

# 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) 00000012	2 PAGE # 1 of 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI DeWayne		OFFICE USE ONLY  Date Received  2014 OCT 27 PM 4:39 AUSTIN CITY CLERK RECEIVED
	NICKNAME LAST SUFFIX Lofton		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 14651 Austin, TX 78761		Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Hoover		Date Processed
	NICKNAME LAST SUFFIX Alexander		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2002 Manor Rd. Austin, TX 78722		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 474-5454		
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 1	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

13 C/OH NAME Lofton, DeWayne

14 ACCOUNT # (Ethics Commission filers)  
0000001215 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION  
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 470.00

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

\$ 2,920.00

EXPENDITURE  
TOTALS

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

\$ 198.82

4. TOTAL POLITICAL EXPENDITURES

\$ 1,673.82

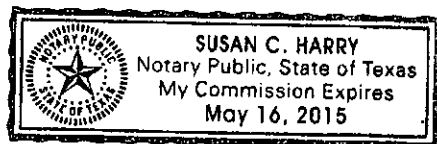
CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 8,750.82

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

\$ 10,000.00

## 17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*DeWayne Lofton*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DeWayne Lofton, this the 27<sup>th</sup> day  
of October, 20 14, 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: 1/3 Report: 3/6

2 FILER NAME Lofton, DeWayne

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

10/21/2014

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

Alexander, Hoover Jr.

6 Contributor address; City; State; Zip Code

1303 Comal St  
Austin, TX 78702-1109

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

10/25/2014

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

Barros, Roque

Contributor address; City; State; Zip Code

PO Box 741123  
San Diego, CA 93174

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

10/22/2014

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

Betts, Charlie

Contributor address; City; State; Zip Code

14741 Arrowhead Dr  
Valente, TX 78641-9122

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)

Executive Director

Employer (See Instructions)

Downtown Austin Alliance

Date

09/27/2014

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

Harris, R.H.

Contributor address; City; State; Zip Code

3105 Valburn Dr.  
Austin, TX 78723

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

food & drinks for event

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

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

none

Date

09/27/2014

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

Jacob, Betty

Contributor address; City; State; Zip Code

3106 Val Drive  
Austin, TX 78723

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

food & drinks for event

(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: 2/3 Report: 4/6

2 FILER NAME Lofton, DeWayne

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

09/27/2014

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

Jacob, David

6 Contributor address; City; State; Zip Code

1713 Shelbourne Dr.  
Austin, TX 78752

7 Amount of  
contribution (\$)

\$350.00

8 In-kind contribution  
description (if applicable)  
food & drinks for event

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

9 Principal occupation / Job title (See Instructions)  
Truck Driver

10 Employer (See Instructions)  
AAA

Date

09/27/2014

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

Madison, Craig

Contributor address; City; State; Zip Code

5707 Wellington  
Austin, TX 78723

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)  
food & drinks for event

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

Principal occupation / Job title (See Instructions)  
Computer Tech

Employer (See Instructions)  
DPS

Date

09/27/2014

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

Martin, Toni

Contributor address; City; State; Zip Code

7585 Chevy Chase Dr. #203  
Austin, TX 78752

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)  
food & drinks for event

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

Principal occupation / Job title (See Instructions)  
Legal Auditor

Employer (See Instructions)  
Polunsky, Bitel & Green LLC

Date

10/23/2014

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

Officer, Troy

Contributor address; City; State; Zip Code

3401 W Parmer Ln  
Austin, TX 78727-4130

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

10/25/2014

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

RECA Good Government PAC

Contributor address; City; State; Zip Code

98 San Jacinto Blvd.  
Ste. 510  
Austin, TX 78701

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)

Employer (See Instructions)

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 3/3 Report: 5/6

**2** FILER NAME Lofton, DeWayne**3** ACCOUNT # (Ethics Commission filers)

00000012

**4** Date

10/23/2014

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

Stern, Lonny

**6** Contributor address; City; State; Zip Code2929A E 13th St  
Austin, TX 78702-2419**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)

**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: 1/1 Report: 6/6		<b>2 FILER NAME</b> Lofton, DeWayne		<b>3 ACCOUNT # (TEC filers)</b> 00000012	
<b>4 Date</b> 10/02/2014	<b>5 Payee name</b> Boaz Enterprises				
<b>6 Amount (\$)</b> \$300.00	<b>7 Payee address</b> City: State: Zip Code 2011 E. 6th Street, Suite 1209 Austin, TX 78702				
<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"/> Consulting		
	<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> 10/15/2014	<b>Payee name</b> Boaz Enterprises				
<b>Amount (\$)</b> \$600.00	<b>Payee address</b> City: State: Zip Code 2011 E. 6th Street, Suite 1209 Austin, TX 78702				
<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"/> 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:
<b>Date</b> 10/09/2014	<b>Payee name</b> Susan Harry Consulting, LLC				
<b>Amount (\$)</b> \$575.00	<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"/> 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: