# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

CAMPAIGI	N FINANCE	KEPORT			COVER 3	nce i Po	<i>э</i> I
The C/OH Instruction	Guide explains how to o	complete this form	1 ACCOUN (Ethics Comm		2 Total pages file	ed: 12.	
3 CANDIDATE /	MS/MRS/MR	FIRST		МІ	OFFICE	USEONL	Υ.
OFFICEHOLDER NAME	Ms. NICKNAME Melissa	Melissa LAST Zone		A	Date Received	2014 OCT	AUST
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX: APT P.O. Box 10773		rry; state; Austin TX	78766	Date Hand-delivered	27	RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE		ONE NUMBER 67-4098	EXTENSK		Receipt # Date Processed	Amount	LERK
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr. NICKNAME	Brandon LAST Somers		E suffix	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BO)		re#; city; <b>Manor</b>	STATE; TX	ZIP CODE 78653	•	
8 CAMPAIGN TREASURER PHONE		DNE NUMBER 103-6664	EXTENSIO	ON .			
9 REPORT TYPE	January 15	30th day before election			15th day after treasurer appropriate (officeholder only) Final report (At	ointment	)
10 PERIOD COVERED	Month Day Year 09 / 26 / 20	TUDOU	Mont GH 10	h Day	Year 2014		
11 ELECTION	Month ELECTION DATE Day Yea	Primary	Runoff	X	General	Special	
12 OFFICE	OFFICE HELD (if any)			in City Co	ouncil District	7	
		GO TO	PAGE 2				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME Meli	ssa Zone		15 ACCOUNT# (E	thics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE  COMMITTEE NAME  GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		)	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 2,605.00				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0		MIZED \$0.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,13	30.27	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 7,43	31.75	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 0.00		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Canadidate or Office notice?					
	scribed before	me, by the said <u><b>Melissa Zoka</b></u> , 20 <u>1</u> , to certify which, witness			
Grature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Sch	1 Total pages Schedule A:		
2 FILER NAME	2 FILER NAME Melissa Zone			thics Commission Filers)	
				<del></del>	
4 Date	5 Full name of contributor □out-of-state PAC(ID#:_ Linda Vela	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9/28/2014	6 Contributor address; City; State; Zip Code		<u> </u>  -		
	8902 Catkin Meadow San Antonio, T	X 78245	\$25.00	]	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup Project M	nation / Job title (See Instructions)	10 Employer (See I Parsons B	nstructions) Brinckerhoff		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/29/2014	Contributor address; City; State; Zip Code		\$25.00		
	1305 Richcreek Rd. Austin, TX 78	3757	<i>m</i>		
Orinoi!	potion / Joh title /Coe Instructions	FIs:: (0 )		of Texas, complete Schedule T)	
Graphic I	pation / Job title (See Instructions) Designer	Employer (See I Southern C	combustion C	reative	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/30/2014	Contributor address; City; State; Zip Code		\$50.00	1	
	7511 St. Cecilia St Austin, TX 78757		•		
			(If travel outside	of Texas, complete Schedule T)	
	pation / Job title (See Instructions) rvices Manager	Employer (See I State of T	nstructions) <b>EXAS</b>		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/1/2014	Contributor address; City; State; Zip Code		\$20.00		
	,		(If travel outside	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Christopher Doney		CONTRIBUTION (D)	Cosciliption (ii applicable)	
40/4/0044	Contributor address: City; State; Zip Code  54 Bay Spring Place Palm Coast, FL 32137				
10/1/2014			\$50.00	<u> </u>	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE	AS NEEDED		

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#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	1 Total pages Schedule A: 7	
2 FILER NAME	<del>-</del>		3 ACCOUNT # (E	Ethics Commission Filers)	
	Melissa Zone				
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
	Steven Walden		contribution (\$)	description (if applicable)	
10/4/2014	6 Contributor address; City; State; Zip Code		\$50.00		
10/4/2014	13130 Bayfield Dr Austin, TX 78	3727			
	-		/If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		or rexad, complete concade 77	
Water R	esource Consulting	Sole Prop			
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution	
	Craig Casaday		contribution (\$)	description (if applicable)	
10/5/2014	Contributor address; City; State; Zip Code		\$25.00		
	7821 El Dorado Drive Austin, TX	78737			
	rez r Er Borado Brito Adolini, rx	, 0, 0,	(If travel outside	 of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See		or rexes, complete defledule 1)	
Police O	fficer	Austin PD			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution description (if applicable)	
	Cynthia Keohane		contribution (\$)	description (ii applicable)	
10/5/2014	Contributor address; City; State; Zip Code		\$25.00		
<u>.</u>	5702 Wynona Ave Austin, TX 7875	6	(If travel outside	of Texas, complete Schedule T)	
Principal occup	oation / Job title (See Instructions) Software Tester	Employer (See Veterans Aff	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution	
	Anne Rowland			description (if applicable)	
10/5/2014	Contributor address; City; State; Zip Code		\$40.00		
10/3/2014	12337 Havelock Dr Austin, TX 787	759			
Dringing on a	action ( Joh title (Con Joseph eticae)	Employer (See		of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See			instructions)		
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Norm Plonski		contribution (\$)	description (if applicable)	
10/6/2014	Contributor address; City; State; Zip Code  1261 W 58th ST Cleveland, OH 44102			1	
10/0/2014			\$100.00		
	1201 W Join Of Cleveland, Off 44	eveland, OH 44102			
Dylanias! ser	cation / Joh title (See Jests officer)	Earline (O.		of Texas, complete Schedule T)	
Retired	pation / Job title (See Instructions)	Employer (See I	iristructions)		
	<del>.</del>			····	

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Sch	edule A:		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
r	Melissa Zone				
4 Date	5 Full name of contributorout-of-state PAC (ID#:	١	7 Amount of	8 In-kind contribution	
			contribution (\$)	description (if applicable)	
40/7/0044	Elizabeth Heaston		•	! 	
10/7/2014	6 Contributor address; City; State; Zip Code		\$20.00	 	
	11206 Knollnork Dr. Austin TV 70	757			
	11806 Knollpark Dr. Austin, TX 78	101		( T (-+- O-b+-)- T)	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	L	of Texas, complete Schedule T)	
a rimcipal occup	ation / 300 title (3ee mstactions)	10 Employer (See	ristructions)		
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution	
54.5	<del></del> · =		contribution (\$)	description (if applicable)	
	Helen Young			1	
10/7/2014	Contributor address; City; State; Zip Code		\$50.00		
	5700 Shoalwood Austin, TX 7875	6	·	,	
Principal occur	pation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Schedule T)		
Retired	ation 7 300 title (300 mandenons)	Employer (See )	ployer (See Instructions)		
Date	Full name of contributor	1	Amount of	In-kind contribution	
	Anne-Marie Thomas		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code			1	
10/9/2014	Contributor address, City, State, Zip Code		\$25.00	1	
	1803 Richcreek Rd Austin, TX 78	757		1	
	·		(If travel outside	of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See	-	,	
Professo	r	Aı	Austin Community College		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Jonathan Wolfe		contribution (\$)	description (if applicable)	
10/0/2014	Contributor address; City; State; Zip Code				
10/9/2014	Contribution and addition, Chiff, Calley, Especial		\$100.00		
	12100 Scribe Drive Austin, TX 78	759		1	
			(if travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See			
Date	Full name of contributor Uput-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Stephen Speir		contribution (\$)	description (if applicable)	
10/0/2014	Contributor address; City; State; Zip Code				
10/9/2014	· · · · ·		\$200.00		
	1225 Corona Dr Austin, TX 78723				
			(if travel outside	of Texas, complete Schedule T)	
Principal occup  Editor	pation / Job title (See Instructions)	Employer (See Self Employ	Instructions)		
Euitoi		Sell citibio	y <del>c</del> u		

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Schedule A:		
2 FILER NAME		<del></del> <del></del>	3 ACCOUNT # (E	thics Commission Filers)
[	Melissa Zone			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	Rick Zone		contribution (\$)	description (if applicable)
10/14/2014	6 Contributor address; City: State; Zip Code		\$50.00	 
	16963 Webster Rd. Middleburg H	lts., OH 44130	/IF traval autolia	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	<u> </u>	of Texas, complete Schedule T)
Retire	,	To Employer (See	matructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	David Dixon		contribution (\$)	description (if applicable)
10/14/2014	Contributor address; City; State; Zip Code		<b>605.00</b>	[
10/14/2014	1410 Brentwood st Austin, TX 79	757	\$25.00	
	1410 Brontwood at Adatin, TX 73	, 01		
Principal occur	pation / Job title (See Instructions)	Employer (See	<del></del>	of Texas, complete Schedule T)
- melpar occup	various, 200 title (See instructions)	Employer (See	misaucaons)	
Date	Full name of contributor		Amount of	In-kind contribution
	Douglas Mink		contribution (\$)	description (if applicable)
10/15/2014	Contributor address; City; State; Zip Code		0400.00	1
10/15/2014	4206 Balcones Drive Austin, TX 78731		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	5
Cons		Self	,	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	Marilyn Whitlock		contribution (\$)	description (if applicable)
10/15/2014	Contributor address; City; State; Zip Code		\$50.00	
10/15/2014	6806 Shoal Creek Blvd. Austin,	TX 78757	433,33	<u> </u>
		- · - · <del>-</del> ·	(If traval outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or rokas, complete schedule 1)
				<u></u>
Date	Full name of contributor	)	Amount of	In-kind contribution
	Joe Whitlock		contribution (\$)	description (if applicable)
10/15/2014	Contributor address; City; State; Zip Code		\$50.00	
	6806 Shoal Creek Blvd. Austin, TX	78757		
•	5000 Gildai Gleek Divu. Austili, TX	10101	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	-	
	<del></del>	<u> </u>		<u> </u>

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#### SCHEDULE A

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A: 7		
2 FILER NAME	Melissa Zone		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor		7 Amount of	8 In-kind contribution	
- Date	William Reagan II		contribution (\$)	description (if applicable)	
				· 1	
10/16/2014	6 Contributor address; City; State; Zip Code		\$350.00		
	4100 McBrine Pl Austin, TX 78746		(If travel outside	of Texas, complete Schedule T)	
9 Principal occur	ation / Job title (See Instructions)	IO Employer (See Ir	•		
Advertisin		RNA			
Date	Full name of contributor	)	Amount of	In-kind contribution	
			contribution (\$)	description (if applicable)	
	Lucy Reagan			l 1	
40400000	Contributor address; City; State; Zip Code		\$350.00		
10/16/2014	4100 McBrine DI Austin TV 70746				
	4100 McBrine Pl Austin, TX 78746				
				of Texas, complete Schedule T)	
Principal occup Homemak	ation / Job title (See Instructions)	Employer (See Ir	nstructions)		
Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of	In-kind contribution	
	Sterling King		contribution (\$)	description (if applicable)	
				1	
10/16/2014	Contributor address; City; State; Zip Code		\$100.00	1	
	4000 M. O 4		\$100.00		
	1808 Kerr Street Austin, TX 78704				
			<del></del>	of Texas, complete Schedule T)	
Principal occup Retire	ation / Job title (See Instructions)	Employer (See Ir	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Donna Gonyon		contribution (\$)	description (if applicable)	
				! 	
10/16/2014	Contributor address; City; State; Zip Code		\$75.00	1	
	1273 W. 70th St. Cleveland, OH 441	02	Ţ. J. J		
	1215 VV. 10til Gt. Olevelatiu, Oli 44 I	UZ			
no.		<b>P</b>		of Texas, complete Schedule T)	
Principal occup <b>Retir</b> e	ation / Job title (See Instructions)	Employer (See Ir	nstructions)		
Data	Full name of contributor	. ]	Amount of	In kind contribution	
Date	,	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Deborah Hawley		.,,	1	
10/18/2014	Contributor address; City; State; Zip Code		\$100.00		
:	1713 Dapplegrey Lane Austin, TX 78	8727	+ · · - •		
	bapping by Land Adden, 170 A	J. 2.			
			(if travel outside	of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)  Retired	Employer (See In	nstructions)		
	<del>_</del>			<del> </del>	
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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:		
	monatorior ocide explains now to complate this		7	7	
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)	
	Melissa Zone				
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution	
	Joyce Deep		contribution (\$)	description (if applicable)	
10/19/2014	6 Contributor address; City; State; Zip Code		\$100.00	 	
	8360 Ridpath Dr. Los Angeles, CA 9	90046		! 	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup Strategic (	pation / Job title (See Instructions) Communications Consultant	10 Employer (See Self	Instructions)		
Date	Full name of contributor out-of-state PAC (#D#:	)	Amount of	In-kind contribution	
	Laura Cruzada		contribution (\$)	description (if applicable)	
40/00/004	Contributor address; City; State; Zip Code				
10/23/2014			\$50.00	· 	
	7802 Mullen Dr Austin, TX 78757			' 	
			(If travel outside	I 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#:	)	Amount of	In-kind contribution	
	William Glass		contribution (\$)	description (if applicable)	
10/23/2014	Contributor address; City; State; Zip Code		\$50.00	į	
	1701 Pheasant Roost Austin, TX 7	8758			
	TOTAL TOUGHT (NOOSE / MOBILIT, 17/7)	0.00	(If traval outside	of Texas, complete Schedule T)	
Principal occur	Dation / Job title (See Instructions)	Employer (See		or rexas, complete scriedule 1)	
	ales	Oslín	-,		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	William Gordon		contribution (\$)	description (if applicable)	
10/23/2014	Contributor address; City; State; Zip Code		\$25.00	I	
10/23/2014	6103 Cary Drive Austin, TX 78757				
	0100 Gary Drive Austin, 17 70707		ne		
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
	ate Appraiser	Self			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	Mia Dia		contribution (\$)	description (if applicable)	
10/23/2014	Contributor address; City; State; Zip Code		050.00	I	
	2202 W North Loop Blud 222 Aug	tin TV 70756	\$50.00	1	
	2202 W North Loop Blvd 332 Aus	uii, IA /0/00		I	
		T		of Texas, complete Schedule T)	
	Principal occupation / Job title (See Instructions)  Employer (See			•	
Engine	er	Kleinfelde	:I		
I					

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Schedule A:			
2 FILER NAME	Melissa Zone		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor DayLofstate PAC/ID#		7 Amount of	a la kind contribution	
→ Date			contribution (\$)	8 In-kind contribution description (if applicable)	
	Beverly Ludwig		(4)	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10/24/2014	6 Contributor address; City; State; Zip Code		\$25.00		
	760 Bentwater Circle #101 Naples,	, FL 34108			
	·		(If travel outside	of Texas, complete Schedule T)	
9 Principal occur	ation / Job title (See Instructions)	10 Employer (See I	<u></u>	or reads, complete condesic ry	
Retired	anon / bob tine (dee matricitoris)	10 Employer (See )	i isu ucuoris)		
Retired					
Date	Full name of contributor	)	Amount of	In-kind contribution	
	Kathy Hanson Correa		contribution (\$)	description (if applicable)	
				i f	
10/24/2014	Contributor address; City; State; Zip Code	_	\$25.00		
	7809 Gault Street Austin, TX 78757	(			
				of Texas, complete Schedule T)	
	ation / Job title (See Instructions)	Employer (See I			
Business	Analyst	Rudd and	Wisdom Soft	ware	
Date	Full name of contributor		Amount of	In-kind contribution	
	Kenneth Lanci		contribution (\$)	description (if applicable)	
				i l	
10/25/2014	Contributor address; City; State; Zip Code 8572 Mandell Drive Macedonia, OH 44056		\$100.00	!	
			<b>V.00.00</b>	l	
			<del></del>	of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	Linda Lanci		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code			1	
10/25/2014	•	1 44056	\$100.00	1	
	8572 Mandell Drive Macedonia, OF	1 44030		!	
				<u> </u>	
Principal occur	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
i iliicipai occop	and the toee manualities	Employer (bee )	nau dedona)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Gail Natale		Continuation (#)	description (ii applicable)	
10/0E/0044	Contributor address; City; State; Zip Code		1		
10/25/2014	1422 S. Roosevelt St Tempe, AZ 85281		\$25.00	1	
				1	
			(If traval autoida	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I		or revest complete schedule 1)	
Retired	,				

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# **POLITICAL EXPENDITURES**

P.O. Box 12070

# SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)  Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement  Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F:	2 FILER NAME Melissa Zone	<del></del>	3 ACCOUNT # (Ethics Commission Filers)					
4 Date 9/26/2014	5 Payee name Wells Fargo							
6 Amount (\$)	6 Amount (\$) 7 Payee address; City; State; Zip Code							
\$12.00	400 W 15th St Austin, TX 78701							
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Fees	(b) Description (if the Bank Fees	ravel outside of Texas, complete Schedule T)					
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held					
Date 9/26/2014	Payee name Wells Fargo							
Amount (\$)	Payee address; City; State; Zip Code							
\$19.20	400 W 15th St Austin, TX 78701							
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Fees	Description (If the Cash Bank	ravel outside of Texas, complete Schedule T)  < Fees					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held					
Date	Payee name							
10/8/2014	Allandale Neighborhood Association	1						
Amount (\$)	Payee address; City; State; Zip Code							
\$225.00	P.O. Box 10886 Austin, TX 78766							
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)					
OF EXPENDITURE	Advertising Expense							
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held					
Date 10/22/2014	Payee name Taylor Collective Solutions							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,000.00	1524 South IH-35, Suite 200 Austin,	TX 78704						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If t	ravel outside of Texas, complete Schedule T)					
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EEDED					

# **POLITICAL EXPENDITURES**

P.O. Box 12070

# SCHEDULE F

Tree instruction Guide explains how to complete this form.  Total pages Schedule F 2 FILER NAME Melissa Zone  Date 10/23/2014 Figure annie Rindy & Associates  Amount (5) 7 Payee address: City: State: Zip Code  Expenditure to benefit CloH  PURPOSE Consulting Expense  Candidate / Officeholder name  Consulting Expense  Candidate / Officeholder name  Office sought  Office sought  Office sought  Office sought  Office held  Purpose  Consulting Expense  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Purpose  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Office sought  Office sought  Office held  Description (if twel outside of Taxus, complete Schedule 1)  Office held  Office sought  Office sought  Office held  Office held  Office sought  Office held  Office sought  Office held  Office held  Office sought  Office held  Office sought  Office held  Office he	- <u>-</u>	· · · · · · · · · · · · · · · · · · ·		
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Event Expense Printing	Accounting/Banking	Legal Services Solicitation/Fun	draising Expense	Transportation Equipment & Related Expense
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Date	Total pages Schedule F:			3 ACCOUNT # (Ethics Commission Filers
Rindy & Associates	2	Melissa Zone		
Amount (5) 7 Payee address: City: State: Zip Code 2401 E 6th St, #1007 Austin, TX 78702  PURPOSE EXPENDITURE Consulting Expense (a) Category (See categories listed at the top of this schedule) Expenditure to benefit CrOH  Payee name Rindy & Associates Amount (5) Payee address: City: State: Zip Code  \$676.80 2401 E 6th St, #1007 Austin, TX 78702  PURPOSE EXPENDITURE Consulting Expense Office sought Office held  Payee name Rindy & Associates  Amount (5) Payee address: City: State: Zip Code  \$676.80 2401 E 6th St, #1007 Austin, TX 78702  PURPOSE EXPENDITURE Consulting Expense Office sought Office held  Consulting Expense Office sought Office held  Date 10/23/2014 Rindy & Associates  Amount (5) Payee name 10/23/2014 Rindy & Associates  Amount (6) Payee name 10/23/2014 Rindy & Associates  Amount (6) Payee address: City: State: Zip Code  \$5,634.00 2401 E 6th St, #1007 Austin, TX 78702  PURPOSE EXPENDITURE Category (See categories listed at the top of this schedule) PURPOSE Category (See categories listed at the top of this schedule) PURPOSE Category (See categories listed at the top of this schedule) PURPOSE EXPENDITURE Office holder name Office sought Office held  Date Office sought Office held  Payee name Amount (6) Payee address: City: State: Zip Code  Scheduly if direct expenditure to benefit CrOH  Date Office held Office holder name Office sought Office held  Payee name Amount (6) Payee address: City: State: Zip Code  \$63.27 \$555 Hilton Ave Ste 106 Baton Rouge, LA 70808  PURPOSE EXPENDITURE Category (See categories listed at the top of this schedule) POR Expension Amount (6) Payee address: City: State: Zip Code  \$63.27 \$555 Hilton Ave Ste 106 Baton Rouge, LA 70808  PURPOSE EXPENDITURE Category (See categories listed at the top of this schedule) Fees Candiciate / Officeholder name Office sought Office held  Office sought Office held	Date			
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Consulting Expense Walk cards  Complete QNLY if direct expenditure to benefit C/OH  Date Payee name 10/23/2014 Rindy & Associates  Amount (\$) Payee address: City: State: Zip Code  \$5,634.00 2401 E 6th St, #1007 Austin, TX 78702  PURPOSE OF EXPENDITURE Printing Expense Mailer  Complete QNLY if direct expenditure to benefit C/OH  Date Payee address: City: State: Zip Code  Category (See categories listed at the top of this schedule) Printing Expense Mailer  Complete QNLY if direct expenditure to benefit C/OH  Date Payee name Anedot  Amount (\$) Payee address; City: State: Zip Code  \$63.27 5555 Hilton Ave Ste 106 Baton Rouge, LA 70808  PURPOSE Category (See categories listed at the top of this schedule) Pescription (if travel outside of Texas, complete Schedule T) Credit Card Charges  Complete QNLY if direct Candidate / Officeholder name Office sought Office held	PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
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Amount (\$) Payee address: City: State: Zip Code  \$5,634.00	10/23/2017	Dindy & Associates		
\$5,634.00  2401 E 6th St, #1007 Austin, TX 78702  PURPOSE OF Printing Expense  Complete QNLY if direct expenditure to benefit C/OH  Date Payee name 10/25/2014  Amount (\$) Payee address; City; State; Zip Code  \$63.27  Category (See categories listed at the top of this schedule)  Printing Expense  Mailer  Candidate / Office holder name  Office sought  Office hold  Office held  Description (If travel outside of Texas, complete Schedule T)  Mailer  Candidate / Office holder name  Office sought  Office held  Description (If travel outside of Texas, complete Schedule T)  Category (See categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Office holder name  Office sought  Office sought  Office hold	10/23/2014	Rindy & Associates		
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Amount (\$) Payee address; City; State; Zip Code  \$63.27	Date	Payee name		
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PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) OF EXPENDITURE  Complete ONLY if direct  Candidate / Officeholder name  Description (If travel outside of Texas, complete Schedule T) Credit Card Charges  Office held				
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Fees Credit Card Charges  Complete ONLY if direct Candidate / Officeholder name Office sought Office held	PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Complete Otter if direct	OF	Fees	Credit (	Card Charges
	Complete ONLY if direct expenditure to benefit C/		Office sough	ht Office held
		ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS	REEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	NAME	2 ACCOUNT # (Ethics Commission Filers)					
3	SIGNA	ATURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
		Signatu	re of Candidate / Officeholder					
4		R WHO IS NOT AN OFFICEHOLDER oplete A & B below only if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Chec	ck only one:	,					
		I do not have unexpended contributions or unexpended interest or income earned from p	olitical contributions.					
İ	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	В.	ASSETS						
	Chec	ck only one:						
		I do not retain assets purchased with political contributions or interest or other income from	om political contributions.					
		I do retain assets purchased with political contributions or interest or other income from pol I may not convert assets purchased with political contributions or interest or other income fruse. I also understand that I must dispose of assets purchased with political contributions of Election Code, § 254.204.	rom political contributions to personal					
٠,		, ,	Signature of Candidate					
5		CEHOLDER  splete this section <i>only</i> if you are an officeholder ••	`					
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.  I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.							
!			ignature of Officeholder					