# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION (	The C/OH INSTRUCTION GUIDE explains how to complete this form.		2 PAGE#		
		(Ethics Commission filers) 11111111	1 of 7		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. Luis	Mł	OFFICE USE ONLY		
NAME	Mr. Luis		Date Received		
	NICKNAME LAST Mike Rodriguez	SUFFIX			
			201		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	AUSTII R 2014 OCT		
OFFICEHOLDER MAILING	10218 Braemar Dr		)CT R		
ADDRESS	Austin, TX 78747		Date Hand-delivered of Mate Postmarked		
Change of Addre	ss		L L		
			PM ED		
			Receipt # Amount 📆		
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI .	Date Processed		
NAME	Mr. C.		Date Imaged		
	NICKNAME LAST  Dean Goodnight	SUFFIX			
	Dean Goodnight				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STATE;	ZIP CODE		
ADDRESS (Residence or busines	4504 S. Congress Ave Austin, TX 78745				
(Nesiderice of busines	Austin, 17 (0/45				
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE	(512) 422-2619				
8 REPORT TYPE			<u>,                                      </u>		
Control   Cont	January 15 30th day bef	ore election Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 X 8th day befor	re election Exceeded \$500 limit	Final report (Attach C/OH - FR)		
9 PERIOD	Live 2	•/			
COVERED	Month Day Year	Month Day	Year		
	09/26/2014	THROUGH 10/25/20	114		
10 ELECTION		CTION TYPE			
	Month Day Year 11/04/2014	Primary Runoff X	General Special		
	1770 1720 17				
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known	THE COUNCIL.		
		AUSTIN C	ity COUNCIL,		
		DISTR	21ct 5		
GO TO PAGE 2					

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

# FORM C/OH COVER SHEET PG 2

13 C/OH NAME Rodriguez, Luis (Mr.)  14 ACCOUNT # (Ethics Commission 1111111111					(Ethics Commission filers)
15 NOTICE FROM	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			These expenditures may are required to report this	
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS				
46 CONTRIBUTION					
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OF S, LOANS, OR GUARANTEES OF LOAD		\$	0.00
	B .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARAN	NTEES OF LOANS)	\$	1,685.00
EXPENDITURE TOTALS	PENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		0.00		
	4. TOTAL POLITICAL EXPENDITURES \$ 5,825				5,825.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 8,659.56			8,659.56	
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.					
PAULA M. BOYD NOTARY PUBLIC State of Texas Comm. Exp. 04-22-2016  Signature of Candidate or Office holder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworp to and subscribed before me, by the said Luis Mike Lodriguez, this the 37 day of Mike Lodriguez, this the 37 day					
Loud Mand Paula M Boyd Notary Public			Public		
Signeture of officer admi	nistering oath	Print name of officer adminis	stering oath	Title of officer add	ninistering oath

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

	The Instruction Guide explains how to complete this form.		1 PAGE#		
Ļ				1	3 Report: 3/7
2	FILER NAME	Rodriguez, Luis (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Corcoran, James (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/28/2014	6 Contributor address; City; State; Zip Code 3606 Saddlestring Tr Austin, TX 78739		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Software Mar	pation / Job title (See Instructions) Reting	10 Employer (See In Retired	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/30/2014	Contributor address; City; State; Zip Code 3606 Saddlestring Tr Austin, TX 78739		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In	structions)	-
	Educator/ Tea	acher	Retired		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/06/2014	Contributor address; City; State; Zip Code 3312 Azalea Blossom Dr Austin, TX 78748	• • • • • • • • • • • • • • • • • • • •	\$200.00	 
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Travel Industry			Employer (See In Retired		·
	Date	Full name of contributor	<u>'</u> )	Amount of	In-kind contribution
		Grossman, Joseph (Mr.)		contribution (\$)	description (if applicable)
	10/18/2014	Contributor address; City; State; Zip Code 2616 Barton Hills Dr Austin, TX 78704	•••••	\$10.00	 
				(If travel outside of	Texas, complete Schedule T)
$\vdash$	Principal occup	pation / Job title (See Instructions)	Employer (See In		Tonde, complete conceder 17
	Date	Full name of contributor  ut-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution
İ		Jasso, John		contribution (\$)	description (if applicable)
	09/29/2014	Contributor address; City; State; Zip Code 2304 Lancaster Drive Austin, TX 78748	••••	\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See In		, Ц

