Category (See restogories listed at the top of this schedule)  Description (it travel outside of Texas, complete Schedule T)  Payee name			
EXPENDITURE  Date  Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date  Amount (\$)	Payee name  Payee address: City; State; Zip Code  Category (See restogories listed at the top of this schedule)  Description (it travel outside of Texas, complete Schedule T)  Payee name			

## **PAYMENT FROM POLITICAL CONTRIBUTIONS** TO A BUSINESS OF C/OH

#### SCHEDULE H

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel in District Polling Expense Travel Out Of D	Contract Labor I raising Expense ( strict	Loan Repayment/Reimbursement  Fransportation Equipment & Related Expense  Contributions/Donations Made By  Candidate/Officeholder/Political Committee  DTHER (enter a category not listed above)
	The Instruction Guide explains how to		
1 Total pages Schedule H:	PEDECCA BYOU		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 so redule)	(b) Description (I	f travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 (	f travel outside of Tuxas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedulo)	Description (I	travel outside of Texas, complete Schedule T)
Complete QNLY if direct expenditure to benefit C/O	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)	Oescription (P	travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE 1

	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule I:	PEBECCA 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 )
	ATTACH ADDITIONAL COPIES OF THIS	

## 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 Total pages Schedule K:		
FILER NAME	Rebecca Brau	3 ACCOUNT # (Ethics Co	mmission Filers)		
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	1			
	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				
	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				
	Purpose for which amount is received	·	·		
	Furpose for which amount is received				

	<u></u>					
The Instru	uction Guide	e explains how to	complete this form	n.	1 Total pages Sci	nedule T:
FILER NAME	<del></del> Zebec	La Bra	<u>.</u>		3 ACCOUNT# (E	thics Commission Filers)
Name of Contributor /			ion / Pledgor / Payed			-
Contribution / Expend	fiture reporter	d on:				
Sch	hedule A	Schedule B	Schedule C	Schedule	D Sched	ule F Schedule G
Sch	hedule H	Schedule N	COH-UC	сон-т	PAC-0	
Dates of Iravel	7 Name o	of person(s) travelin-	 g			
·	8 Departu	ure city or name of d	eparture location			
	9 Destinat	tion city or name of	destination location		<del></del>	<u></u>
Means of transportate	ion	11 Purpose of tra	vel (including name o	of conference, se	eminar, or other eve	ent)
Name of Contributor / (	Corporation c	Dr Labor Organization	n / Pledgor / Payec			
Contribution / Expendit	ure reported	on:				
Sct	hedule A	Schedule B	Schedule C	Schedule	D Sched	ule F Schedule G
Sch	hedule H	Schedule N	Сон-ос	сон-т	PAC-	D PAC-E
Dates of travel	Name of p	person(s) traveling				
	Departure	city or name of dep	arture location	-		
	Destinatio	n city or name of de	stination location			
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Means of transportation	า	Purpose of trave	l (including name of	conference, sem	inar, o <b>r other even</b> t	)
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	ture reported	on:		•		
Contribution / Expendit	ture reported	on: Schedule B	Schedule C	Schedule	D Sched	ule F Schedule G
Contribution / Expendit	•		Schedule C	Schedule	D Sched	
Contribution / Expendit	hedule A	Schedule B				
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