

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)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI ms MARJORIE	OFFICE USE ONLY Date Received Date Hand-delivered or postmarked Receipt # Amount Date Processed Date Imaged 2015 JAN 8 PM 3:10 AUSTIN CITY CLERK RECEIVED	
	NICKNAME LAST SUFFIX MARGIE BURCIAGA		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE PO BOX 28366 AUSTIN TX 78755		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 750-4908		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI ms MINDY	Date Received Date Hand-delivered or postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX MONTFORD		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 1100 Guadalupe AUSTIN TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 651-6375		
9 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 26 / 2014 12 / 31 / 2014		
11 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	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) AUSTIN CITY COUNCIL DISTRICT 10	

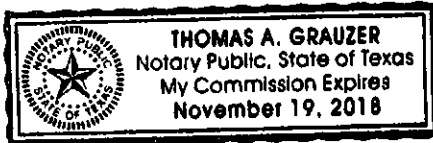
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
<input type="checkbox"/> additional pages				
17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 450	
	EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
		4.	TOTAL POLITICAL EXPENDITURES	\$ 4,316.69
	CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,425.41 5,000.00 MB

18 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.

Marjorie Buciaga
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marjorie Buciaga, this the 8th day of January, 20 15, to certify which, witness my hand and seal of office.

Thomas A. Grauer
Signature of officer administering oath

Thomas A. Grauer
Printed 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 Total pages Schedule A:

1

2 FILER NAME

Margie BURCIAGA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/26/
2014

5 Full name of contributor

☐ out-of-state PAC (ID#:

Louis and Nida Williams

6 Contributor address: City: State: Zip Code

201 Lavaca St #536
Austin, TX 787017 Amount of
contribution (\$)

\$100

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

10/29/
2014

Full name of contributor

☐ out-of-state PAC (ID#:

Emily Baker

Contributor address: City: State: Zip Code

5000 Ridge Oak Dr
Austin, TX 78731Amount of
contribution (\$)

\$350

In-kind contribution
description (if applicable)

(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#:

Contributor address: City: State: Zip Code

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

(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#:

Contributor address: City: State: Zip Code

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

(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#:

Contributor address: City: State: Zip Code

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em;">MARGIE BURCIAGA</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: \$ \$ \$ \$ \$ \$		\$	
5 Date of loan <div style="font-size: 1.2em;">11/24/2014</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em;">MARGIE BURCIAGA</div>		9 Loan Amount (\$) <div style="font-size: 1.2em;">425.41</div>
6 Is lender a financial Institution? <div style="text-align: center;">Y <input checked="" type="radio"/> N</div>	8 Lender address: City: State: Zip Code <div style="font-size: 1.2em;">3900 MYRICK DR Austin TX 78731</div>		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address: City: State: Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? <div style="text-align: center;">Y N</div>	Lender address: City: State: Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME MARGIE BURCIAGA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/27/2014		5 Payee name Texas Welding Supply			
6 Amount (\$) 247.74		7 Payee address: City: State: Zip Code 4705 Commercial Park Dr Austin TX 78724			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) advertiser's materials		(b) Description (If travel outside of Texas, complete Schedule T) helium	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/20/2014		Payee name West Austin News			
Amount (\$)		Payee address: City: State: Zip Code Austin TX 78721			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising		Description (If travel outside of Texas, complete Schedule T) print ad	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/30/2014		Payee name RAISE THE MONEY			
Amount (\$) 22.05		Payee address: City: State: Zip Code LITTLE ROCK, AR			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) fees		Description (If travel outside of Texas, complete Schedule T) visa fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/2/2014		Payee name Wells Fargo			
Amount (\$) 35-		Payee address: City: State: Zip Code AUSTIN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) fees		Description (If travel outside of Texas, complete Schedule T) bank acct fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>MARGIE BURCIASA</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name <i>[scribbled out]</i>	
6 Amount (\$)	7 Payee address: City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

MARGIE BURCIAGA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/14/
2014

5 Name of person from whom amount is received

Texas Welding Supply

8 Amount
(\$)

125-

6 Address of person from whom amount is received: City: State: Zip Code

470 S Commercial Park R
Austin TX 78724

7 Purpose for which amount is received

refund of deposit

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received: City: State: Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received: City: State: Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received: City: State: Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
6 Dates of travel	7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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" ..

1 C/OH NAME

MARSORIE "MARGIE" BURCIAGA

2 ACCOUNT # (Ethics Commission Filers)**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. ASSETSCheck *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