

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Melissa	MI A
	NICKNAME Melissa	LAST Zone	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; P.O. Box 10773	APT / SUITE #;	CITY; STATE; ZIP CODE Austin TX 78766
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 567-4098		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Brandon	MI E
	NICKNAME	LAST Somers	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11504 Shadow Creek Dr Manor TX 78653		
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 903-6664		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
	10 PERIOD COVERED Month Day Year THROUGH Month Day Year 09 / 26 / 2014 10 / 25 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2014		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Austin City Council District 7	

GO TO PAGE 2

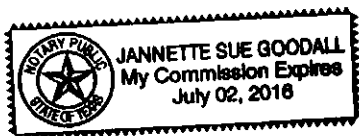
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Melissa Zone **15 ACCOUNT #** (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	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	\$0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,130.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,431.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

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

Melissa Zone
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Zone, this the 27 day of Oct, 20 14, to certify which, witness my hand and seal of office.

Jannette Sue Goodall JANNETTE S. GOODALL Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Vela 6 Contributor address; City; State; Zip Code 8902 Catkin Meadow San Antonio, TX 78245	7 Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Project Manager		10 Employer (See Instructions) Parsons Brinckerhoff	
Date 9/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anne-Charlotte Patterson Contributor address; City; State; Zip Code 1305 Richcreek Rd. Austin, TX 78757	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) Southern Combustion Creative	
Date 9/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lori Henry Contributor address; City; State; Zip Code 7511 St. Cecilia St Austin, TX 78757	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Home Services Manager		Employer (See Instructions) State of Texas	
Date 10/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anonymous Contributor address; City; State; Zip Code	Amount of contribution (\$) \$20.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christopher Doney Contributor address; City; State; Zip Code 54 Bay Spring Place Palm Coast, FL 32137	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/4/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven Walden 6 Contributor address; City; State; Zip Code 13130 Bayfield Dr Austin, TX 78727	7 Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Water Resource Consulting		10 Employer (See Instructions) Sole Proprietor	
Date 10/5/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Craig Casaday Contributor address; City; State; Zip Code 7821 El Dorado Drive Austin, TX 78737	Amount of contribution (\$) \$25.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Austin PD	
Date 10/5/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cynthia Keohane Contributor address; City; State; Zip Code 5702 Wynona Ave Austin, TX 78756	Amount of contribution (\$) \$25.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Software Tester		Employer (See Instructions) Veterans Affairs	
Date 10/5/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anne Rowland Contributor address; City; State; Zip Code 12337 Havelock Dr Austin, TX 78759	Amount of contribution (\$) \$40.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Norm Plonski Contributor address; City; State; Zip Code 1261 W 58th ST Cleveland, OH 44102	Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/7/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth Heaston 6 Contributor address; City; State; Zip Code 11806 Knollpark Dr. Austin, TX 78757	7 Amount of contribution (\$) \$20.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Helen Young Contributor address; City; State; Zip Code 5700 Shoalwood Austin, TX 78756	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anne-Marie Thomas Contributor address; City; State; Zip Code 1803 Richcreek Rd Austin, TX 78757	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Austin Community College	
Date 10/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jonathan Wolfe Contributor address; City; State; Zip Code 12100 Scribe Drive Austin, TX 78759	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephen Speir Contributor address; City; State; Zip Code 1225 Corona Dr Austin, TX 78723	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self Employed	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

7

2 FILER NAME

Melissa Zone

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/14/2014

5 Full name of contributor

Rick Zone

☐ out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

16963 Webster Rd. Middleburg Hts., OH 44130

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

10/14/2014

Full name of contributor

David Dixon

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1410 Brentwood st Austin, TX 79757

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor

Douglas Mink

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

4206 Balcones Drive Austin, TX 78731

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Consulting

Employer (See Instructions)

Self

Date

10/15/2014

Full name of contributor

Marilyn Whitlock

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

6806 Shoal Creek Blvd. Austin, TX 78757

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor

Joe Whitlock

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

6806 Shoal Creek Blvd. Austin, TX 78757

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Reagan II 6 Contributor address; City; State; Zip Code 4100 McBrine Pl Austin, TX 78746	7 Amount of contribution (\$) \$350.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Advertising		10 Employer (See Instructions) RNA	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lucy Reagan Contributor address; City; State; Zip Code 4100 McBrine Pl Austin, TX 78746	Amount of contribution (\$) \$350.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sterling King Contributor address; City; State; Zip Code 1808 Kerr Street Austin, TX 78704	Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donna Gonyon Contributor address; City; State; Zip Code 1273 W. 70th St. Cleveland, OH 44102	Amount of contribution (\$) \$75.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deborah Hawley Contributor address; City; State; Zip Code 1713 Dapplegrey Lane Austin, TX 78727	Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joyce Deep 6 Contributor address; City; State; Zip Code 8360 Ridpath Dr. Los Angeles, CA 90046	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Strategic Communications Consultant		10 Employer (See Instructions) Self	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laura Cruzada Contributor address; City; State; Zip Code 7802 Mullen Dr Austin, TX 78757	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Glass Contributor address; City; State; Zip Code 1701 Pheasant Roost Austin, TX 78758	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Oslin	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Gordon Contributor address; City; State; Zip Code 6103 Cary Drive Austin, TX 78757	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Appraiser		Employer (See Instructions) Self	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mia Dia Contributor address; City; State; Zip Code 2202 W North Loop Blvd 332 Austin, TX 78756	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Kleinfelder	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Beverly Ludwig 6 Contributor address; City; State; Zip Code 760 Bentwater Circle #101 Naples, FL 34108	7 Amount of contribution (\$) \$25.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathy Hanson Correa Contributor address; City; State; Zip Code 7809 Gault Street Austin, TX 78757	Amount of contribution (\$) \$25.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) Rudd and Wisdom Software	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kenneth Lanci Contributor address; City; State; Zip Code 8572 Mandell Drive Macedonia, OH 44056	Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Lanci Contributor address; City; State; Zip Code 8572 Mandell Drive Macedonia, OH 44056	Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gail Natale Contributor address; City; State; Zip Code 1422 S. Roosevelt St Tempe, AZ 85281	Amount of contribution (\$) \$25.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**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		2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/26/2014		5 Payee name Wells Fargo		
6 Amount (\$) \$12.00		7 Payee address; City; State; Zip Code 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 travel outside of Texas, complete Schedule T) Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
Date 9/26/2014		Payee name Wells Fargo		
Amount (\$) \$19.20		Payee address; City; State; Zip Code 400 W 15th St Austin, TX 78701		
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Cash Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
Date 10/8/2014		Payee name Allandale Neighborhood Association		
Amount (\$) \$225.00		Payee address; City; State; Zip Code P.O. Box 10886 Austin, TX 78766		
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
Date 10/22/2014		Payee name Taylor Collective Solutions		
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 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 travel outside of Texas, complete Schedule T) Contract
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES**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	2 FILER NAME Melissa Zone	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/23/2014	5 Payee name Rindy & Associates	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 2401 E 6th St, #1007 Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Media Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 10/23/2014	Payee name Rindy & Associates	
Amount (\$) \$676.80	Payee address; City; State; Zip Code 2401 E 6th St, #1007 Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Walk cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 10/23/2014	Payee name Rindy & Associates	
Amount (\$) \$5,634.00	Payee address; City; State; Zip Code 2401 E 6th St, #1007 Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 10/25/2014	Payee name Anedot	
Amount (\$) \$63.27	Payee address; City; State; Zip Code 5555 Hilton Ave Ste 106 Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Credit Card Charges
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME**2 ACCOUNT # (Ethics Commission Filers)****3 SIGNATURE**

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.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ 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.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER**

** Complete this section only 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.

Signature of Officeholder