

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) 00000001		2 PAGE # 1 of 30	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.		FIRST Ellen	MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount
	NICKNAME		LAST Troxclair	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE: ZIP CODE
	8510 Tyhurst Dr. Austin, TX 78749				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR		FIRST Leslie	MI	Date Processed
	NICKNAME		LAST Robnett	SUFFIX	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE: ZIP CODE
2411 Sharon Lane Austin, TX 78703					
7 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER	EXTENSION	
(512) 294-3583					
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 THROUGH Month Day Year 09/26/2014 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 8		
GO TO PAGE 2					

 2014 OCT 27 PM 4 21
 RECEIVED
 AUSTIN CITY CLERK

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****13 C/OH NAME** Troxclair, Ellen (Mrs.)**14 ACCOUNT #** (Ethics Commission filers)
00000001**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)

\$ 8,008.00

**EXPENDITURE
TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

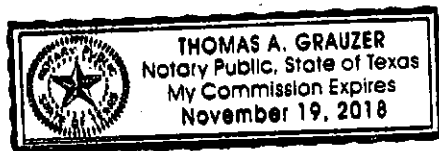
\$ 23,039.05

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

\$ 69,613.00

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

\$ 55,000.00

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 ellen gale troxclair, this the 27th day
 of October, 20 14, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Thomas A. Grauzer
 Print name of officer administering oath

notary public
 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: 1/11 Report: 3/30	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abbott, Sean & Alexandra 6 Contributor address; City; State; Zip Code 4614 S 2nd Street Austin, TX 78745	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) Attorney		10 Employer (See Instructions) Allen Boone Humphries Robinson LLP	
Date 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, Tom & Kathleen Contributor address; City; State; Zip Code 2400 McCue #362 Houston, TX 77056	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) Director		Employer (See Instructions) Energy Utility	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartley, John T Jr. Contributor address; City; State; Zip Code 12035 Royal Lytham Court Charlotte, NC 28277	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) CFO		Employer (See Instructions) Sisters of Mercy	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bennett, Craig Contributor address; City; State; Zip Code 7503 Corrie Cove Austin, TX 78749	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) Administrative Judge		Employer (See Instructions) State Office of Administrative Hearings	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bennett, John Contributor address; City; State; Zip Code 507 E. Forrest St. Victoria, TX 77901	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) Attorney		Employer (See Instructions) Walker Keeling LLP	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/11 Report: 4/30	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowen, Scott 6 Contributor address: City: State: Zip Code 4323 Towering Oak Court Houston, TX 77059	7 Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Chemical Engineer		10 Employer (See Instructions) None	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cantella, Richard (Mr.) Contributor address: City: State: Zip Code 7501 Shadowridge Run, Unit 163 Austin, TX 78749	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Retired	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cartwright, Linda Contributor address: City: State: Zip Code 8205 Forest Heights Ln Austin, TX 78749	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Medical Billing		Employer (See Instructions) Self	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davidson, Greg Contributor address: City: State: Zip Code 12325 Aralia Ridge Drive Austin, TX 78739	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) State of Texas	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dominguez, Ernie Contributor address: City: State: Zip Code 9519 Anchusa Trail Austin, TX 78736	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) MedAssets	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/11 Report: 5/30	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fowler, Nancy (Ms.) 6 Contributor address: City: State: Zip Code 6429 Old Harbor Lane Austin, TX 78739	7 Amount of contribution (\$) \$20.00	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) Retired		10 Employer (See Instructions) Retired	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Simon & Liz Contributor address: City: State: Zip Code 5913 Savin Hill Ct. Austin, TX 78739	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) Instructor		Employer (See Instructions) ACC	
Date 10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbs, John Contributor address: City: State: Zip Code 5901 B Paseo Del Toro Austin, TX 78731	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) Legislative Staff		Employer (See Instructions) Texas Legislature	
Date 10/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gramlich Jr., Martin Contributor address: City: State: Zip Code 10701 Redmond Rd. Austin, TX 78739	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) Consultant		Employer (See Instructions) TX Technology Consulting Group, LLC	
Date 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartman, Douglas & Julie Contributor address: City: State: Zip Code 6501 Soter Pkwy Austin, TX 78735	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) 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: 4/11 Report: 6/30	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hebert, Dede 6 Contributor address: City: State: Zip Code 4821 Chesney Ridge Austin, TX 78749	7 Amount of contribution (\$) \$25.00	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) Homemaker		10 Employer (See Instructions) Self	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heckler, Jeff Contributor address: City: State: Zip Code 11008 Sierra Verde Trail Austin, TX 78759	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) GovBiz Partners	
Date 10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herrington, Rebecca Contributor address: City: State: Zip Code 5000 Mission Oaks Blvd #13 Austin, TX 78735	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Volunteer		Employer (See Instructions) Self	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hersey, Paul E Contributor address: City: State: Zip Code PO Box 160784 Austin, TX 78716	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) Retired		Employer (See Instructions) Retired	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herzog, Greg & Amy Contributor address: City: State: Zip Code 7212 Mitra Drive Austin, TX 78739	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) Gov Affairs		Employer (See Instructions) Capelo Law Firm	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/11 Report: 7/30	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hock, Stacy & Joel 6 Contributor address; City; State; Zip Code 3331 Westlake Drive Austin, TX 78746	7 Amount of contribution (\$) \$700.00	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) Philanthropist		10 Employer (See Instructions) Self	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurst, Michaelanne Contributor address; City; State; Zip Code 8302 Moccasin Path Austin, TX 78736	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) Director of Advancement		Employer (See Instructions) City School	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jamail, Tim Contributor address; City; State; Zip Code 8509 Southwest Parkway Austin, TX 78735	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Real Estate Broker/Developer		Employer (See Instructions) Self	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jimenez, David Contributor address; City; State; Zip Code 6800 W Gate Blvd #101 Austin, TX 78745	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) Retired		Employer (See Instructions) Retired	
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) Event expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/11 Report: 8/30	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Bruce 6 Contributor address; City; State; Zip Code 4001 Tecate Trl. Austin, TX 78739	7 Amount of contribution (\$) \$25.00	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) Insurance Sales		10 Employer (See Instructions) Self	
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klaes, Leo Contributor address; City; State; Zip Code 3624 Aspen Creek Pkwy Austin, TX 78749	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) Engineer		Employer (See Instructions) AMD	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klenzendorf, Brandon Contributor address; City; State; Zip Code 2907 Glenview Ave Austin, TX 78703	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) Civil Engineer		Employer (See Instructions) Geosyntec	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Latham, Eileen (Ms.) Contributor address; City; State; Zip Code 5912 Savin Hill Ct. Austin, TX 78739	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) Retired		Employer (See Instructions) Retired	
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leger, Jared Contributor address; City; State; Zip Code 121 Monarch Lane Austin, TX 78737	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) CEO/Owner		Employer (See Instructions) Arise Healthcare	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/11 Report: 9/30	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lupton, Angus 6 Contributor address; City; State; Zip Code 8700 Fritsch Drive Austin, TX 78717	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) Legislative Director		10 Employer (See Instructions) Texas Senate	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matherne, 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		Employer (See Instructions) Clean Scapes, LP	
Date 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matz, Laura Contributor address; City; State; Zip Code 1708 Palma Plz Austin, TX 78703	Amount of contribution (\$) \$133.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Gov Affairs		Employer (See Instructions) Self	
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKay, Tom & Kathleen Contributor address; City; State; Zip Code 11339 Taylor Draper Lane Austin, TX 78759	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) Inventor		Employer (See Instructions) Self	
Date 09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNutt, Thomas Contributor address; City; State; Zip Code 1555 Princeton Drive Corsicana, TX 75110	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) Manager		Employer (See Instructions) Collin Street Bakery	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/11 Report: 10/30	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Gene 6 Contributor address; City; State; Zip Code 6205 Tanak Cove Austin, TX 78749	7 Amount of contribution (\$) \$25.00	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) Retired		10 Employer (See Instructions) Retired	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moffett, Lauree Contributor address; City; State; Zip Code 7849 Escala Drive 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) Investments		Employer (See Instructions) Self	
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Gates Contributor address; City; State; Zip Code 7706 Vail Valley Dr Austin, TX 78749	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) Bus Driver		Employer (See Instructions) Willie Nelson	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Gates Contributor address; City; State; Zip Code 7706 Vail Valley Dr Austin, TX 78749	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) Bus Driver		Employer (See Instructions) Willie Nelson	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Timothy & Christina Contributor address; City; State; Zip Code 6632 Ruxton Lane Austin, TX 78749	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Drake Industries	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/11 Report: 11/30	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Naughton, Philip 6 Contributor address; City; State; Zip Code 9312 Lightwood loop Austin, TX 78748	7 Amount of contribution (\$) \$350.00	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) Engineer		10 Employer (See Instructions) Applied Materials	
Date 10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Persinger, Michael Contributor address; City; State; Zip Code 1804 Intervall Austin, TX 78746	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Son & Kitao LLC		Employer (See Instructions) Self	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pomeroy, Cory Contributor address; City; State; Zip Code 1415 Westover Road 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) Attorney		Employer (See Instructions) TXOGA	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Riland, Patty & Tom Contributor address; City; State; Zip Code 6706 Convict Hill Road Austin, TX 78749	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) General Lines Agent		Employer (See Instructions) Stateside Insurance Services	
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Luis Contributor address; City; State; Zip Code 10058 Circleview Dr. Austin, TX 78735	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) Business owner		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: 10/11 Report: 12/30	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudd, Tyler 6 Contributor address; City; State; Zip Code 5908 Down Valley Court Austin, TX 78731	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) Legislative Consultant		10 Employer (See Instructions) Self	
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sajovich, David Contributor address; City; State; Zip Code 1904 Woodland Ave Apt B Austin, TX 78741	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) Real Estate		Employer (See Instructions) Self	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shaw, Stuart Contributor address; City; State; Zip Code 6009 Eleos Circle 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) Developer		Employer (See Instructions) Self	
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sindelar, Gregory Contributor address; City; State; Zip Code 9000 Sommerland Way Austin, TX 78749	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) COO		Employer (See Instructions) TPPF	
Date 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Kathy Contributor address; City; State; Zip Code 200 Congress Avenue #27EG Austin, TX 78701	Amount of contribution (\$) \$225.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Community Volunteer		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: 11/11 Report: 13/30	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Randy 6 Contributor address; City; State; Zip Code 200 Congress Avenue #27EG Austin, TX 78701	7 Amount of contribution (\$) \$225.00	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) President/CEO		10 Employer (See Instructions) Pinnergy	
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Twining, Trenton G. Contributor address; City; State; Zip Code 5302 Summerset Trail Austin, TX 78749	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) Computer Programmer		Employer (See Instructions) QUIC Inc	
Date 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vaughan, Susanne Contributor address; City; State; Zip Code 1211 Dusky Thrush Trail Austin, TX 78746	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) Retired		Employer (See Instructions) Retired	
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Womack, Daniel Contributor address; City; State; Zip Code 6904 Barstow Court Austin, TX 78749	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) Gov Affairs		Employer (See Instructions) Dow Chemical	

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: 1/17 Report: 14/30		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/07/2014	5 Payee name Conviction Digital				
6 Amount (\$) \$609.97	7 Payee address City: State: Zip Code 401 Little Texas Lane #1731 Austin, TX 78745				
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"/> digital media <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 10/08/2014	Payee name Conviction Digital				
Amount (\$) \$210.21	Payee address City: State: Zip Code 401 Little Texas Lane #1731 Austin, TX 78745				
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"/> digital media <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 09/26/2014	Payee name CVS				
Amount (\$) \$5.39	Payee address City: State: Zip Code 2101 S. Lamar Blvd. Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event supplies <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 10/25/2014	Payee name Jersey Mike's				
Amount (\$) \$33.15	Payee address City: State: Zip Code 4404 William Cannon Austin, TX 78740				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for volunteers <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: 2/17 Report: 15/30		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/06/2014		5 Payee name LVS			
6 Amount (\$) \$450.00		7 Payee address City: State: Zip Code 3700 Thompson St. Austin, TX 78702			
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"/> data services <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 10/06/2014		Payee name LVS			
Amount (\$) \$450.00		Payee address City: State: Zip Code 3700 Thompson St. Austin, TX 78702			
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"/> data services <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 10/11/2014		Payee name Mailchimp			
Amount (\$) \$75.00		Payee address City: State: Zip Code 512 Means St NW #404 Atlanta, GA 30318			
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"/> email marketing <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 09/30/2014		Payee name McGee, Chelsey			
Amount (\$) \$1,500.00		Payee address City: State: Zip Code 3816 S Lamar Blvd Austin, TX 78704			
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"/> Staff pay <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: 3/17 Report: 16/30		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 09/30/2014		5 Payee name Paragon Printing			
6 Amount (\$) \$1,491.72		7 Payee address City: State: Zip Code 10423 McKalla Place Austin, TX 78758			
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"/> printing campaign materials <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 10/06/2014		Payee name Paragon Printing			
Amount (\$) \$1,491.72		Payee address City: State: Zip Code 10423 McKalla Place Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials <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 10/16/2014		Payee name Paragon Printing			
Amount (\$) \$1,206.90		Payee address City: State: Zip Code 10423 McKalla Place Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials <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 Paragon Printing			
Amount (\$) \$1,845.65		Payee address City: State: Zip Code 10423 McKalla Place Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials <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: 4/17 Report: 17/30		2 FILER NAME Troxcclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 09/26/2014		5 Payee name Pirya			
6 Amount (\$) \$11.50		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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) <input type="checkbox"/> credit card processing fee <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 09/27/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	
Date 09/27/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	
Date 09/28/2014		Payee name Pirya			
Amount (\$) \$12.94		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	

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: 5/17 Report: 18/30		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 09/28/2014		5 Payee name Pirya			
6 Amount (\$) \$12.94		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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) <input type="checkbox"/> credit card processing fee <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 09/30/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	
Date 09/30/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	
Date 09/30/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	

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: 6/17 Report: 19/30		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/02/2014		5 Payee name Pirya			
6 Amount (\$) \$2.88		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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) <input type="checkbox"/> credit card processing fee <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 10/02/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	
Date 10/03/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	
Date 10/06/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	

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: 7/17 Report: 20/30		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/07/2014	5 Payee name Pirya				
6 Amount (\$) \$40.25	7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
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) <input type="checkbox"/> credit card processing fee <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 10/08/2014	Payee name Pirya				
Amount (\$) \$20.13	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
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"/> credit card processing 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:
Date 10/08/2014	Payee name Pirya				
Amount (\$) \$20.13	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
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"/> credit card processing 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:
Date 10/10/2014	Payee name Pirya				
Amount (\$) \$1.44	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
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"/> credit card processing 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:

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: 8/17 Report: 21/30		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/10/2014	5 Payee name Pirya				
6 Amount (\$) \$20.13	7 Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105				
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) <input type="checkbox"/> credit card processing fee		
	<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 10/10/2014	Payee name Pirya				
Amount (\$) \$1.44	Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105				
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"/> credit card processing 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:
Date 10/13/2014	Payee name Pirya				
Amount (\$) \$8.63	Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105				
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"/> credit card processing 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:
Date 10/14/2014	Payee name Pirya				
Amount (\$) \$5.75	Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105				
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"/> credit card processing 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:

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: 9/17 Report: 22/30		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/14/2014		5 Payee name Piryx			
6 Amount (\$) \$1.44		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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) <input type="checkbox"/> credit card processing 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:	
Date 10/14/2014		Payee name Piryx			
Amount (\$) \$8.63		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	
Date 10/15/2014		Payee name Piryx			
Amount (\$) \$1.44		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	
Date 10/16/2014		Payee name Piryx			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	

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: 10/17 Report: 23/30		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 10/17/2014	5 Payee name Pirya			
6 Amount (\$) \$5.75	7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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) <input type="checkbox"/> credit card processing fee	
	<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 10/19/2014	Payee name Pirya			
Amount (\$) \$5.75	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:
Date 10/20/2014	Payee name Pirya			
Amount (\$) \$1.44	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:
Date 10/21/2014	Payee name Pirya			
Amount (\$) \$5.75	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:

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: 11/17 Report: 24/30		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/21/2014		5 Payee name Pirya			
6 Amount (\$) \$2.88		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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) <input type="checkbox"/> credit card processing fee <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 10/22/2014		Payee name Pirya			
Amount (\$) \$8.63		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	
Date 10/24/2014		Payee name Pirya			
Amount (\$) \$1.44		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	
Date 10/24/2014		Payee name Pirya			
Amount (\$) \$1.44		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	

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: 12/17 Report: 25/30		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/24/2014		5 Payee name Pirya			
6 Amount (\$) \$5.75		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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) <input type="checkbox"/> credit card processing fee <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 10/24/2014		Payee name Pirya			
Amount (\$) \$1.44		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	
Date 10/24/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	
Date 10/24/2014		Payee name Pirya			
Amount (\$) \$14.38		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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"/> credit card processing 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:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage 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: 13/17 Report: 26/30		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/24/2014		5 Payee name Pirya			
6 Amount (\$) \$1.44		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
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) <input type="checkbox"/> credit card processing 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:			
Date 09/26/2014		Payee name Pizza Hut			
Amount (\$) \$45.97		Payee address City: State: Zip Code 2919 Manchaca Road Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for volunteers <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 10/01/2014		Payee name Pizza Hut			
Amount (\$) \$43.05		Payee address City: State: Zip Code 2919 Manchaca Road Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for volunteers <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 10/25/2014		Payee name Randall's			
Amount (\$) \$5.40		Payee address City: State: Zip Code 6600 S. Mopac Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Water for volunteers <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: 14/17 Report: 27/30		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/24/2014	5 Payee name Square				
6 Amount (\$) \$2.75	7 Payee address City: State: Zip Code 1455 Market St San Francisco, CA 90103				
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) <input type="checkbox"/> credit card processing fee		
	<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 10/07/2014	Payee name Target				
Amount (\$) \$29.22	Payee address City: State: Zip Code 2300 W Ben White Blvd Austin, TX 78704				
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"/> printer ink		
	<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 09/30/2014	Payee name Thomas Graphics				
Amount (\$) \$2,045.93	Payee address City: State: Zip Code PO Box 142226 Austin, TX 78714				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials		
	<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 Thomas Graphics				
Amount (\$) \$1,580.45	Payee address City: State: Zip Code PO Box 142226 Austin, TX 78714				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials		
	<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: 15/17 Report: 28/30		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/17/2014		5 Payee name Thomas Graphics			
6 Amount (\$) \$313.11		7 Payee address City: State: Zip Code PO Box 142226 Austin, TX 78714			
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"/> printing campaign materials <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 Thomas Graphics			
Amount (\$) \$1,299.00		Payee address City: State: Zip Code PO Box 142226 Austin, TX 78714			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials <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 09/26/2014		Payee name USPS			
Amount (\$) \$88.20		Payee address City: State: Zip Code 6104 Old Fredricksburg Road Austin, TX 78749			
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"/> postage <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 09/30/2014		Payee name USPS			
Amount (\$) \$2,236.35		Payee address City: State: Zip Code 8225 Cross Park Dr Austin, TX 78710			
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"/> postage <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: 16/17 Report: 29/30		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/06/2014	5 Payee name USPS				
6 Amount (\$) \$2,236.35	7 Payee address City: State: Zip Code 8225 Cross Park Dr Austin, TX 78710				
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"/> postage		
	<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 10/16/2014	Payee name USPS				
Amount (\$) \$835.02	Payee address City: State: Zip Code 8225 Cross Park Dr. Austin, TX 78710				
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"/> postage		
	<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 USPS				
Amount (\$) \$2,239.82	Payee address City: State: Zip Code 8225 Cross Park Dr. Austin, TX 78710				
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"/> postage		
	<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 10/14/2014	Payee name Vera, Bobby				
Amount (\$) \$375.00	Payee address City: State: Zip Code 818 Craters of the Moon Blvd. Pflugerville, TX 78660				
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"/> contract labor		
	<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: 17/17 Report: 30/30		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 09/26/2014	5 Payee name Walgreens			
6 Amount (\$) \$10.43	7 Payee address City: State: Zip Code 2501 S. Lamar Blvd. Austin, TX 78704			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event supplies	
	<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: