

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME Daniel, Katrina (Ms.)

14 ACCOUNT # (Ethics Commission filers)
00000004

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,557.02
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	12,625.40
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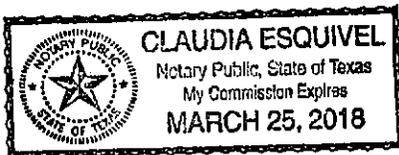
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	19,860.45
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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17 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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Katrina M Daniel, this the 27th day of October, 2014, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Claudia Esquivel
Print name of officer administering oath

Teller Supervisor
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/15 Report: 4/23

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000004

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
09/26/2014 Bollinger, Paul

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)
\$50.00

6 Contributor address; City; State; Zip Code
2609 Lake Shore Drive
Edinburg, TX 78539

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Lawyer

10 Employer (See Instructions)
DHR

Date Full name of contributor out-of-state PAC (ID# _____)
10/23/2014 Burdette, Milo

Amount of contribution (\$) In-kind contribution description (if applicable)
\$350.00

Contributor address; City; State; Zip Code
3009 Gilbert Street
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Shopping Center Owner/Developer

Employer (See Instructions)
Barshop & Oles Company

Date Full name of contributor out-of-state PAC (ID# _____)
10/22/2014 Cain, Randy

Amount of contribution (\$) In-kind contribution description (if applicable)
\$150.00

Contributor address; City; State; Zip Code
PO Box 5352
Austin, TX 78763

(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# _____)
10/23/2014 Carden, Amber Lynn

Amount of contribution (\$) In-kind contribution description (if applicable)
\$100.00

Contributor address; City; State; Zip Code
10807 Sans Souci Pl
Austin, TX 78759

(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# _____)
10/23/2014 Castilla, Jorge

Amount of contribution (\$) In-kind contribution description (if applicable)
\$50.00

Contributor address; City; State; Zip Code
7002 Providence Ave
Austin, TX 78752

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/15 Report: 5/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Castilla, Marco 6 Contributor address; City; State; Zip Code 6908 Meador Ave Austin, TX 78752	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Castilla, Maria Contributor address; City; State; Zip Code 7002 Providence Ave Austin, TX 78752	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coopwood, Tom and Paula (Mr.) Contributor address; City; State; Zip Code 6717 Valburn Dr. Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crane, Marie Contributor address; City; State; Zip Code 1502 Marshall Lane Austin, TX 78703	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) M Crane & Associates Inc	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dawes, Jan Contributor address; City; State; Zip Code 7013 Priscilla Dr Austin, TX 78752	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/15 Report: 6/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deadrick, June 6 Contributor address; City; State; Zip Code 1701 Hermann Drive 28G Houston, TX 77004	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Director of Government Affairs		10 Employer (See Instructions) Center Point Energy	
4 Date 09/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duhon, David 6 Contributor address; City; State; Zip Code 520 Academy Drive Austin, TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dunkelberg, Anne 6 Contributor address; City; State; Zip Code 2606 Little John Ln Austin, TX 78704	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Associate Director		10 Employer (See Instructions) Center for Public Policy Priorities	
4 Date 10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gene, Faith 6 Contributor address; City; State; Zip Code 8106 Chainfire Cv Austin, TX 78729	7 Amount of contribution (\$) \$90.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gosselink, Margaret & Paul 6 Contributor address; City; State; Zip Code 903 W 16th St Austin, TX 78701	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Lloyd Gosselink PC	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/15 Report: 7/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 09/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham, Lawrence Randolph 6 Contributor address; City; State; Zip Code 5909 Bull Creek Rd Austin, TX 78757	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Green, Alexia Contributor address; City; State; Zip Code 5 S Lakeshore Dr Ransom Canyon, TX 79366	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Texas Tech University	
Date 10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Green, Shelton Contributor address; City; State; Zip Code 110 W 55 1/2 St Austin, TX 78751	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, Nancy Contributor address; City; State; Zip Code 606 Amesbury Austin, TX 78752	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heidrick, Catherine Contributor address; City; State; Zip Code 3702 Eastledge Dr Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/15 Report: 8/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heidrick, Chris 6 Contributor address; City; State; Zip Code 3511 Fawn Trail Austin, TX 78746	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Contractor		10 Employer (See Instructions) Self	
Date 10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hield, Melissa (Ms.) Contributor address; City; State; Zip Code 7521 Northcrest Blvd Austin, TX 78752	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Texas Department of Insurance	
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilgers, David Contributor address; City; State; Zip Code 701 Yaupon Valley Dr Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Husch Blackwell.com	
Date 09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, Michael Contributor address; City; State; Zip Code 1704 Pin Oak Lane Round Rock, TX 78681	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, Nancy Contributor address; City; State; Zip Code 1704 Pin Oak Lane Round Rock, TX 78681	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/15 Report: 9/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hine, Jim 6 Contributor address; City; State; Zip Code 568 Ash Juniper Dr New Braunfels, TX 78132	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CEO		10 Employer (See Instructions) Public Policy Solutions	
4 Date 10/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howze, Damon 6 Contributor address; City; State; Zip Code 503 Swanee Drive Apt. 20 Austin, TX 78752	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Cosmetologist		10 Employer (See Instructions) Self Employed	
4 Date 09/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hudson, Lynne 6 Contributor address; City; State; Zip Code 2403 Wildgrove Austin, TX 78704	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kitzman, Eleanor 6 Contributor address; City; State; Zip Code 205 E 85th St. #11 New York, NY 10028	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Insurance Executive		10 Employer (See Instructions) Starr Companies	
4 Date 09/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kuykendall, William 6 Contributor address; City; State; Zip Code 900 Littlefield Building 106 East 6th Street Austin, TX 78701	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/15 Report: 10/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lavigne, Mike 6 Contributor address; City; State; Zip Code 1514 Richcreek Road Austin, TX 78757	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) PR		10 Employer (See Instructions) Mike Lavigne Public Relations	
Date 10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Heather Contributor address; City; State; Zip Code 110 W 55 1/2 St Austin, TX 78751	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Sales	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Levassar, Kari Contributor address; City; State; Zip Code 205 Turf Cove Austin, TX 78748	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Sales	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Levassar, Sam Contributor address; City; State; Zip Code 205 Turf Cove Austin, TX 78748	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Sales	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lightsey, Rebecca Contributor address; City; State; Zip Code 520 Academy Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Appleseed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/15 Report: 11/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 09/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lovoi, Annette M 6 Contributor address; City; State; Zip Code 2810 Townes Ln Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marchbanks, Chrisoper Contributor address; City; State; Zip Code 3909 Gaines Court Austin, TX 78735	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marston, James Contributor address; City; State; Zip Code 2810 Townes Ln Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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# _____) Mata, Orlando Contributor address; City; State; Zip Code 1301 S IH 35 #304 Austin, TX 78741	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney at Law		Employer (See Instructions)	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murat, Bunyamin Contributor address; City; State; Zip Code 302 Bob Bullock Loop Apt 10206 Laredo, TX 78043	Amount of contribution (\$) \$80.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/15 Report: 12/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nelson, James 6 Contributor address; City; State; Zip Code 3105 Kerbey Ln Austin, TX 78703	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) OConnor, Edward 6 Contributor address; City; State; Zip Code 830 W 3rd St., Ste 2303 Austin, TX 78701	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Constultant		10 Employer (See Instructions) Open HIT Group	
4 Date 10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oksuz, Muammer 6 Contributor address; City; State; Zip Code 1008 Oatmeal Dr Pflugerville, TX 78660	7 Amount of contribution (\$) \$80.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oles, Charles 6 Contributor address; City; State; Zip Code 2109 Rockmoor Austin, TX 78703	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Barshop & Oles	
4 Date 10/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Praytor, Patricia 6 Contributor address; City; State; Zip Code 616 Riders Trl Austin, TX 78733	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)*	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/15 Report: 13/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raley, John 6 Contributor address; City; State; Zip Code 1 Stayton Circle Houston, TX 77024	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Raley & Bowick, LLP	
Date 10/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramirez, Jill Contributor address; City; State; Zip Code 5309 Presidio Rd Austin, TX 78745	Amount of contribution (\$) \$150.00	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# _____) Ramirez, Jill Contributor address; City; State; Zip Code 5309 Presidio Rd Austin, TX 78745	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Health Programs Consultant		Employer (See Instructions) Self	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramsey, George III Contributor address; City; State; Zip Code 515 Congress Ave Ste 1900 Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Lucy Contributor address; City; State; Zip Code 4100 McBrine Pl Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) RNA	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/15 Report: 14/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Mr & Mrs Dewey 6 Contributor address; City; State; Zip Code 1939 E Laird Ave Salt Lake City, UT 84108	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Regan Outdoor Advertising	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Mr & Mrs Frances Contributor address; City; State; Zip Code 349 Charity Cove Salt Lake City, UT 84103	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Regan Outdoor	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Mr & Mrs William Contributor address; City; State; Zip Code 4100 McBrine Pl Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) RNA	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, William Contributor address; City; State; Zip Code 4100 McBrine Pl Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) RNA	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Redman, Rebecca Contributor address; City; State; Zip Code 7204 Forestwind Ct. Arlington, TX 76001	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Government Affairs Manager		Employer (See Instructions) Lockheed Martin	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/15 Report: 15/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rees, Joann Meier 6 Contributor address; City; State; Zip Code 110 West Odell St Austin, TX 78752	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Eddie Contributor address; City; State; Zip Code PO Box 2436 Austin, TX 78768	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Title		Employer (See Instructions) Capstone	
Date 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scheibal, Stephen Contributor address; City; State; Zip Code 1609 Elmhurst Austin, TX 78741	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Associate Communications Director		Employer (See Instructions) University of Texas	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skelton, Greg Contributor address; City; State; Zip Code 10908 Doswell Cove Austin, TX 78739	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) FKSP, PLLC	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Linda Contributor address; City; State; Zip Code PO Box 1512 Dripping Springs, TX 78620	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/15 Report: 16/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 09/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Melissa Coolidge 6 Contributor address; City; State; Zip Code 1410 Alameda Austin, TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suiter, Kim Contributor address; City; State; Zip Code 1810 Anita Drive Austin, TX 78704	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) EVP		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) National MS Society			
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tangredi, Anna Contributor address; City; State; Zip Code 905 Maryland Dr Austin, TX 78758	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Emergency Management		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) State			
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torres, Hector Contributor address; City; State; Zip Code 4607 Molena Dr Austin, TX 78749	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President/CEO		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) ISI Consultant			
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valdez, Salvador Contributor address; City; State; Zip Code 8400 Birmingham Austin, TX 78748	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/15 Report: 17/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Kwame 6 Contributor address; City; State; Zip Code 718 Sparks Avenue Austin, TX 78705	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Lobbyist/Lawyer		10 Employer (See Instructions) McGuire Woods Consulting LLC	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Welder, Leo Contributor address; City; State; Zip Code 1704 East Side Drive Austin, TX 78704	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Zilker Ventures	
Date 09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whorton, Mr & Mrs Michael Contributor address; City; State; Zip Code 11200 Jollyville Road Austin, TX 78759	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Whorton Insurance Services	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Young, Michael Contributor address; City; State; Zip Code 200 Buckeye Trail Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/5 Report: 19/23	2 FILER NAME Daniel, Katrina (Ms.)	3 ACCOUNT # (TEC filers) 00000004
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4 Date 10/19/2014	5 Payee name Azul Strategies
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6 Amount (\$) \$7,059.83	7 Payee address City: State: Zip Code 1802 Ann Arbor Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising SD, Mailers, Live Calls, Push Cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/28/2014	Payee name Brass, Chelsea (Ms.)
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Amount (\$) \$1,000.00	Payee address City: State: Zip Code 8205 Brettonwoods Lane Austin, TX 78753
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wks of 9/16/2014 to 9/30/2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/15/2014	Payee name Brass, Chelsea (Ms.)
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Amount (\$) \$1,000.00	Payee address City: State: Zip Code 8205 Brettonwoods Lane Austin, TX 78753
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wks 10/1/2014 to 10/15/2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/24/2014	Payee name Craigslit
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Amount (\$) \$50.00	Payee address City: State: Zip Code 222 Sutter Street 9th Floor San Francisco, CA 94108
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising for canvassors <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/5 Report: 20/23	2 FILER NAME Daniel, Katrina (Ms.)	3 ACCOUNT # (TEC filers) 00000004
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4 Date 10/07/2014	5 Payee name Martinez, Cristian
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6 Amount (\$) \$240.00	7 Payee address City: State; Zip Code 201 E. 21st St #M0813R Austin, TX 78705
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule), Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing 9/22/2014 to 10/5/2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/21/2014	Payee name Martinez, Cristian
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Amount (\$) \$240.00	Payee address City: State; Zip Code 201 E. 21st St #M0813R Austin, TX 78705
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing 10/6/2014 to 10/19/2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/07/2014	Payee name Martinez, Nora
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Amount (\$) \$80.00	Payee address City: State; Zip Code 1300 Crossing Place Apt 0622 Austin, TX 78741
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing 9/22/2014 to 10/5/2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/28/2014	Payee name Office Depot
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Amount (\$) \$13.62	Payee address City: State; Zip Code 816 Tirado Street Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> copy paper <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 21/23		2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (TEC filers) 00000004	
4 Date 10/21/2014		5 Payee name Office Max			
6 Amount (\$) \$15.78		7 Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Expenses <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/24/2014		Payee name Office Max			
Amount (\$) \$38.92		Payee address City; State; Zip Code 4615 North Lamar Blvd Austin, TX 78756			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Expenses <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/21/2014		Payee name Olivares, Christopher			
Amount (\$) \$240.00		Payee address City; State; Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing 10/6/2014 to 10/19/2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/07/2014		Payee name Olivarez, Christopher			
Amount (\$) \$200.00		Payee address City; State; Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing 9/22/2014 to 10/5/2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/5 Report: 22/23		2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (TEC filers) 00000004	
4 Date 10/24/2014		5 Payee name Reagan, William II			
6 Amount (\$) \$700.00		7 Payee address City; State; Zip Code 4100 McBrine Pl Austin, TX 78746			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - Return of Contribution		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of Contribution due to over contributed <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/21/2014		Payee name Rousmaniere, Sophie			
Amount (\$) \$541.25		Payee address City; State; Zip Code 8202 Alcorn Circle Austin, TX 78748			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Katrina Daniel Video Editing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/28/2014		Payee name Stoneking, Taryn (Ms.)			
Amount (\$) \$240.00		Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wk of 9/22/2014 to 9/28/2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/05/2014		Payee name Stoneking, Taryn (Ms.)			
Amount (\$) \$240.00		Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wk of 9/29/2014 to 10/5/2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/5 Report: 23/23		2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (TEC filers) 00000004	
4 Date 10/12/2014	5 Payee name Stoneking, Taryn (Ms.)				
6 Amount (\$) \$240.00	7 Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wk of 10/6/2014 - 10/12/2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/19/2014	Payee name Stoneking, Taryn (Ms.)				
Amount (\$) \$240.00	Payee address City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wk 10/16/2014 to 10/19/2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/17/2014	Payee name USPS				
Amount (\$) \$196.00	Payee address City; State; Zip Code 900 Blackson Ave Austin, TX 78752				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps for mail outs <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/24/2014	Payee name VAN				
Amount (\$) \$50.00	Payee address City; State; Zip Code 4818 E Ben White Blvd Ste 104 Austin, TX 78741				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Predictive Dialer Minutes Purchase <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held: