

# 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) 00000008	2 PAGE # 1 of 36
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Amanda		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Mandy Dealey		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 300423 Austin, TX 78703		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">             OCT 27 PM 4:39              RECEIVED              AUSTIN CITY CLERK           </div>
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Gary		
	NICKNAME LAST SUFFIX Valdez		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 685008 Austin, TX 78768		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 537-5473		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    Month Day Year 09/26/2014    THROUGH    10/25/2014		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City Council, District 10	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Dealey, Amanda

14 ACCOUNT # (Ethics Commission filers)  
0000000815 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

Sierra Club Political Committee of Texas

☒ GENERAL

COMMITTEE ADDRESS

615 Willow  
San Antonio, TX 78202☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Gonzalez, Hector

COMMITTEE CAMPAIGN TREASURER ADDRESS

615 Willow  
San Antonio, TX 78202☐ additional pages16 CONTRIBUTION  
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 980.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 28,765.00

EXPENDITURE  
TOTALS

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

\$ 285.90

4. TOTAL POLITICAL EXPENDITURES

\$ 76,411.43

CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

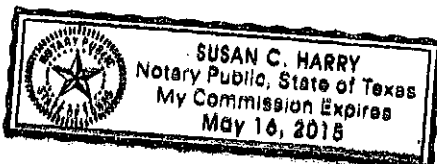
\$ 24,456.36

OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 35,100.00

## 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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Mandy Dealey*  
Signature of Candidate or Officeholder

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/25 Report: 3/36

2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)

00000008

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Abbott, Robin

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/23/2014

6 Contributor address; City; State; Zip Code

5601 Bluebridge Ct  
Austin, TX 78731-2637

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Aldrete, Elma

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/22/2014

Contributor address; City; State; Zip Code

2501 Durwood St  
Austin, TX 78704-5496

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Andrus, Jon

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/15/2014

Contributor address; City; State; Zip Code

1611 Northwood Rd  
Austin, TX 78703-1945

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Real Estate

Austin Retail Partners

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Anton, Richard

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/13/2014

Contributor address; City; State; Zip Code

PO Box 26797  
Austin, TX 78755-0797

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Armstrong, Joe

Amount of contribution (\$)

In-kind contribution description (if applicable)

09/26/2014

Contributor address; City; State; Zip Code

11 W 81st St  
9-a  
New York, NY 10024-6021

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/25 Report: 4/36

2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)

00000008

4 Date

10/16/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Armstrong, Robert

6 Contributor address; City; State; Zip Code  
6204 Shadow Mountain Cv  
Austin, TX 78731-4110

7 Amount of  
contribution (\$)

\$350.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Retired

10 Employer (See Instructions)  
Retired

Date

10/11/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Ayres, Patricia

Contributor address; City; State; Zip Code  
5705 Scout Island Cv  
Austin, TX 78731-3386

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Rancher

Employer (See Instructions)  
Self

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bailey, Ed

Contributor address; City; State; Zip Code  
1914 Riverview St  
Austin, TX 78702-5527

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Marketing Manager

Employer (See Instructions)  
Austin City Limits

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Baldrige, Burton

Contributor address; City; State; Zip Code  
1518 Mohle Dr  
Austin, TX 78703-1936

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Architecture

Employer (See Instructions)  
Baldrige Architects

Date

10/19/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bandlapalli, Muralidhar

Contributor address; City; State; Zip Code  
7300 Fabion Dr  
Austin, TX 78759-7760

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/25 Report: 5/36	
2 FILER NAME Dealey, Amanda				3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Jay		7 Amount of contribution (\$)  \$350.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1108 W 7th St Austin, TX 78703-5306			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Architect			10 Employer (See Instructions) Barnes Gromatzky Kosarek Architects		
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betts, Charlie		Amount of contribution (\$)  \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14741 Arrowhead Dr Volente, TX 78641-9122			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bible, Lori		Amount of contribution (\$)  \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 648 Buda, TX 78610-0648			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonilla, Michelle		Amount of contribution (\$)  \$250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1905 W 37th St Austin, TX 78731-6012			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Homemaker			Employer (See Instructions) Homemaker		
Date  10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bristol, George		Amount of contribution (\$)  \$250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2717 Museum Way Fort Worth, TX 76107-3066			(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: 4/25 Report: 6/36

2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)

00000008

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Burton, Amon

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

10/17/2014

6 Contributor address; City; State; Zip Code  
98 San Jacinto Blvd  
Ste 1200  
Austin, TX 78701-4082

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Attorney

10 Employer (See Instructions)  
Self Employed

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Byers, Julie

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/15/2014

Contributor address; City; State; Zip Code  
4516 Balcones Dr  
Austin, TX 78731-5220

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Carr, Cassandra

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

09/26/2014

Contributor address; City; State; Zip Code  
4242 Broadway St  
Apt 2001  
San Antonio, TX 78209-6474

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Chernet, Tsegaye

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/07/2014

Contributor address; City; State; Zip Code  
PO Box 144542  
Austin, TX 78714-4542

\$200.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Driver

Employer (See Instructions)  
Lonestar Cab

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Clayton, Brenda

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/15/2014

Contributor address; City; State; Zip Code  
2003 Pequeno St  
Austin, TX 78757-3211

\$200.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Kelly Hart & Hallman LLP

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/25 Report: 7/36

2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)

00000008

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Cocke, Mary

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

09/26/2014

6 Contributor address; City; State; Zip Code

2418 Harris Blvd  
Austin, TX 78703-2406

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
retired

10 Employer (See Instructions)  
none

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Collier, Erin

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/20/2014

Contributor address; City; State; Zip Code

1804 Woodland Ave  
Austin, TX 78741-3910

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Artist

Employer (See Instructions)  
Self Employed

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Cowles, Katelena

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/23/2014

Contributor address; City; State; Zip Code

2806 Robbs Run  
Austin, TX 78703-1637

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Artist/homemaker

Employer (See Instructions)  
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Crane, Marie

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/16/2014

Contributor address; City; State; Zip Code

1502 Marshall Ln  
Austin, TX 78703-3409

\$200.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Consultant

Employer (See Instructions)  
M. Crane & Associates, Inc.

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Cullick, Robert

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/24/2014

Contributor address; City; State; Zip Code

3705 Laurel Ledge Ln  
Austin, TX 78731-4049

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/25 Report: 8/36

2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)

00000008

4 Date

10/22/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Cuppett, Tim

6 Contributor address; City; State; Zip Code  
4300 Marathon Blvd  
Austin, TX 78756-3427

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/29/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Drew, Frank

Contributor address; City; State; Zip Code  
2628 Eldridge Ln  
Waco, TX 76710-1091

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Dunn, William

Contributor address; City; State; Zip Code  
13308 Council Bluff Dr  
Austin, TX 78727-1701

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Product Development Consultant

Employer (See Instructions)

Self

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Edwards, Spencer

Contributor address; City; State; Zip Code  
1804 Woodland Ave  
Austin, TX 78741-3910

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Analyst

Employer (See Instructions)

Stratus Properties

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Ejigu, Daniel

Contributor address; City; State; Zip Code  
1522 Thibodeaux Dr  
Round Rock, TX 78664-7209

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Co Owner

Employer (See Instructions)

Austin AA Limo LLC



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/25 Report: 9/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fahs, Carol  6 Contributor address; City; State; Zip Code 5916 Savin Hill Ct Austin, TX 78739-1676	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) Controller		10 Employer (See Instructions) Stratus Properties	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farace, Carolyn  Contributor address; City; State; Zip Code 4103 Arrow Wood Rd Cedar Park, TX 78613-4884	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) Graphic Designer		Employer (See Instructions) Farace Design Group Inc	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farace, Thomas  Contributor address; City; State; Zip Code 4103 Arrow Wood Rd Cedar Park, TX 78613-4884	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) Owner		Employer (See Instructions) Farace Beverages	
Date  10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fellers, Stacey  Contributor address; City; State; Zip Code 5603 Caprice Dr Austin, TX 78731-4835	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)		Employer (See Instructions)	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fischer, Colleen  Contributor address; City; State; Zip Code 1700 Westmoor Dr Austin, TX 78723-3410	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) GM		Employer (See Instructions) ACL Live	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/25 Report: 10/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fischer, Timothy  6 Contributor address; City; State; Zip Code 1700 Westmoor Dr Austin, TX 78723-3410	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) Coffee Company		10 Employer (See Instructions) Self Employed	
Date  10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Julian  Contributor address; City; State; Zip Code 407 E 45th St Apt 102 Austin, TX 78751-3801	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) City of Austin	
Date  10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Julian  Contributor address; City; State; Zip Code 407 E 45th St Apt 102 Austin, TX 78751-3801	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) City of Austin	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Quen  Contributor address; City; State; Zip Code 5904 Quernus Cv Austin, TX 78735-5402	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Writer/Editor		Employer (See Instructions) Self Employed	
Date  10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerald, Baum  Contributor address; City; State; Zip Code 8608 Tallwood Dr Austin, TX 78759-8127	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/25 Report: 11/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Getahun, Firew  6 Contributor address; City; State; Zip Code 2722 High Point Dr Round Rock, TX 78664-5790	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) Accountant		10 Employer (See Instructions) Financial Freedom	
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Heidi  Contributor address; City; State; Zip Code 613 Hearn St. Austin, TX 78703-4517	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffith, Susan  Contributor address; City; State; Zip Code 2415 Westlake Dr Austin, TX 78746-2948	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) Realtor Broker		Employer (See Instructions) Amelia Bullock Realtors	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guntakala, Chandu  Contributor address; City; State; Zip Code 10305 Dianella Ln Austin, TX 78759-3042	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guthikonda, Gopal  Contributor address; City; State; Zip Code PO Box 684942 Austin, TX 78768-4942	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) VP		Employer (See Instructions) Quality Power, LLC	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 10/25 Report: 12/36	
2 FILER NAME Dealey, Amanda			3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hailu, Hirut  6 Contributor address; City; State; Zip Code 2722 High Point Dr Round Rock, TX 78664-5790		7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harutunian, Anne  Contributor address; City; State; Zip Code PO Box W Austin, TX 78713-8923		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) Contractor			Employer (See Instructions) Harutunian Engineers	
Date  10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hersh, Stuart  Contributor address; City; State; Zip Code 1307 Kinney Ave. #117 Austin, TX 78704		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hester, Felicia  Contributor address; City; State; Zip Code 1515 Resaca Blvd Apt 4 Austin, TX 78738-5511		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hester, I. Craig  Contributor address; City; State; Zip Code 1515 Resaca Blvd Apt 4 Austin, TX 78738-5511		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/25 Report: 13/36

2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)

00000008

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Hilfer, Jane

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/13/2014

6 Contributor address; City; State; Zip Code

301 Addie Roy Rd  
Austin, TX 78746-4125

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Hilgers, Joan

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/20/2014

Contributor address; City; State; Zip Code

701 Yaupon Valley Rd  
West Lake Hills, TX 78746-3545

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Hoffman, Nancy

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/18/2014

Contributor address; City; State; Zip Code

6311 Mesa Dr  
Austin, TX 78731-3731

\$50.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Hoffman, Nancy

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/20/2014

Contributor address; City; State; Zip Code

6311 Mesa Dr  
Austin, TX 78731-3731

\$50.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Jamail, Tim

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/24/2014

Contributor address; City; State; Zip Code

1006 Mopac Cr., Ste 101  
Austin, TX 78746

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Real Estate Broker/Developer

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: 12/25 Report: 14/36	
2 FILER NAME Dealey, Amanda				3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Robert		7 Amount of contribution (\$)  \$350.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5508 Nelson Oaks Dr Austin, TX 78724-7237			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) director			10 Employer (See Instructions) environmental defense fund		
Date  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juen-Waltz, Elisabeth		Amount of contribution (\$)  \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1301 W 25th St Ste 510 Austin, TX 78705-4236			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) President			Employer (See Instructions) Montfort Consulting		
Date  10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kadison, Carol		Amount of contribution (\$)  \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8127 Chalk Knoll Dr Austin, TX 78735-1707			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kassa, Solomon		Amount of contribution (\$)  \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2958 Donnell Dr Round Rock, TX 78664-5709			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Operator			Employer (See Instructions) Capital Metro		
Date  10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kebede, Denberwa		Amount of contribution (\$)  \$300.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17205 Tobermory Dr Pflugerville, TX 78660-1726			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Data Entry			Employer (See Instructions) DPS		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/25 Report: 15/36

2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)

00000008

4 Date

10/23/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Keel, Lara Laneri

6 Contributor address; City; State; Zip Code

2113 W 11th St  
Austin, TX 78703-3801

7 Amount of  
contribution (\$)

\$350.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Government Affairs Consultant

10 Employer (See Instructions)  
Texas Lobby Group

Date

10/24/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Keil, Philip

Contributor address; City; State; Zip Code

912 Christopher St  
Austin, TX 78704-1620

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Architect

Employer (See Instructions)  
Furman + Keil Architects

Date

10/21/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Kemp, William F.

Contributor address; City; State; Zip Code

2909 Greenlee Dr  
Austin, TX 78703-1615

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Self Employed

Date

10/07/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Kincaid, Mark

Contributor address; City; State; Zip Code

3302 Glen Rose Dr  
Austin, TX 78731-5228

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
George Brothers Kincaid & Horton LLP

Date

10/19/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Knaggs, Bart

Contributor address; City; State; Zip Code

3305 River Rd  
Austin, TX 78703-1028

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Partner

Employer (See Instructions)  
New Waterloo Partners

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 14/25 Report: 16/36	
2 FILER NAME Dealey, Amanda			3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kobayashi, Joan		7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4618 Crestway Dr Austin, TX 78731-5204		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) CFO		10 Employer (See Instructions) Greater Public		
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lalk, Margaret		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6309 Walebridge Ln Austin, TX 78739-1571		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAN-PAC		Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2925 Briarpark Dr Ft 4 Houston, TX 77042-3720		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lava, Joan		Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4701 Ridge Oak Dr Austin, TX 78731-4723		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date  10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger, Dale		Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3 Niles Rd Austin, TX 78703-3137		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self		



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/25 Report: 17/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linn, Emma  6 Contributor address; City; State; Zip Code 2400 Vista Ln # B Austin, TX 78703-2344	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) Psychologist		10 Employer (See Instructions) St. Edward's University	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipscombe, John  Contributor address; City; State; Zip Code 6600 Mesa Dr Austin, TX 78731-2706	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Little, Emily  Contributor address; City; State; Zip Code 1001 E 8th St Austin, TX 78702-3248	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable) (contribution to be returned)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) architect		Employer (See Instructions) self	
Date  10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenz, Sheridan  Contributor address; City; State; Zip Code 1311 E 6th St Ste A Austin, TX 78702-3368	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) Hospitality Executive		Employer (See Instructions) Mitchell Family Properties	
Date  09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyon, Mark  Contributor address; City; State; Zip Code 7509 Parkview Cir Austin, TX 78731-1125	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) Retail Sales		Employer (See Instructions) Central Audio Systems, Inc.	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/25 Report: 18/36

2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)

00000008

4 Date

10/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Lyon, Mark

6 Contributor address; City; State; Zip Code

7509 Parkview Cir  
Austin, TX 78731-1125

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Retail Sales

10 Employer (See Instructions)  
Central Audio Systems, Inc.

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

MacKinnon, Richard

Contributor address; City; State; Zip Code

PO Box 4721  
Austin, TX 78765-4721

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Marketing

Employer (See Instructions)  
Less Networks

Date

09/29/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Martin, Carroll

Contributor address; City; State; Zip Code

3214 Park Hills Dr  
Austin, TX 78746-5573

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/27/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Mathis, Mary Nell

Contributor address; City; State; Zip Code

6300 Mercedes Bnd  
Austin, TX 78759-6121

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Mathis, Mary Nell

Contributor address; City; State; Zip Code

6300 Mercedes Bnd  
Austin, TX 78759-6121

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/25 Report: 19/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mauzy, Catherine  6 Contributor address; City; State; Zip Code 5203 Shoal Creek Blvd Austin, TX 78756-1812	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) Mauzy & Tucker PLLC	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maxson, Peter Flagg  Contributor address; City; State; Zip Code 4212 Avenue F Austin, TX 78751-3721	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKinnon, Mark  Contributor address; City; State; Zip Code 5804 Highland Hills Dr. Austin, TX 78731	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) Public relations		Employer (See Instructions) Self	
Date  10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Medrano, John  Contributor address; City; State; Zip Code 2837 Airport Fwy Apt 1006 Bedford, TX 76021-7986	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melesse, Genet  Contributor address; City; State; Zip Code 1522 Thibodeaux Dr Round Rock, TX 78664-7209	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Co Owner		Employer (See Instructions) Austin AA Limo LLC	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/25 Report: 20/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Abera  6 Contributor address; City; State; Zip Code 9001 Briardale Dr Austin, TX 78758-6429	7 Amount of contribution (\$)  \$300.00	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) Driver		10 Employer (See Instructions) Lonestar Cab	
Date  10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Zenaw  Contributor address; City; State; Zip Code 9001 Briardale Dr Austin, TX 78758-6429	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) Driver		Employer (See Instructions) Lonestar Cab	
Date  10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mikeska, Joan  Contributor address; City; State; Zip Code 4305 Briar Cliff Rd Temple, TX 76502-1539	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) Business Owner/Real Estate Broker		Employer (See Instructions) Joan Mikeska Realty, Inc.	
Date  10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nash, Robert  Contributor address; City; State; Zip Code 112 Skyline Dr West Lake Hills, TX 78746-3643	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Self	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ogden, Ron & Isabel Ross  Contributor address; City; State; Zip Code 1122 Colorado St Austin, TX 78701-2100	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 19/25 Report: 21/36

2 FILER NAME - Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)

00000008

4 Date

10/19/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Paturu, Vanajakshi

6 Contributor address; City; State; Zip Code  
7416 Carissa Cv  
Austin, TX 78759

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/21/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Peterson, Larry

Contributor address; City; State; Zip Code  
11011 Domain Dr  
Apt 8447  
Austin, TX 78758-7779

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Consultant

Employer (See Instructions)  
Texas Foundation for Innovative Communities

Date

10/21/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Phenix, Billy

Contributor address; City; State; Zip Code  
PO Box 684551  
Austin, TX 78768-4551

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Government Affairs Consultant

Employer (See Instructions)  
Self

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Pickens, Erin

Contributor address; City; State; Zip Code  
1705 Datura Ct  
Austin, TX 78733-5704

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
CFO

Employer (See Instructions)  
Stratus Properties

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Pickens, Kenneth

Contributor address; City; State; Zip Code  
1705 Datura Ct  
Austin, TX 78733-5704

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Real Estate

Employer (See Instructions)  
Stratus Properties

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)

00000008

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Ray, Beth Ann

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

10/24/2014

6 Contributor address; City; State; Zip Code  
11708 Running Brush Cv  
Austin, TX 78717-4894

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Romanczak, Marlene

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

10/24/2014

Contributor address; City; State; Zip Code  
11 Niles Rd  
Austin, TX 78703-3138

\$200.00

(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
HomemakerEmployer (See Instructions)  
Homemaker

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Roth, Daniel

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

10/25/2014

Contributor address; City; State; Zip Code  
1503 Wild Cat Holw  
West Lake Hills, TX 78746-3640

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Roth, Stephen

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

10/03/2014

Contributor address; City; State; Zip Code  
4111 Tablerock Dr  
Austin, TX 78731-1339

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Rudy, Amy

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

09/30/2014

Contributor address; City; State; Zip Code  
3301 Bowman Ave  
Austin, TX 78703-1525

\$350.00

(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
HomemakerEmployer (See Instructions)  
Not employed

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 21/25 Report: 23/36

2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)

00000008

4 Date

09/30/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Rudy, Kirk

6 Contributor address; City; State; Zip Code

3301 Bowman Ave  
Austin, TX 78703-1525

7 Amount of  
contribution (\$)

\$350.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
CEO

10 Employer (See Instructions)  
Endeavor

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Ruehlman, David

Contributor address; City; State; Zip Code

1605 Twilight Ridge Dr  
Austin, TX 78746-2213

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Landscaping

Employer (See Instructions)  
Austin Eagle Management

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Ruehlman, Laurie

Contributor address; City; State; Zip Code

1605 Twilight Ridge Dr  
Austin, TX 78746-2213

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Homemaker

Employer (See Instructions)  
Homemaker

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Rutishauser, Robert

Contributor address; City; State; Zip Code

4200 Jackson Ave  
Apt 5015  
Austin, TX 78731-6061

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
retired

Employer (See Instructions)  
none

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Scanlan, Wilson

Contributor address; City; State; Zip Code

219 E Marcy St  
Santa Fe, NM 87501-2020

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Arts

Employer (See Instructions)  
Verve Gallery

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 22/25 Report: 24/36

2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)

00000008

4 Date

10/07/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Seifu, Yemane

6 Contributor address; City; State; Zip Code

1015 E Yager Ln  
Unit 92  
Austin, TX 78753-7007

7 Amount of  
contribution (\$)

\$300.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Retired

10 Employer (See Instructions)  
Retired

Date

10/19/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Spann, Sally

Contributor address; City; State; Zip Code

2514 Spring Ln  
Austin, TX 78703-1743

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Info Requested

Employer (See Instructions)  
Info Requested

Date

09/26/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Stuart, Carl

Contributor address; City; State; Zip Code

2502 Velasquez Dr  
Austin, TX 78703-1545

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Swan, Laurie

Contributor address; City; State; Zip Code

1611 Northwood Rd  
Austin, TX 78703-1945

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Real Estate

Employer (See Instructions)  
Stratus Properties

Date

09/28/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Thibodeaux, Leroy

Contributor address; City; State; Zip Code

1908 W 38th St  
Austin, TX 78731-6015

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 23/25 Report: 25/36	
2 FILER NAME Dealey, Amanda			3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  09/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Helen L		7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 50291 Austin, TX 78763-0291			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turner, Mack		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6312 Chesley Ln Dallas, TX 75214-2119			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valdez, Cindy		Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7126 Valburn Dr Austin, TX 78731-1819			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Home Re-make			Employer (See Instructions) Cynthia Valdez	
Date  10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waller, Barry		Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3605 Steck Ave Apt 2083 Austin, TX 78759-8834			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waller, Barry		Amount of contribution (\$)  \$35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3605 Steck Ave Apt 2083 Austin, TX 78759-8834			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/25 Report: 26/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watkins, Sharon  6 Contributor address; City; State; Zip Code 4416 Ramsey Ave Austin, TX 78756-3209	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) Service industry		10 Employer (See Instructions) Zenith cafe corp	
Date  10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendler, Kenneth  Contributor address; City; State; Zip Code 4303 Canyonside Trl Austin, TX 78731-2858	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) Retired		Employer (See Instructions) Retired	
Date  10/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woodburn, Megan  Contributor address; City; State; Zip Code 401 W 15th St Ste 695 Austin, TX 78701-1665	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) President of Strategic Association Management		Employer (See Instructions) Self	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yedeme, Tigabue  Contributor address; City; State; Zip Code 405 Tom Kite Dr Round Rock, TX 78664-3984	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) Driver		Employer (See Instructions) Lonestar Cab	
Date  10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Youman, J Dudley  Contributor address; City; State; Zip Code 4007 Edgemont Dr Austin, TX 78731-5713	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 25/25 Report: 27/36

**2** FILER NAME Dealey, Amanda**3** ACCOUNT # (Ethics Commission filers)

00000008

**4** Date

10/03/2014

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Youman, Sandy**6** Contributor address; City; State; Zip Code  
4007 Edgemont Dr  
Austin, TX 78731-5713**7** Amount of  
contribution (\$)

\$100.00

**8** In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/1 Report: 28/36	
<b>2</b> FILER NAME Dealey, Amanda		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000008	
<b>4</b> TOTAL OF UNITEMIZED LOANS:                      ⇔⇔⇔⇔⇔⇔		\$	
<b>5</b> Date of loan 10/24/2014	<b>7</b> Name of lender Dealey, Amanda <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>9</b> Loan Amount (\$) ✓ \$10,000.00	
<b>6</b> Is lender a financial institution?  No	<b>8</b> Lender address; City; State; Zip Code 5401 Ridge Oak Dr. Austin, TX 78731	<b>10</b> Interest rate	
		<b>11</b> Maturity date 11/04/2014	
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor  <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)	
<b>20</b> Principal Occupation		<b>21</b> Employer	

**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.

<b>1 PAGE #</b> Schedule: 1/7 Report: 29/36		<b>2 FILER NAME</b> Dealey, Amanda		<b>3 ACCOUNT # (TEC filers)</b> 00000008	
<b>4 Date</b> 10/21/2014		<b>5 Payee name</b> Austin Chronicle			
<b>6 Amount (\$)</b> \$925.00		<b>7 Payee address</b> City: State: Zip Code PO Box 49066 Austin, TX 78765			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political print advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/02/2014		<b>Payee name</b> Cashiola, Tyler			
<b>Amount (\$)</b> \$1,025.00		<b>Payee address</b> City: State: Zip Code 1773 Wells Branch Parkway #1103 Austin, TX 78728			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/16/2014		<b>Payee name</b> Cashiola, Tyler			
<b>Amount (\$)</b> \$1,060.00		<b>Payee address</b> City: State: Zip Code 1773 Wells Branch Parkway #1103 Austin, TX 78728			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/02/2014		<b>Payee name</b> Cooper, Lucy			
<b>Amount (\$)</b> \$435.00		<b>Payee address</b> City: State: Zip Code 8500 Red Willow #A Austin, TX 78736			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		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.

<b>1 PAGE #</b> Schedule: 2/7 Report: 30/36		<b>2 FILER NAME</b> Dealey, Amanda		<b>3 ACCOUNT # (TEC filers)</b> 00000008	
<b>4 Date</b> 10/16/2014		<b>5 Payee name</b> Cooper, Lucy			
<b>6 Amount (\$)</b> \$410.00		<b>7 Payee address</b> City: State: Zip Code 8500 Red Williwow #A Austin, TX 78736			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/30/2014		<b>Payee name</b> Dunning, Logan			
<b>Amount (\$)</b> \$1,125.00		<b>Payee address</b> City: State: Zip Code 8519 Cahill Dr. # 2505 Austin, TX 78729			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/16/2014		<b>Payee name</b> Dunning, Logan			
<b>Amount (\$)</b> \$1,125.00		<b>Payee address</b> City: State: Zip Code 8519 Cahill Dr. # 2505 Austin, TX 78729			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/03/2014		<b>Payee name</b> First Data			
<b>Amount (\$)</b> \$356.01		<b>Payee address</b> City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		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.

<b>1 PAGE #</b> Schedule: 3/7 Report: 31/36		<b>2 FILER NAME</b> Dealey, Amanda		<b>3 ACCOUNT # (TEC filers)</b> 00000008	
<b>4 Date</b> 10/03/2014		<b>5 Payee name</b> First Data			
<b>6 Amount (\$)</b> \$234.57		<b>7 Payee address</b> City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
<b>8 PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/03/2014		<b>Payee name</b> First Data			
<b>Amount (\$)</b> \$33.40		<b>Payee address</b> City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/01/2014		<b>Payee name</b> GNI Strategies, LLC			
<b>Amount (\$)</b> \$3,738.45		<b>Payee address</b> City: State: Zip Code P.O. Box 685008 Austin, TX 78768			
<b>PURPOSE OF EXPENDITURE</b>		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, postage & mailing services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/08/2014		<b>Payee name</b> GNI Strategies, LLC			
<b>Amount (\$)</b> \$25,282.71		<b>Payee address</b> City: State: Zip Code P.O. Box 685008 Austin, TX 78768			
<b>PURPOSE OF EXPENDITURE</b>		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, postage & mailing services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		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.

<b>1 PAGE #</b> Schedule: 4/7 Report: 32/36		<b>2 FILER NAME</b> Dealey, Amanda		<b>3 ACCOUNT # (TEC filers)</b> 00000008	
<b>4 Date</b> 10/14/2014		<b>5 Payee name</b> GNI Strategies, LLC			
<b>6 Amount (\$)</b> \$3,722.00		<b>7 Payee address</b> City:   State:   Zip Code P.O. Box 685008 Austin, TX 78768			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> General campaign management  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:      Office held:	
<b>Date</b> 10/21/2014		<b>Payee name</b> GNI Strategies, LLC			
<b>Amount (\$)</b> \$1,233.34		<b>Payee address</b> City:   State:   Zip Code P.O. Box 685008 Austin, TX 78768			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, mailing & postage services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:      Office held:	
<b>Date</b> 10/21/2014		<b>Payee name</b> GNI Strategies, LLC			
<b>Amount (\$)</b> \$18,000.00		<b>Payee address</b> City:   State:   Zip Code P.O. Box 685008 Austin, TX 78768			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, mailing & postage services  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:      Office held:	
<b>Date</b> 10/02/2014		<b>Payee name</b> Hardwick, Andrew			
<b>Amount (\$)</b> \$405.00		<b>Payee address</b> City:   State:   Zip Code 417 Canterbury New Braunfels, TX 78132			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		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.

<b>1 PAGE #</b> Schedule: 5/7 Report: 33/36		<b>2 FILER NAME</b> Dealey, Amanda		<b>3 ACCOUNT # (TEC filers)</b> 00000008	
<b>4 Date</b> 10/16/2014	<b>5 Payee name</b> Hardwick, Andrew				
<b>6 Amount (\$)</b> \$360.00	<b>7 Payee address</b> City: State: Zip Code 417 Canterbury New Braunfels, TX 78132				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/16/2014	<b>Payee name</b> In Focus Campaigns				
<b>Amount (\$)</b> \$441.51	<b>Payee address</b> City: State: Zip Code PO Box 10726 Fort Worth, TX 76114				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> phone calls		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/14/2014	<b>Payee name</b> Jewish Community Association of Austin				
<b>Amount (\$)</b> \$811.00	<b>Payee address</b> City: State: Zip Code 7300 Hart Lane Austin, TX 78731				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political print advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/16/2014	<b>Payee name</b> Kelly Graphics				
<b>Amount (\$)</b> \$1,372.81	<b>Payee address</b> City: State: Zip Code 1409 Quaker Ridge Austin, TX 78746				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> yard signs		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1 PAGE #</b> Schedule: 6/7 Report: 34/36		<b>2 FILER NAME</b> Dealey, Amanda		<b>3 ACCOUNT # (TEC filers)</b> 00000008	
<b>4 Date</b> 10/14/2014	<b>5 Payee name</b> Lowe's				
<b>6 Amount (\$)</b> \$104.73	<b>7 Payee address</b> City: State: Zip Code 8000 Shoal Creek Blvd. Austin, TX 78757				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> yard sign supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/14/2014	<b>Payee name</b> NGP Van, Inc.				
<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City: State: Zip Code 1101 15th Street, NW, Suite 500 Washington, DC 20005				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> database software		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/22/2014	<b>Payee name</b> NGP Van, Inc.				
<b>Amount (\$)</b> \$70.00	<b>Payee address</b> City: State: Zip Code 1101 15th Street, NW, Suite 500 Washington, DC 20005				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> database software		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/10/2014	<b>Payee name</b> Susan Harry Consulting, LLC				
<b>Amount (\$)</b> \$1,400.00	<b>Payee address</b> City: State: Zip Code P.O. Box 301074 Austin, TX 78703				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising & compliance consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1 PAGE #</b> Schedule: 7/7 Report: 35/36		<b>2 FILER NAME</b> Dealey, Amanda		<b>3 ACCOUNT # (TEC filers)</b> 00000008	
<b>4 Date</b> 10/01/2014		<b>5 Payee name</b> Wallace, John			
<b>6 Amount (\$)</b> \$990.00		<b>7 Payee address</b> City: State: Zip Code 11316 Jollyville Rd. Austin, TX 78759			
<b>8 PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/16/2014		<b>Payee name</b> Wallace, John			
<b>Amount (\$)</b> \$965.00		<b>Payee address</b> City: State: Zip Code 11316 Jollyville Rd. Austin, TX 78759			
<b>PURPOSE OF EXPENDITURE</b>		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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G****EXPENDITURE CATEGORIES**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan 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.

<b>1 PAGE #</b> Schedule: 1/1 Report: 36/36		<b>2 FILER NAME</b> Dealey, Amanda		<b>3 ACCOUNT # (TEC filers)</b> 00000008
<b>4 Date</b> 09/28/2014	<b>5 Payee name</b> Planned Parenthood			
<b>6 Amount (\$)</b> \$10,000.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7 Payee address</b> City: State: Zip Code 201 E. Ben White Blvd, Building B Austin, TX 78704			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> performance at event by Jimmie Dale Gilmore (purchased at Planned Parenthood auction)	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			

**BUNDLING REPORT**Name of candidate/officeholder: **Amanda "Mandy" Dealey**

1. For each person/bundler who has solicited and obtained campaign contributions on your behalf of \$200 or more per person from five (5) or more individuals during the reporting period, provide the following information. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Name of Individual/Bundler	Address	Occupation	Employer	Total Amount Bundled
Laurie Swan	1611 Northwood Rd, Austin, TX 78703	Real Estate	Stratus Properties	\$4,900
Solomon Kassa	2958 Donnell Dr, Round Rock, TX 78664	Operator	Capital Metro	\$2,900

2. For each person identified above, enter the name and address of each individual contributor whose contribution was bundled by that individual. Attach additional sheets if necessary.

Contributor	Address	City	State	Zip	Occupation	Employer	Amount	Bundler
Laurie Swan	1611 Northwood Rd	Austin	TX	78703-1945	Real Estate	Stratus Properties	\$350.00	Laurie Swan
Ed Bailey	1914 Riverview St	Austin	TX	78702-5527	Marketing Manager	Austin City Limits	\$350.00	Laurie Swan
Spencer Edwards	1804 Woodland Ave	Austin	TX	78741-3910	Analyst	Stratus Properties	\$350.00	Laurie Swan
Erin Collier	1804 Woodland Ave	Austin	TX	78741-3910	Artist	Self Employed	\$350.00	Laurie Swan
Carol Fahs	5916 Savin Hill Ct	Austin	TX	78739-1676	Controller	Stratus Properties	\$350.00	Laurie Swan
Carolyn Farace	4103 Arrow Wood Rd	Cedar Park	TX	78613-4884	Graphic Designer	Farace Design Group Inc	\$350.00	Laurie Swan
Thomas Farace	4103 Arrow Wood Rd	Cedar Park	TX	78613-4884	Owner	Farace Beverages	\$350.00	Laurie Swan
Timothy Fischer	1700 Westmoor Dr	Austin	TX	78723-3410	Coffee Company	Self Employed	\$350.00	Laurie Swan
Colleen Fischer	1700 Westmoor Dr	Austin	TX	78723-3410	GM	ACL Live	\$350.00	Laurie Swan
Kenneth Pickens	1705 Datura Ct	Austin	TX	78733-5704	Real Estate	Stratus Properties	\$350.00	Laurie Swan
Erin Pickens	1705 Datura Ct	Austin	TX	78733-5704	CFO	Stratus Properties	\$350.00	Laurie Swan
David Ruehlman	1605 Twilight Ridge Dr	Austin	TX	78746-2213	Landscaping	Austin Eagle Management	\$350.00	Laurie Swan
Laurie Ruehlman	1605 Twilight Ridge Dr	Austin	TX	78746-2213	Homemaker	None	\$350.00	Laurie Swan
Jon Andrus	1611 Northwood Rd	Austin	TX	78703-1945	Real Estate	Austin Retail Partners	\$350.00	Laurie Swan

Contributor	Occupation	Employer	Address	City	State	Zip	Amount	Bundler
Yodit Tekle	Owner	Yasay Inc	2958 Donnell Dr	Round Rock	TX	78664-5709	\$50.00	Solomon Kassa
Meseret Woldegebriel	Housekeeping	Seton Hospital	405 Tom Kite Dr	Round Rock	TX	78664-3984	\$50.00	Solomon Kassa
Tsegaye Chernet	Driver	Lonestar Cab	PO Box 144542	Austin	TX	78714-4542	\$200.00	Solomon Kassa
Daniel Ejigu	Co Owner	Austin AA Limo LLC	1522 Thibodeaux Dr	Round Rock	TX	78664-7209	\$200.00	Solomon Kassa
Genet Melesse	Co Owner	Austin AA Limo LLC	1522 Thibodeaux Dr	Round Rock	TX	78664-7209	\$200.00	Solomon Kassa
Zenaw Mersha	Driver	Lonestar Cab	9001 Briardale Dr	Austin	TX	78758-6429	\$250.00	Solomon Kassa
Denberwa Kebede	Data Entry	DPS	17205 Tobermory Dr	Pflugerville	TX	78660-1726	\$300.00	Solomon Kassa
Abera Mersha	Driver	Lonestar Cab	9001 Briardale Dr	Austin	TX	78758-6429	\$300.00	Solomon Kassa
Yemane Seifu	Retired	Retired	1015 E Yager Ln, Unit 92	Austin	TX	78753-7007	\$300.00	Solomon Kassa
Solomon Kassa	Operator	Capital Metro	2958 Donnell Dr	Round Rock	TX	78664-5709	\$350.00	Solomon Kassa
Firew Getahun	Accountant	Financial Freedom	2722 High Point Dr	Round Rock	TX	78664-5790	\$350.00	Solomon Kassa
Tigabue Yedeme	Driver	Lonestar Cab	405 Tom Kite Dr	Round Rock	TX	78664-3984	\$350.00	Solomon Kassa
Chandu Guntakala	Technology employee	Anuta Networks	10305 Dianella Lane	Austin	TX	78759	\$100	Solomon Kassa

3. Identify each person registered or required to be register under City Code, Chapter 4-8 (Regulation of Lobbyists) employed by, or compensated to lobby by: (1) any Bundler identified in Section 1 above, (2) a business association through which the Bundler does business, or (3) the Bundler's employer.

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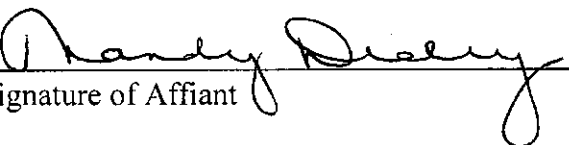
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*Note: It is important to remember that contributions to you are from the actual donor, not from the individual who solicited the donations on your behalf. Therefore, on form C/OH you must identify the actual donor as the contributor.*

**STATE OF TEXAS  
VERIFICATION**

I certify that the total amount bundled on my behalf in the campaign period by all partners, shareholders, principals, employees, and persons who conduct business through a business association that is subject to City Code, Section 2-2-22(E), when added together, does not exceed ten (10) times the contribution limit set by City Charter, Article III, Section 8(A)(1) for the entire business association.

  
Signature of Affiant