

FORM C/OH  
COVER SHEET PG 1

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**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****13 C/OH NAME** English, Edwin (Mr.)**14 ACCOUNT #** (Ethics Commission filers)  
12121212**15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

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

**COMMITTEE TYPE****COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****16 CONTRIBUTION  
TOTALS**1. **TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$ 0.00

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

\$ 170.00

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

\$ 0.00

4. **TOTAL POLITICAL EXPENDITURES**

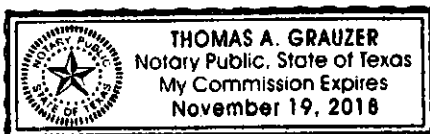
\$ 8,337.62

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

\$ 0.00

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

\$ 2,634.17

**17 AFFIDAVIT**

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ed English, this the 8<sup>th</sup> day of December, 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: 1/1 Report: 3/7	
2 FILER NAME English, Edwin (Mr.)				3 ACCOUNT # (Ethics Commission filers) 12121212	
4 Date  10/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Magner, Cynthia			7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 12406 Blue Water Circle Austin, TX 78758				(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date  11/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orshalick, David			Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2710 W. 49 1/2 Street Austin, TX 78731				(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Tech Writer			Employer (See Instructions) Retired		
Date  11/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wier, Kevin			Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8207 Stillwood Lane Austin, TX 78757				(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/3 Report: 4/7		<b>2 FILER NAME</b> English, Edwin (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 12121212	
<b>4 Date</b> 11/01/2014	<b>5 Payee name</b> Abel's North Grill and Tap House				
<b>6 Amount (\$)</b> \$100.00	<b>7 Payee address</b> City: State: Zip Code 4001 W. Parmer Lane Austin, TX 78727				
<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"/> Election Watch Party food and services		
	<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> 11/04/2014	<b>Payee name</b> Abel's North Grill and Tap House				
<b>Amount (\$)</b> \$284.25	<b>Payee address</b> City: State: Zip Code 4001 W. Parmer Lane Austin, TX 78727				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election Watch Party food and 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> 11/12/2014	<b>Payee name</b> El Mercado				
<b>Amount (\$)</b> \$85.71	<b>Payee address</b> City: State: Zip Code 7414 Burnet Road Austin, TX 78757				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and Drinks for Volunteer Appreciation		
	<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> 12/05/2014	<b>Payee name</b> English, Edwin				
<b>Amount (\$)</b> \$7,365.83	<b>Payee address</b> City: State: Zip Code 12704 Europa Lane Austin, TX 78727				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Repayment of loan disclosed in 7/15/14 Sch. E filing		
	<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  
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: 2/3 Report: 5/7		<b>2 FILER NAME</b> English, Edwin (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 12121212	
<b>4 Date</b> 10/27/2014	<b>5 Payee name</b> Local Voice Solutions				
<b>6 Amount (\$)</b> \$99.50	<b>7 Payee address</b> City; State; Zip Code 3700 Thompson St. Austin, TX 78702				
<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"/> Fundraiser organization and services		
	<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> 10/28/2014	<b>Payee name</b> Pirix				
<b>Amount (\$)</b> \$79.13	<b>Payee address</b> City; State; Zip Code 144 Second St San Francisco, CA 94105				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Service Charge		
	<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> 11/04/2014	<b>Payee name</b> Pirix				
<b>Amount (\$)</b> \$8.20	<b>Payee address</b> City; State; Zip Code 144 Second St San Francisco, CA 94105				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Service Charge		
	<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> 11/20/2014	<b>Payee name</b> Sorrells, Tim				
<b>Amount (\$)</b> \$270.00	<b>Payee address</b> City; State; Zip Code P.O. Box 302251 Austin, TX 78703				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Legal Services		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign finance consultation		
	<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: 3/3 Report: 6/7		<b>2 FILER NAME</b> English, Edwin (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 12121212
<b>4 Date</b> 11/04/2014	<b>5 Payee name</b> Tuggey Calvoz			
<b>6 Amount (\$)</b> \$45.00	<b>7 Payee address</b> City:   State:   Zip Code 900 Congress # 210 Austin, TX 78701			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Legal Services		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign finance consultation	
	<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:

**CANDIDATE/OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**\*\* Complete only if 'Report Type' on page 1 is marked 'Final Report' \*\***

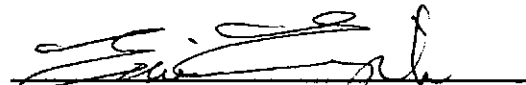
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**1 C/OH NAME** English, Edwin (Mr.)**2 ACCOUNT #** (Ethics Commission filers)

12121212

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****\*\* Complete A & B below only if you are not an officeholder \*\*****A. CAMPAIGN FUNDS**

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.**B. ASSETS**

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.  
Signature of Candidate**5 OFFICEHOLDER****\*\* Complete this section only if you are an officeholder \*\***☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.\_\_\_\_\_  
Signature of Officeholder