

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) 0000000	2 PAGE # 1 of 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Michael		OFFICE USE ONLY Date Received 2014 DEC 11 PM 3:13 AUSTIN CITY CLERK RECEIVED
	NICKNAME LAST SUFFIX Cargill		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 82303 Austin, TX 78708-2303		Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. David		Date Processed
	NICKNAME LAST SUFFIX Adcock		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11628 Loweswater Lane Austin, TX 78754		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 788-6998		
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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 10/26/2014 THROUGH 12/08/2014		
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, City of Austin District 1	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Cargill, Michael (Mr.)

14 ACCOUNT # (Ethics Commission filers)
000000015 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

\$ 0.00

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

\$ 295.00

EXPENDITURE
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 3,622.52

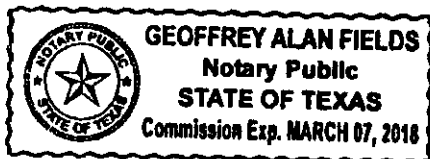
CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

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

\$ 2,364.56

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Cargill, this the 8th day of December, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Geoffrey A. Fields
Print name of officer administering oath

Notary Public
Title of officer administering oath

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 3/11**2 FILER NAME** Cargill, Michael (Mr.)**3 ACCOUNT #** (Ethics Commission filers)
0000000**4 Date** 11/01/2014 **5 Full name of contributor** ☐ out-of-state PAC (ID# _____)
Acosta, Rebecca (Mrs.)**6 Contributor address; City; State; Zip Code**
478 Deer Run Pass
Canayon Lake, TX 78133**7 Amount of contribution (\$)** **8 In-kind contribution description (if applicable)**

\$70.00

(If travel outside of Texas, complete Schedule T) ☐**9 Principal occupation / Job title (See Instructions)**
Real Estate Agent**10 Employer (See Instructions)**
TriStar Realty**Date** 10/26/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Jones, James (Mr.)**Contributor address; City; State; Zip Code**
3700 Thompson St.
Austin, TX 78702**Amount of contribution (\$)** **In-kind contribution description (if applicable)**
Fundraising Expense

\$155.00

(If travel outside of Texas, complete Schedule T) ☐**Principal occupation / Job title (See Instructions)**
Business Owner**Employer (See Instructions)**
Self-employed**Date** 10/27/2014 **Full name of contributor** ☐ out-of-state PAC (ID# _____)
Morris, Rachael (Mrs.)**Contributor address; City; State; Zip Code**
7410 Coers Blvd.
Converse, TX 78109**Amount of contribution (\$)** **In-kind contribution description (if applicable)**

\$70.00

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

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 4/11	
2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄		\$	
5 Date of loan 10/26/2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		9 Loan Amount (\$) \$199.00
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		10 Interest rate 0
			11 Maturity date
12 Principal occupation / Job title (See Instructions) Business Owner		13 Employer (See Instructions) Sporting Goods Store	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer	
Date of loan 10/28/2014	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		Loan Amount (\$) \$50.00
Is lender a financial Institution? No	Lender address; City; State; Zip Code 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		Interest rate 0
			Maturity date
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Sporting Goods Store	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 5/11	
2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 TOTAL OF UNITEMIZED LOANS: ⇨⇨⇨⇨⇨⇨			\$
5 Date of loan 11/05/2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		9 Loan Amount (\$) \$49.46
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		10 Interest rate 0
			11 Maturity date
12 Principal occupation / Job title (See Instructions) Business Owner		13 Employer (See Instructions) Sporting Goods Store	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer	
Date of loan 11/05/2014	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		Loan Amount (\$) \$350.00
Is lender a financial Institution? No	Lender address; City; State; Zip Code 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		Interest rate 0
			Maturity date
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Sporting Goods Store	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 6/11	
2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 TOTAL OF UNITEMIZED LOANS: ⇔⇔⇔⇔⇔⇔		\$	
5 Date of loan 11/20/2014	7 Name of lender Cargill, Michael (Mr.) <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) \$400.00	
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 321 W. Ben White Blvd. Suite 203 Austin, TX 78704	10 Interest rate 0	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) Business Owner		13 Employer (See Instructions) Sporting Goods Store	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation		21 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.

1 PAGE # Schedule: 1/3 Report: 7/11		2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (TEC filers) 0000000	
4 Date 11/06/2014	5 Payee name Austin Budget Signs				
6 Amount (\$) \$779.40	7 Payee address City: State: Zip Code 3904D Warehouse Row Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/26/2014	Payee name CallFire Inc				
Amount (\$) \$199.00	Payee address City: State: Zip Code 1410 2nd St, Suite 200 Santa Monica, CA 90401				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/01/2014	Payee name Cargill, Michael (Mr.)				
Amount (\$) \$623.33	Payee address City: State: Zip Code 321 W. Ben White Blvd., Suite 203 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Loan Repayment		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/05/2014	Payee name Facebook Inc.				
Amount (\$) \$350.00	Payee address City: State: Zip Code 1601 Willow Road Menlo Park, CA 94025				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 8/11		2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (TEC filers) 0000000	
4 Date 10/28/2014	5 Payee name Google Inc.				
6 Amount (\$) \$50.00	7 Payee address City: State: Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/05/2014	Payee name Google Inc.				
Amount (\$) \$49.46	Payee address City: State: Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/06/2014	Payee name Local Voice Solutions, LLC.				
Amount (\$) \$1,096.67	Payee address City: State: Zip Code 3700 Thompson St. Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/27/2014	Payee name PayPal				
Amount (\$) \$2.33	Payee address City: State: Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # **2** FILER NAME **3** ACCOUNT # (TEC filers)
Schedule: 3/3 Report: 9/11 Cargill, Michael (Mr.) 0000000

4 Date **5** Payee name
11/01/2014 PayPal

6 Amount (\$) **7** Payee address City; State; Zip Code
\$2.33 2211 North First Street
San Jose, CA 95131

8 PURPOSE OF EXPENDITURE **(a)** Category (See Categories listed at the top of this schedule) **(b)** Description (If travel outside of Texas, complete Schedule T) ☐
Fees Transaction Fee
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

Date Payee name
11/30/2014 Sprint Corporation

Amount (\$) Payee address City; State; Zip Code
\$400.00 6200 Sprint Parkway
Overland Park, KS 66251

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) ☐
Fees Cellular Telephone Expense
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

Date Payee name
11/06/2014 Williams, Jerry (Mr.)

Amount (\$) Payee address City; State; Zip Code
\$70.00 5220 Hudson Bend Road
Austin, TX 78734

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) ☐
Salaries/Wages/Contract Labor Contract Labor
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 10/11

2 FILER NAME Cargill, Michael (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000000

<p>4 Date</p> <p>10/28/2014</p>	<p>5 Name of person from whom amount is received Google Inc.</p> <hr/> <p>6 Address of person from whom amount is received; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043</p> <p>7 Purpose for which amount is received Promotional Credit</p>	<p>8 Amount (\$)</p> <p>\$75.00</p>
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**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' ****

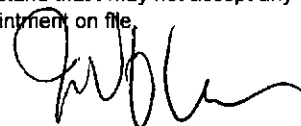
Page 11 of 11

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

0000000

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

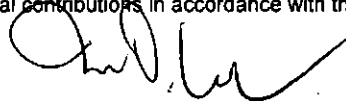
Check only one:

☒

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