

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:

8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Valerie

M

Menard

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ change of address

P.O. Box 140022

Austin, TX

78714

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

926-1369

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Christy

Vasquez - Rendon

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1704 E. 12th St., Ste. 103, Austin, TX 78702

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

478-3090

9 REPORT TYPE

☒

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign
treasurer appointment
(officeholder only)☐

July 15

☐

8th day before election

☐Exceeded \$500
limit☒

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

10 / 26 / 14

THROUGH

Month

Day

Year

12 / 31 / 14
v.m. v.m.

11 ELECTION

Month

ELECTION DATE
Day

Year

11 / 04 / 14

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

NA

13 OFFICE SOUGHT (if known)

City Council Dist. 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Valerie Menard 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 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)

\$ 0.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 489.40

CONTRIBUTION BALANCE

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

\$ 0.00

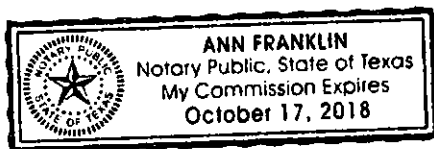
OUTSTANDING LOAN TOTALS

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

\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Valerie Menard

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Valerie Menard, this the 15th day of January, 20 15, 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 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: 3	2 FILER NAME Viktor Monard	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-26-14	5 Payee name T.M. Co.
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6 Amount (\$) \$2.04	7 Payee address; City; State; Zip Code 2601 KENNETH BLVD, AUSTIN, TX 78758
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Viktor Monard	Office sought City Council	Office held
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Date 10-26-14	Payee name SAN JACINTO WATER
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Amount (\$) \$6.00	Payee address; City; State; Zip Code 2401 SAN JACINTO BLVD, AUSTIN, TX 78713
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Viktor Monard	Office sought City Council	Office held
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Date 10-30-14	Payee name H.F.B.
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Amount (\$) \$3.23	Payee address; City; State; Zip Code 1801 E. 51ST STREET, AUSTIN, TX 78723
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Viktor Monard	Office sought City Council	Office held
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Date 10-26-14	Payee name MOTO'S
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Amount (\$) 14.21	Payee address; City; State; Zip Code 1000 E. 11TH ST. AUSTIN, TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD & BEV.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials 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 Total pages Schedule F: 3		2 FILER NAME VANDER MOND		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-04-14		5 Payee name METO'S			
6 Amount (\$) 72.01		7 Payee address; City; State; Zip Code 1000 EAST 11TH ST., AUSTIN, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name VANDER MOND		Office sought CITY COUNCIL	
Date 11-04-14		Payee name METO'S			
Amount (\$) 927.58		Payee address; City; State; Zip Code 1000 EAST 11TH ST., AUSTIN TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name VANDER MOND		Office sought CITY COUNCIL	
Date 11-30-14		Payee name CONNOR MCKAY			
Amount (\$) 100.00		Payee address; City; State; Zip Code 4703 GUNNS BLVD, AUSTIN, TX 78744			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ENTERTAINMENT / TRAVEL		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name VANDER MOND		Office sought CITY COUNCIL	
Date 11-30-14		Payee name CENTRAL TEXAS MAXIMUS ACCOUNTING (C/O MRS. L.M.)			
Amount (\$) 27.07		Payee address; City; State; Zip Code P.O. Box 141725, AUSTIN, TX 78714			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name VANDER MOND		Office sought CITY COUNCIL	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials 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 Total pages Schedule F: 3		2 FILER NAME Valerie Menard		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-1-14		5 Payee name Mike Hobbs			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code 7215 HARRIS DR., AUSTIN, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) POLLING		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Valerie Menard		Office sought CITY COUNCIL	Office held 3
Date 10-30-14		Payee name TOD KATHIE			
Amount (\$) 30.00		Payee address; City; State; Zip Code 13022 GILVER PLACE DR., AUSTIN, TX 78727			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) POLLING		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Valerie Menard		Office sought CITY COUNCIL	Office held
Date 10-30-14		Payee name TOD KATHIE			
Amount (\$) 20.00		Payee address; City; State; Zip Code 13022 GILVER PLACE DR., AUSTIN, TX 78727			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) POLLING		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Valerie Menard		Office sought CITY COUNCIL	Office held
Date 10-30-14		Payee name GUY'S PETER VIK			
Amount (\$) 16.26		Payee address; City; State; Zip Code 7898 SHAL PLACE BLVD., AUSTIN, TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/FUNDRAISING		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Valerie Menard		Office sought CITY COUNCIL	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

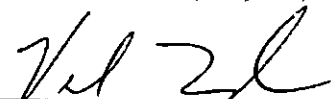
FORM C/OH - FR

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
Valerie Menard
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. ASSETS

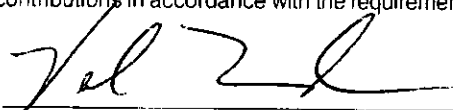
Check only one:



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

BANK RECONCILIATION

(To be filed by candidate, officeholder or campaign committee with the January 15th
contribution and expenditure report)

Name of candidate, officeholder or campaign committee: Valerie Menard

For each checking, savings or other financial institution account maintained during 20 14, enter
the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: UNIVERSITY NORTH CREDIT UNION

Type of account: CAMPAIGN

The beginning balance: \$ 20.00

The ending balance: \$ 0.00

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

Date	Payee	Amount
11-30-14	Committee	\$ 100.00

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

Date of receipt	Contributor	Amount

Amount of interest or dividends earned: 0.00

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

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 checks received that have not been deposited into any account by December 31:

Date of receipt	Contributor	Amount