# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

			OOVERO	
The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages fi	ted:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MB FIRST  JUSON  NICKNAME LAST  Denny	MI R SUFFIX	OFFICI Date Received	E USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX: APT/SUITE#; CITY.  PO BOX 150852  Postin TX 78715	STATE; ZIP CODE	Date Hand-delivered	or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 767 8694	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MBS/MR FIRST Stephanie NICKNAME LAST	MI C SUFFIX	Date Imaged	2014 OC.
7 CAMPAIGN TREASURER ADDRESS (residence or business)	Denny  Street ADDRESS (NO PO BOX PLEASE); APT/SUITE#;  11717 Johnny Weismulle- Anstri Tx 78748	CITY; STATE;	ZIP CODE	RECEIVED
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 512 ) 698 - 2344	EXTENSION		28
9 REPORT TYPE	January 15 30th day before election  July 15 V 8th day before election	Runoff  Exceeded \$500 limit	15th day after treasurer approximately (officeholder online) Final report (A	pointment
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year / 14	
11 ELECTION	Month Day Year ELECTION TYPE    1	Runoff 🔽	General	Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  Austria City		district 5
	GO TO PA	GE 2		

## **CANDIDATE / OFFICEHOLDER REPORT:** SUPPORT & TOTALS

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	Jason C	lenny	5 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 I 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	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 2 1/5				
EXPENDITURE TOTALS	3. TOTAL F				
	4. TOTAL	\$ 2114.29			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	\$ <b>4</b> 32.89		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* 1575		
A Not	THOMAS A. GRAUZ ary Public, State of My Commission Exp November 19, 20	is true and correct and includes all me under Title 15, Election Code.  Texos ires	perjury, that the accompanying report information required to be reported by didate or Officeholder		
AFFIX NOTARY STAN		1	(		
		me, by the said	ny hand and seal of office.		
Signature of officer adm	1- Dyn inistering outh	Printed name of officer administering oath	notery public  Title of officer administering oath		
	,				

P.O. Box 12070

## SCHEDULE A

	<u></u>		•		
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 5
2	FILER NAME	Denny for District s	5	3 ACCOUNT# (E	thics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#			8 In-kind contribution
	a ()	Debhir Denny		contribution (\$)	description (if applicable)
	7/30/14	Debbic Denny 6 Contributor address; City: State; Zip Code 70 2 Jefferson St		25.00	<b> </b> 
		Bristop Tx 78602		(If travel outside	] of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See		·
		Sales Director	Dastrop	Countive Aso	ncy
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/0/14	Contributor address; City; State; Zip Code 2506 Driemer Cove		200.00	
		Austin Tr 78747			<u> </u>
_	Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		Vet Ryp	VHA	motradiona)	
	Date	Full name of contributor   out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1	0/1/14	Contributor address; City; State; Zip Code		20.00	 
		Lennder, Tx 78641		(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		
			(xue-al	Land Office	
	Date	Full name of contributor out-of-state PAC(ID#: )e ff Willifo-A		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/1/14	Contributor address; City; State; Zip Code		20.00	
		Round Ruck, Tx 78665		<b></b>	
	Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		bournment	state of		
	Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
		Pan Meeley		contribution (\$)	description (if applicable)
	10/1/14	Contributor address; City; State; Zip Code		20.00	 
		Pfluge-ville, Tx 78660		/If travel autaids	of Toyng, gamelate Cabadala Ti
	Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	of Texas, complete Schedule T)
		Accounting		Land africe	

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A

		_		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:		
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)	
	Danny L. Wit + C			
	Denny for District 5  5 Full name of contributorout-of-state PAC(ID#_			
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
	Jennife- Henry 6 Contributor address: City: State: Zip Code 2714 Cavilce- Are		contribution (\$)	description (if applicable)
10/1/14	,			1
1///	6 Contributor address; City; State; Zip Code		20.00	1
	2714 Cavilee - Hac			<u> </u>
	Austin to 78757			
	·		·	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	· · · · · · · · · · · · · · · · · · ·	
	Budget Director	Gene-al	and Office	
Date	Full name of contributor		Amount of	In-kind contribution
	Davida Stike		contribution (\$)	description (if applicable)
				1
10/1/14	Contributor address; City, State; Zip Code		20.00	I
7.114	18022 Dewy-ape Da		20.00	
	l 6.		,	1
	Atlingerville, Tx 78660		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation,/ Job title (See Instructions)	Employer (See I	nstructions)	
	Reti-ca	Retired		
Date	Full name of contributor out-of-state PAC(ID#	)	Amount of	In-kind contribution
	Steven Gonzales		contribution (\$)	description (if applicable)
.,	l			1
10/1/14	Contributor address; City; State; Zip Code			I
1777	5300 Spilon Cove		10.00	
	. '			I
	Austa Tx 78749		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	•
	Real Estate	5/4		
Date	Full name of contributor out-of-state PAC (ID#:	,	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
16/	Hngela Buitshui Contributor address; City; State; Zip Code			1
10/1/14	Contributor address; City; State; Zip Code		<b>.</b>	!
·	12704 Silver Curch Drive		20.00	1
	Austin Tx 78727	·	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
	No-heting Mynage-	General	Land Office	
Date	Full name of contributor   out-of-state PAC (ID#:_		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
101.1.	Brian Fisiter			1
10/1/14	Contributor address; City; State; Zip Code			1
'/':	Contributor address; City; State; Zip Code		10.00	
	11 7 22212			Ī
	Aug. Tx 79748		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Scfet	ly and Risk Mant	Guerral	Land a	Stice

#### 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)		
	Denny for District 5					
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
10/6/14	Dekeexas Pierce 6 Contributor address; City; State; Zip Code 14917 Alpha Culhin Dr		75.00	 		
	Austri Tx 78728		(If travel outside	I of Texas, complete Schedule T)		
	pation / Job title (See Instructions) ปัญหารับ	10 Employer (See I	•			
Date	Full name of contributor out-of-state PAC(ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/6/14	Jane Su-osdy Contributor address; City; State; Zip Code 13505 Lamplisht Villige Ave		100.00			
	Awtin, Tx 78727	•	(If travel outside	of Toyas, complete Schodule T)		
Principal occup	pation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)				
	Director	State of Te	pas			
Date	Full name of contributor 🔲 out-of-state PAC (ID#_  Shayac Wooda-d	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/6/14	Contributor address; City, State; Zip Code 408 W 14 <sup>TM</sup> Street		100-00			
	Awtin Tx 78701		(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)		Employer (See Instructions)			
Date	Full name of contributor  out-of-state PAC (ID#:_	1	.Amount of	In-kind contribution		
			contribution (\$)	description (if applicable)		
10/6/14	Carel Denny Contributor address; City; State; Zip Code 3037 Quall Hollow		200.00	 		
	Corpus Christi Tr 79714			 of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	•	C		
		(840a) Cr	wisti Medical			
Date	Full name of contributor out-of-state PAC (ID#_  David Loff	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/8/14	Contributor address; City; State; Zip Code \$201 Denali Parkway #3		200.00	]		
	Austin to 78726		(If travel outside	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
	Contractor	Lott Brita	ery Construction	en .		