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The National Accordance applains have to complete this form.  1 PAGE # Schedule: 2/3 Report: 4/7  2 FILER NAME Rodriguez, Luis (Mr.)  3 ACCOUNT # (Efhics Commission filen) 11111111  4 Date	L					
4 Date   5 Full name of contributor   out-of-state PAC (ID#   17 Amount of Luther, Lestile   10/20/2014   6 Contributor address; 318 Congress Ave Austin, TX 78701   77 Amount of Luther, Lestile   10/20/2014   6 Contributor address; 318 Congress Ave Austin, TX 78701   10 Employer (See Instructions)   10/11/2014   Contributor address; Gity: State: Zip Code   S50.00   Amount of Contributor (Special PAC (ID# State)   10/11/2014   Contributor address; Gity: State: Zip Code   S50.00   (If travel outside of Texas, complete Schedule T)   10/11/2014   Contributor address; Gity: State: Zip Code   S50.00   (If travel outside of Texas, complete Schedule T)   10/11/2014   Contributor address; Gity: State: Zip Code   S100.00   Amount of Contributor address; Gity: State: Zip Code   S100.00   Amount of Contributor address; Gity: State: Zip Code   S100.00   Amount of Contributor address; Gity: State: Zip Code   S100.00   Amount of Contributor address; Gity: State: Zip Code   S100.00   Amount of Contributor address; Gity: State: Zip Code   S100.00   Amount of Contributor address; Gity: State: Zip Code   S100.00   Amount of Contributor address; Gity: State: Zip Code   S100.00   Amount of Contributor address; Gity: State: Zip Code   S100.00   Amount of Contributor address; Gity: State: Zip Code   S100.00   Amount of Contributor address; Gity: State: Zip Code   S100.00   Amount of Contributor (If applicable)   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   In-kind contribution Contribution (If applicable)   Contributor address: City: State: Zip Code   S100.00   Amount of Contributor (If applicable)   Contributor address: City: State: Zip Code   S100.00   Amount of Contributor (If applicable)   Contributor address: City: State: Zip Code   S100.00   Amount of Contributor (If applicable)   Contributor (If applicable)   Contributor (If applicable)   Contributor (If appl		The Instruction Guide explains how to complete this form.				3 Report: 4/7
Luther, Lesile	2	FILER NAME	Rodriguez, Luis (Mr.)			(Ethics Commission filers)
State   Stat	4	Date		)		•
Principal occupation / Job title (See Instructions)   10 Employer (See Instructions)		10/20/2014	818 Congress Ave	•••••••	\$100.00	 
Date   Full name of contribution   Out-of-state PAC (ID#   Contribution (\$)   Date   Contribution (\$)   Cont					(If travel outside of	Texas, complete Schedule T)
Martinez, Gilbert (Mr.)   Contributor address;   City: State: Zip Code   S50.00	9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date   Full name of contributor   out-of-state PAC (ID#   Amount of   Contribution of Feet Draws, complete Schedule T)   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Amount of   In-kind contribution   description (if applicable)   Out-of-state PAC (ID#   Amount of   In-kind contribution   Out-of-state PAC (ID#   In-kind contribution   Out-of-state PAC (		Date		·)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor Morris, Terry  Contributor address; City, State; Zip Code 8100.00  Rustin, TX 78748  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution (if applicable)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor Newman, Polly  Contributor address; City, State; Zip Code 2916 Fleet Dr Austin, TX 78748  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable)  Contribution (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)		10/11/2014	10113 Dobbin Dr		\$50.00	<b>!</b> 
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor Morris, Terry  Contributor address; City, State; Zip Code 8100.00  Rustin, TX 78748  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution (if applicable)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor Newman, Polly  Contributor address; City, State; Zip Code 2916 Fleet Dr Austin, TX 78748  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable)  Contribution (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)					(If travel outside of	Texas complete Schedule T\
Date   Full name of contributor   Out-of-state PAC (ID#		Principal occup	pation / Job title (See Instructions)	Employer (See In	1	Texas, complete schedule 1)
Morris, Terry  Contributor address; 8804 Texas Sun Dr Austin, TX 78748  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Date Full name of contributor oddress; City; State; Zip Code 2916 Fleet Dr Austin, TX 78748  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)					,	
B804 Texas Sun Dr Austin, TX 78748		Date	· ·	)		•
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#		10/17/2014	8804 Texas Sun Dr		\$100.00	 
Date Full name of contributor Out-of-state PAC (ID# Ontribution (\$) In-kind contribution (if applicable)  10/13/2014 Contributor address; City: State; Zip Code 2916 Fleet Dr Austin, TX 78748 (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution of In-kind contribution of contribution (if applicable)  10/16/2014 Contributor address; City: State; Zip Code 11037 River Plantation Dr Austin, TX 78747 (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)					(If travel outside of	Texas, complete Schedule T)
Newman, Polly  Contribution (\$) description (if applicable)  Contributor address; City; State; Zip Code 2916 Fleet Dr Austin, TX 78748  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) description (if applicable)  Principal occupation / General Pack (ID#	Principal occupation / Job title (See Instructions)		Employer (See In	nstructions)		
2916 Fleet Dr Austin, TX 78748   Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor Nuccio, Antonino (Mr.)  10/16/2014  Contributor address: 11037 River Plantation Dr Austin, TX 78747  City: State; Zip Code 11037 River Plantation Dr Austin, TX 78747  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Date		<u> </u>		•
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of   In-kind contribution   description (if applicable)  10/16/2014   Contributor address;   City; State; Zip Code   \$100.00     (If travel outside of Texas, complete Schedule T)   Principal occupation / Job title (See Instructions)		10/13/2014	2916 Fleet Dr		\$100.00	 
Date Full name of contributor Nuccio, Antonino (Mr.)  10/16/2014 Contributor address; 10/37 River Plantation Dr Austin, TX 78747  Principal occupation / Job title (See Instructions)  Employer (See Instructions)					(If travel outside of	Texas, complete Schedule T)
Nuccio, Antonino (Mr.)  10/16/2014 Contributor address; City: State; Zip Code 11037 River Plantation Dr Austin, TX 78747  Principal occupation / Job title (See Instructions)  Contribution (\$)   description (if applicable)    \$100.00    (If travel outside of Texas, complete Schedule T)		Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
11037 River Plantation Dr Austin, TX 78747  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Date	,	<u> </u>		•
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		10/16/2014	11037 River Plantation Dr		\$100.00	1   
					(If travel outside of	Texas, complete Schedule T)
				_ ' ' '	structions)	

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

	The Instruction Guide explains how to complete this form.			1 PAGE# Schedule: 3/3	3 Report: 5/7
2	FILER NAME	Rodriguez, Luis (Mr.)		3 ACCOUNT# 11111111	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#Randle, Gail (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/01/2014	6 Contributor address; City; State; Zip Code 11116 Sea Hero Lane Austin, TX 78748		\$25.00	 
			<u> </u>	(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID#Roberson, Jay (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/04/2014	Contributor address; City; State; Zip Code 9001 Comburg Dr Austin, TX 78747		\$50.00	 
		Austit, 1776747		(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
<u> </u>					
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/16/2014	Contributor address; City; State; Zip Code 3300 Aldwyche Dr Austin, TX 78704		\$25.00	 
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See In	structions)		
-	Date	Full name of contributor	<del>‡)</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/11/2014	Contributor address; City; State; Zip Code 10508 Thoroughbred Dr		\$75.00	 
		Austin, TX 78748		<u></u>	 
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
Employer (ace mandaliona)					
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/17/2014	Contributor address; City; State; Zip Code 9400 Silk Oak Cove Austin, TX 78748		\$100.00	 
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
ı					

### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense

Loan Repayment/Reimbursement

Consulting Experience Event Expense Fees	nse Food/Beverage Expense Travel In Palling Expense Travel O Printing Expense Office O	transportation Equipment & Related Expense of District Contributions/Donations Made By ut Of District Candidate/Officeholder/Political Committee verhead/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/2 Re		11111111
4 Date	5 Payee name	
09/29/2014	Abbey Printing	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$433.00	1310 S. Lamar Austin, TX 78704	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Proven Leader Stickers
EXPENDITURE		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	Payee name	
10/11/2014	Knolls of Slaughter Creek HOA	
Amount (\$)	Payee address City; State; Zip Code	
\$75.00	10508 Thoroughbred Dr Austin, TX 78748	
PURPOSE OF	Category (See Categories listed at the top of this scheduled Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Newsletter Ad
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
10/17/2014	Paragon Printing & Mailing	
Amount (\$)	Payee address City; State; Zip Code	
\$1,230.45	10423 McKalla Place Austin, TX 78758	
PURPOSE OF EXPENDITURE	Calegory (See Categories listed at the top of this schedule Printing Expense	Description (If travel outside of Texas, complete Schedule T) Post cards
EX EXERCITE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
10/21/2014	Paragon Printing & Mailing	
Amount (\$)	Payee address City; State; Zip Code	
\$1,261.89	10423 McKalla Place Austin, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Printing Expense	Letter Mailing & Postage
	0- 544 105	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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

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)

Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Rodriguez, Luis (Mr.) Schedule: 2/2 Report: 7/7 11111111 4 Date 5 Payee name 10/24/2014 Paypal 6 Amount (\$) Payee address City; State; Zip Code \$22.17 paypai.com Austin, TX 78747 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Accounting/Banking Paypal Transfer Fee OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 10/02/2014 **Printing Solutions** Amount (\$) Payee address City: State: Zip Code 2301 S. Congress Ave # 20 Austin, TX 78704 \$108.25 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Bumper Stickers Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rassmussen Consulting, LLC 10/08/2014 Amount (\$) Payee address City; State; Zip Code PO Box 92632 \$362.80 Austin, TX 78709 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Political Consultant for Candidate OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name U.S.P.S. 10/21/2014 Amount (\$) Payee address City; State; Zip Code Manchaca Office \$2,332.00 Manchaca, TX 78748 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Postage Advertising Expense OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH