

# 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: <div style="font-size: 2em; text-align: center;">B</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Eliza</div>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="margin: 0;">Date Received <span style="float: right; font-size: 1.5em;">2015 JAN 15</span></p> <p style="margin: 0; text-align: right; font-size: 1.5em;">AUSTIN CITY CLERK RECEIVED</p> <p style="margin: 0;">Date Hand-delivered or Postmarked <span style="float: right; font-size: 1.5em;">PM 1</span></p> <p style="margin: 0;">Receipt # <span style="float: right; font-size: 1.5em;">Amount</span></p> <p style="margin: 0;">Date Processed <span style="float: right; font-size: 1.5em;">1 58</span></p> <p style="margin: 0;">Date Imaged</p> </div>	
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">MAY</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">P.O. Box 91951 Austin, Texas 78709</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 358-0479</div>		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI <div style="text-align: center; font-size: 1.5em;">"Bill" William</div>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="margin: 0;">Date Received <span style="float: right; font-size: 1.5em;">2015 JAN 15</span></p> <p style="margin: 0; text-align: right; font-size: 1.5em;">AUSTIN CITY CLERK RECEIVED</p> <p style="margin: 0;">Date Hand-delivered or Postmarked <span style="float: right; font-size: 1.5em;">PM 1</span></p> <p style="margin: 0;">Receipt # <span style="float: right; font-size: 1.5em;">Amount</span></p> <p style="margin: 0;">Date Processed <span style="float: right; font-size: 1.5em;">1 58</span></p> <p style="margin: 0;">Date Imaged</p> </div>	
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Oa Key</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">1507 Eitow Lane, Unit B Austin, Texas 78703</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 913-7696</div>		
9 REPORT TYPE	<input checked="" 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 <div style="font-size: 1.5em;">10 / 28 / 2014    THROUGH    Jan / 25 / 2015</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">11 / 4 / 2014</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Austin City Council District 8</div>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME Eliza May 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

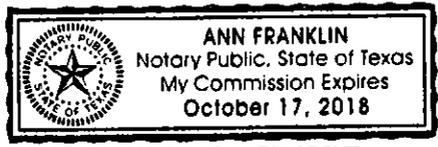
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,497.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,000

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.



Eliza May  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Eliza May, this the 15th day of January, 2015, to certify which, witness my hand and seal of office.

Ann Franklin Signature of officer administering oath  
Ann Franklin Printed name of officer administering oath  
Notary 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:	
2 FILER NAME <i>ELIZA MAY</i>			3 ACCOUNT # (Ethics Commission Filers)		
4 Date <i>11/3/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Darryl Pruett</i>	7 Amount of contribution (\$) <i>\$200</i>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>			10 Employer (See Instructions)		
Date <i>11/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jerry &amp; Phyllis Spoor</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>7904 Woodcroft Drive Mustin, Texas 78749</i>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) <i>Retired</i>			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(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.

**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.

<b>1</b> Total pages Schedule F: 110514	<b>2</b> FILER NAME Eliza May	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name Pay Pal
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<b>6</b> Amount (\$) \$6.10	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date NOV. 1, 2014	Payee name Thomas Walker
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Amount (\$) 3,000	Payee address; City; State; Zip Code 5317 Spirea Cove Austin, Texas 78735
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Salaries/Wages	Description (If travel outside of Texas, complete Schedule T) Field Coordination
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date NOV. 1, 2014	Payee name Azul Strategies
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Amount (\$) 11,175.18	Payee address; City; State; Zip Code 1802 Ann Arbor, Austin, Texas 78704
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) mailings; Phone Bank
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date NOV. 8, 2014	Payee name Jackie Sanchez ( <del>Contractor</del> )
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Amount (\$) 200.00	Payee address; City; State; Zip Code 4600 Elmort Dr. Austin, Texas 78741
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Salaries/Wages	Description (If travel outside of Texas, complete Schedule T) Campaign Work - Staffing Coordination
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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       | Printing 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 <i>Eliza May</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>NOV. 18, 2014</i>		5 Payee name <i>Azul Strategies</i>			
6 Amount (\$) <i>1,828.<sup>90</sup></i>		7 Payee address; City, State; Zip Code <i>1802 Amberbor, Austin, Tx 78704</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Printing Materials</i>		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>NOV. 1, 2014</i>		Payee name <i>TKelly (Big Frog Custom T-shirts)</i>			
Amount (\$) <i>71.91</i>		Payee address; City, State; Zip Code <i>5400 brodie LN, Austin Tx 78745</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>campaign Volunteer T-Shirts</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>NOV. 4, 2014</i>		Payee name <i>Lx Chapala Restaurant</i>			
Amount (\$) <i>500.<sup>00</sup></i>		Payee address; City, State; Zip Code <i>W. Hwy 290</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Meal for Supporters &amp; Volunteers. Election Night</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>NOV. 30, 2014</i>		Payee name <i>Tracy Kelly</i>			
Amount (\$) <i>81.94</i>		Payee address; City, State; Zip Code <i>4813 Eagle Feather Dr. Austin Texas 78735</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bev Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Meals for Campaign Volunteers</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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 <i>Eliza May</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/8/14</i>		5 Payee name <i>Tracy Kelly (EMay)</i>			
6 Amount (\$) <i>11,000</i>		7 Payee address; City; State; Zip Code <i>4813 Eagle Feather Dr. Austin TX 78735</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Loan Reimbursement</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Date of loan: May 8, 2014</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date <i>12/8/14</i>		Payee name <i>Eliza May</i>			
Amount (\$) <i>\$12,000</i>		Payee address; City; State; Zip Code <i>4813 Eagle Feather Dr. Austin TX 78735</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Loan Reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>Date of loan: 9/25/14</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date <i>Dec 15, 2014</i>		Payee name <i>Tracy Kelly</i>			
Amount (\$) <i>\$45.71</i>		Payee address; City; State; Zip Code <i>4813 Eagle Feather Drive Austin Texas 78735</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <del>PPP Advertising</del> <i>Exp.</i>		Description (If travel outside of Texas, complete Schedule T) <i>Stamps</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date <del>Dec 8, 2014</del>		Payee name <del>Eliza May</del>			
Amount (\$) <i>25.00</i>		Payee address; City; State; Zip Code <del>4813 Eagle Feather Dr. Austin Texas 78735</del>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date NOV 8, 2014	5 Payee name Jackie Sanchez
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6 Amount (\$) 50.00 CASH <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4600 Elmwood Dr. Mustri Tx. 7874
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Wages	(b) Description (If travel outside of Texas, complete Schedule T) Coordination
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Date Dec. 9, 2014	Payee name Google Apps
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Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code SVCS APPS goole, com CA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Fees	Description (If travel outside of Texas, complete Schedule T) monthly fee of 5.00 July - Dec. 2014
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Date Aug. 25, 2014	Payee name Call Fire. Inc
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Amount (\$) 35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code CALL Fire. com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Phone Bank
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Date NOV 1, 2014	Payee name Constant Contact
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Amount (\$) 175.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Waltham, MA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Multiple email blasts
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:	2 FILER NAME <i>Eliza May</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>Sep - Oct. 15, 2014</i>	5 Payee name <i>Office Depot</i>	
6 Amount (\$) <i>30.34</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7. Payee address; City; State; Zip Code <i>Mwpac/290 Austin Texas 78735</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Flyers</i>
Date <i>8/1, 8/8 8/11/8/19</i>	Payee name <i>ELIZAMA</i>	
Amount (\$) <i>147.53</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>4813 Eagle Feather Dr. Austin Texas 78735</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bev Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food for Volunteers</i>
Date <i>Oct. 13, 2014 NOV. 1, 2014</i>	Payee name <i>Tavern Eliza May</i>	
Amount (\$) <i>59.88</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>4813 Eagle Feather Austin Tx 78735</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense Food Bev</i>	Description (If travel outside of Texas, complete Schedule T) <i>Lunch Expense w consultant.</i>
Date <i>Dec. 18, 2014</i>	Payee name <i>Constmt Contact</i>	
Amount (\$) <i>658.63</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Walham, CA</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Email</i>

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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 <i>ELIZA MAY</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>Jan 15, 2014</i> <i>Dec 31, 2014</i>	5 Name of person from whom amount is received <i>Greater Texas Fed. Credit Union</i> 6 Address of person from whom amount is received; City, State; Zip Code <i>6411 N. Lamar Blvd.</i> <i>Austin Texas 78752</i>	8 Amount (\$) <i>\$5.96</i>
7 Purpose for which amount is received		
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City, State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City, State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City, State; Zip Code	Amount (\$)
Purpose for which amount is received		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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

ELIZA MAY

3 ACCOUNT # (Ethics Commission Filers)

4 Date

Jan 15, 2014  
Dec 31, 2014

5 Name of person from whom amount is received

Greater Texas Fed. Credit Union

8 Amount (\$)

\$5,96

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

6411 N. Lamar Blvd.  
Austin Texas 78752

7 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

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

# 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

*Eliza May*

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.

*Eliza May*  
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.

*Eliza May*  
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

### BANK RECONCILIATION

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year.

Name of candidate, officeholder or campaign committee: Eliza May

For each checking, savings or other financial institution account maintained during 2014, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Greater Texas Credit Union

Type of account: Checking

The beginning balance: 1,000

The ending balance: 0

Enter the following information for checks issued on that account that have not cleared by December 31:

Date	Payee	Amount
12/20/14	Eliza May	59.88
12/20/14	" "	32.25
12/20/14	" "	58.63

Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution:

Date of receipt	Contributor	Amount

SCHEDULE ATX. 4 - attach to form C/OH (C&E)  
Reference § 2-2-25, Austin City Code

Amount of interest or dividends earned: 5.96

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been "accepted" within the definition of the Texas Election Code):

Date of receipt	Contributor	Amount