

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) 12121212	2 PAGE # 1 of 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Edwin	MI
	NICKNAME Ed	LAST English	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12704 Europa Lane Austin, TX 78727-5131		
	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received 2014 OCT 27 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Date Postmarked M 3 00 Receipt # Amount Date Processed Date Imaged </div>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Edwin	MI
	NICKNAME Ed	LAST English	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12704 Europa Lane Austin, TX 78727-5131		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	835-0000	
8 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)		
9 PERIOD COVERED	Month Day Year Month Day Year 09/26/2014 THROUGH 10/25/2014		
10 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
	11 OFFICE OFFICE HELD (if any)		12 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****13 C/OH NAME** English, Edwin (Mr.)**14 ACCOUNT #** (Ethics Commission filers)
12121212**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. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****16 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)

\$ 2,862.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,095.01

**CONTRIBUTION
BALANCE**

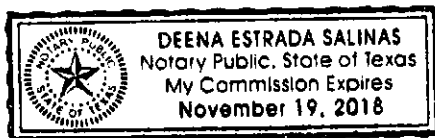
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 8,097.02

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 10,000.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Print 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 PAGE # Schedule: 1/4 Report: 3/7	
2 FILER NAME English, Edwin (Mr.)			3 ACCOUNT # (Ethics Commission filers) 12121212	
4 Date 10/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Caruth, Jim 6 Contributor address; City; State; Zip Code 1811 Santa Clara St. Austin, TX 78757		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 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Celko, Joe Contributor address; City; State; Zip Code 4301 Kilgore Lane Austin, TX 78727		Amount of contribution (\$) \$25.00	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 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cherry, Faith Contributor address; City; State; Zip Code 11817 Carshalton Dr. Austin, TX 78758		Amount of contribution (\$) \$17.00	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 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, Lynn Contributor address; City; State; Zip Code 12008 Saxony Lane Austin, TX 78727		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)			Employer (See Instructions)	
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Giraldo, Ivan and Mary Contributor address; City; State; Zip Code 70 Twin Ridge Parkway Round Rock, TX 78664		Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Landscaping			Employer (See Instructions) Clean Scapes	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 4/7	
2 FILER NAME English, Edwin (Mr.)		3 ACCOUNT # (Ethics Commission filers) 12121212	
4 Date 10/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, J. Spencer 6 Contributor address; City; State; Zip Code 3301 Spaniel Dr. Austin, TX 78759	7 Amount of contribution (\$) \$200.00	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) Home Builder		10 Employer (See Instructions) Self Employed	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gore, Debra Contributor address; City; State; Zip Code 4825 Eagle Feather Dr. Austin, TX 78735	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Regents School	
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, James Contributor address; City; State; Zip Code 3700 Thompson St. Austin, TX 78702	Amount of contribution (\$) \$155.00	In-kind contribution description (if applicable) Venue and beverages (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, William Contributor address; City; State; Zip Code 1804 Cedar Ridge Dr. Austin, TX 78741	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Oil and Gas Business		Employer (See Instructions) Self employed	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matheme, Damien Contributor address; City; State; Zip Code 11727 Sterling Panorama Austin, TX 78738	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Finance Manager		Employer (See Instructions) Clean Scapes	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/4 Report: 5/7	
2 FILER NAME English, Edwin (Mr.)				3 ACCOUNT # (Ethics Commission filers) 12121212	
4 Date 10/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Messier, Linda		7 Amount of contribution (\$) \$30.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11610 Bittern Hollow Austin, TX 78758			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Statz, Joyce		Amount of contribution (\$) \$50.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5305 Valburn Circle Austin, TX 78731			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strawmyer, Jeff		Amount of contribution (\$) \$25.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11818 Carshalton Dr. Austin, TX 78758			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Lisa		Amount of contribution (\$) \$60.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1211 Richcreek Rd. Austin, TX 78757			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wampler, Susan		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11715 Barchetta Dr. Austin, TX 78758			(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: 4/4 Report: 6/7	
2 FILER NAME English, Edwin (Mr.)				3 ACCOUNT # (Ethics Commission filers) 12121212	
4 Date 10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Westbrook, Bob		7 Amount of contribution (\$) \$100.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7106 Sungate Austin, TX 78731			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wheelus, Daniel		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3103 Bee Caves Rd. Austin, TX 78746			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilkes, John		Amount of contribution (\$) \$50.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11505 Wiginton Austin, TX 78758			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Sherran		Amount of contribution (\$) \$50.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8601 Donna Gail Dr. Austin, TX 78757			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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: 1/1 Report: 7/7		2 FILER NAME English, Edwin (Mr.)		3 ACCOUNT # (TEC filers) 12121212	
4 Date 10/21/2014		5 Payee name Ace Printing			
6 Amount (\$) \$335.13		7 Payee address City: State: Zip Code 7807 Doncaster Austin, TX 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/23/2014		Payee name Azul Strategies			
Amount (\$) \$682.88		Payee address City: State: Zip Code 1802 Ann Arbor 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) <input type="checkbox"/> Fundraising assistance and advice <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 10/03/2014		Payee name U.S. Postal Service			
Amount (\$) \$77.00		Payee address City: State: Zip Code 1822 W. Braker Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> P.O. Box Fee <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:	