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### 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)
	Denny for District 5  5 Full name of contributorout-of-state PAC(ID#_			
4 Date	5 Full name of contributor Out-of-state PAC(ID#	1	7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
10/8/14	Finish Momental		_	
. / / /	Philip Noughton  6 Contributor address; City; State; Zip Code  9312 Light wood Loop		250.00	
	Awt: Tx 78748		(If travel nutside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		or rexas, complete ochedate 1)
	Ergince-	Applical A	Anterials .	
Date	Full name of contributor		Amount of	In-kind contribution
	CHARLES Willace		contribution (\$)	description (if applicable)
10/11/14	CHARLES Wallace  Contributor address; City; State; Zip Code  SZP5 SUMPER WOOD		360 00	
. / // /	8205 SUMPERWOOD		350.00	
	AUSTIN, TEXAS 78759			
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	John Robinson		contribution (\$)	description (if applicable)
10/14/14	Contributor address; City; State; Zip Code		0.6/1.40	1
' '/''	4900 Howard Lane		300.00	
	''			
	Austin Tx 78766		•	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	· .	
	Magging Partner		Litz Eine	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/.11	Contributor address; City; State; Zip Code		, ,	
10/16/14	Contributor address; City; State; Zip Code		50.00	
	28/1 Goldbridge Pr		J	
	Auti Tx 78745		(If travel outside .	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or rexas, complete Scriedule 1)
	Ritrad	Retiried		,
Date	Full name of contributor put-of-state PAC (ID#:	)	Amount of	In-kind contribution
_	Enrique Alvanz		contribution (\$)	description (if applicable)
10/16/14	Contributor address; City; State; Zip Code		50.00	
1 / / / /	3012 Ruchelle Dr		30.00	1
	Austin Tx 78748		·	· 
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
	Monty	Hazs (041	7	

#### 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)	
r.	cany for District 5  5 Full name of contributor cut-of-state PAC(ID#			
4 Date	5 Full name of contributor out-of-state PAC(ID#:	)	7 Amount of	8 In-kind contribution
100 / 1	Con Walkingfood		contribution (\$)	description (if applicable)
10/21/14	6 Contributor address; City; State; Zip Code 6307 Moncolog Bend		50.00	
	Austin, Tx 78759		(If travel outside	 of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I		
Menon	x -	Gene-al L	and Office	<del></del>
Date	Full name of contributor 🔲 out-of-state PAC (ID#_		Amount of	In-kind contribution
	Glanda Homonous		contribution (\$)	description (if applicable)
10/22/14	Glanda Hammons  Contributor address: City; State; Zip Code  6617 Bant Tanil		25.00	 
	Corpus Christi 78413			]
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
, moparosca,	Petrol	Retired	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#:		Amount of	In-kind contribution
	Contributor address; City: State; Zip Code		contribution (\$)	description (if applicable)          of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	  -     of Texas, complete Schedule T)
Principal occup	pation / 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)
	Contributor address; City, State; Zip Code		(If travel outside	     of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		· · · · · · · · · · · · · · · · · · ·
	<u></u>			

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

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pa	ges Schedule E:
2 FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)
<u> </u>	Juny for District s			
TOTA	L OF UNITEMIZED LOANS:	<del>+</del> + + + + + + + + + + + + + + + + + +	⇒	\$
5 Date of loan	7 Name of lender [	out-of-state PAC (ID#:	>	9 Loan Amount (\$)
10/1/14	Jason Denny			175.00
6 Is lender a financial Institution?	8 Lender address; City; State; 11717 Johnny Weizmullen	= -		10 Interest rate
y Ø	Austin Tx 78748			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		<u> </u>
(wton	- Service Rep	burnal Line of	tai	
14 Description of Coll		15 Check if personal funds were	e deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zíp Code		
20 Principal Occupati	on (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;	Žip Code		Interest rate
Y N	·			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	deposited	into political account
none none			·	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupat	on (See Instructions)	Employer (See Instructions)		
if lend	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEE		quirements.

## **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

·			, <u>, , , , , , , , , , , , , , , , , , </u>
·	EXPENDITURE CATEGORIE	S EOD BOY 8/a)	
Advertising Expense			
Accounting/Banking	,	–	an Repayment/Reimbursement
Consulting Expense	•		ansportation Equipment & Related Expense
	Food/Beverage Expense Travel In Distri	υ.	ontributions/Donations Made By
Event Expense	Polling Expense Travel Out Of 1	<u>-</u>	Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhea	d/Rental Expense O	THER (enter a category not listed above)
•	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F:	2 FUED NAME	-	<b>3</b> .000
' -	2 FILER NAME	. •	3 ACCOUNT # (Ethics Commission Filers)
2	Denny for V	istrict 5	
4 Date	5 Payee name		
Glant.	-		
9/27/14	7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City: State: Zip Code		
	, , , , , , , , , , , , , , , , , , , ,		
10.00			
· '			•
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (It)	ravel outside of Texas, complete Schedule T)
OF OF	(-) Caragory (can anogorica notes at the top of this series and	1	
EXPENDITURE	Donation	1-341	t punchase
	g) ( 14 / 104	Check if Aust	in, TX, officeholder living expense
	0 10 1000		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Javan Denny	Andring Cot 100	racil - District S
		11 6111 (1/3 (2)	, 143/ S
Date ,	Payee name		
9/30/14	United Heatinge Credit U		
		4 (01)	
Amount (\$)	Payee address; City; State; Zip Code		
6.00	6400 Manchuca Rd		
6.00			
i	Austin Tr 78745		
PURPOSE	Category (See categories listed at the top of this schedule)	Description //fr	ravel outside of Texas, complete Schedule T)
OF	Category (occording to the area and the area		raver outside of rexast complete schedule 1)
EXPENDITURE	Barting Expense	fees	
EX. ENDITORE	ואורוען צון פייניון	Check if Aust	in, TX, officeholder living expense
Campleto ONLY is discort	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	•	Onice sought	Office field
expenditure to beliefit C/O	Josep Orny	Austin City Con	cit - District 5
_			
Date	Payee name		
10/2/14	Matt LeHelle .=		
	7 111 11 11 11 11		·
Amount (\$)	Payee address; City: State; Zip Code		
11000	4424 Gaines Bunch Loop #230		
1/12-19	h	•	
2	Austri Tx 78735		
	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
PURPOSE			
OF	Consulting Experie		paigh right
EXPENDITURE	Consulting Expense	Check if Aust	lin, TX, afficeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	m f .		
expenditure to benefit 676	H Jusy Berry	Autra City Con	ci/ - District 5
Date			
	Payee name		
10/15/14	Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		
Allouit (\$)	Payee address, City, State, Zip Code		
200 00	4474 Gownes Ruch bog # 230		
300.00	And to real		
300.00	Austa 7x 78735		
	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
PURPOSE	Pasta 12 78735	_	
PURPOSE OF	Category (See categories listed at the top of this schedule)	(04/20)	ish Ngat
PURPOSE	Category (See categories listed at the top of this schedule)	(04/20)	
PURPOSE OF EXPENDITURE	Pasta 12 78735	(04/20)	ish Ngat
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See categories listed at the top of this schedule)  (Insulfing Exercse  Candidate / Officeholder name	Check if Ausi	in, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  (Insulfing Exercse  Candidate / Officeholder name	Check if Ausi	in, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See categories listed at the top of this schedule)  (Insulting Exerce  Candidate / Office holder name	Check if Ausi	in, TX, officeholder living expense Office held

## **POLITICAL EXPENDITURES**

## SCHEDULE F

· · · · · · · · · · · · · · · · · · ·			
	EXPENDITURE CATEGORIES	EOR BOY 8/e)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Control Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Office Overhead/Food/Fundra Services Office Overhead/Food/Fundra Services Solicitation/Fundra Services Service	ontract Labor L ising Expense T C trict	oan Repayment/Reimbursement ransportation 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.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	Denny for District	<del>-</del> -	
4 Date 10/2//14	Denny for District  5 Payee name  Austin (offen  7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code 10400 104566464 p.A.		
686.10	Austin Tx 78748	т .	· <u>-</u> · <u> </u>
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	1	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Pointing Expense		and Lift nh~c stin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		in City Council	
Date	Payee name	·	
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF	Category (See calegories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
EXPENDITURE		☐ Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If	(travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	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)		f travel outside of Texas, complete Schedule T) stin, TX, officeholder living expense
	<u> </u>		
Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED