	TE / OFFICEHOLDER N 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST M/S. Ellen NICKNAME LAST TYOXCLAIT	MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX: APT/SUITE#; CITY; 8510 Tyhurst Dr. Austin	STATE: ZIP CODE	Date Hand-delivered or Postmarke D
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST WVS. Leslie NICKNAME LAST ROBNET	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#: 2411 Sharon Lane	CITY: STATE:	78703
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (572) 294-3583	EXTENSION	
REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)

THROUGH

GOTO PAGE 2

12/31/2014

13 OFFICE SOUGHT (if known)

10 PERIOD COVERED

11 ELECTION

12 OFFICE

12/07/2014

Austin City Council District 8

OFFICE HELD (if any)

Special

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		. 1	5 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD SHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDITES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL		•	
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages	, ,			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION		·		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.	
. ,		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,430	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	ZED \$ _	
	4. TOTAL	POLITICAL EXPENDITURES	\$76,660	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$76,660 \$17,260.99	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ \	
18 AFFIDAVIT				
		I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.	erjury, that the accompanying report of a formation required to be reported by	
IE : S INDIGITY PU	N FRANKLIN blic, State of Texas	Signature of Candid	date or Officeholder	
OCTO AFFIX NOTARY STAMP	nmission Expires ber 17, 2018			
Sworn to and subs	cribed before r	ne, by the said Ellen TroxClair	, this the	
day	of Sanua	to certify which, witness my	hand and seal of office.	
Un trail	····	Ann Franklin	Notary	
Signature of officer admin	istering oath	Printed name of officer administering oath	Title of officer administering oath	

SCHEDULE A

The Instruction Guide explains how to complete this form. 2 FILER NAME 2 FILER NAME 3 ACCOUNT # (Effice Commission Filers) 4 Date 5 Full name of contributor out-datase MCCOR 7 Amount of contribution (\$) description (fl applicable) 12 16 14 14 14 14 14 14 14				,	
4 Date 5 Full name of contributor Quicfistate MC(DR) 7 Amount of 8 In-kind contribution Daton Bram 7 Amount of 8 In-kind contribution Daton Bram 7 Amount of 8 In-kind contribution Daton Bram 7 Amount of 8 In-kind contribution 12 16 14 14 14 14 14 14 14	The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sci	hedule A:
Dason Bram Contribution (S) Contribution (If applicable)	2 FILER NAME	Ellen Troxclair .		3 ACCOUNT# (I	Ethics Commission Filers)
9 Principal occupation / Job title (See Instructions) Product Manager Date Full name of contributor Quicof-state PAC(DR) Amount of Contribution (ff applicable) Rick and Max gate Contributor address; City: State: Zip Code Contributor (ff applicable) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See	·	Jason Bram			-
Principal occupation / Job title (See Instructions) Product Manager Date Full name of contributor Rick and Max gate Contributor address. City: State; Zip Code Hospital name of contributor Date Full name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Date Full name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Date Full name of contributor Date Full name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Date Full name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor address. City: State; Zip Code Hospital name of contributor Contributor (s) Hospital contributor Contributor (s) In-kind contributor Contribution (s) Amount of Contribution (s) In-kind contributor Contribution Amount of Contribution (s) Amount of Contribution (s) Amount of Contributor Contributor Contributor Contributor Contr	12/16/14			\$25	<u> </u>
Principal occupation / Job title (See Instructions) Product Manager Date Full name of contributor Contributor address. City. State. Zip Code 1059 Jimks Road Myrtu Black, Sc 29575 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address. City. State. Zip Code 1059 Jimks Road Myrtu Black, Sc 29575 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City. State. Zip Code 12 State. Zip Code 13 State. Zip Code 14 State. Zip Code 14 State. Zip Code 15 State. Zip Code 16 State. Zip Code 17 State. Zip Code 18 State. Zip Code 18 State. Zip Code 19 State. Zip Code 19 State. Zip Code 19 State. Zip Code 29 State. Zip Code 20 State. Zip Code 21 State. Zip Code 22 State. Zip Code 23 State. Zip Code 24 State. Zip Code 25 State. Zip Code 26 State. S			IX,78739	(If travel outside	of Texas, complete Schedule T)
Rick and Max Gale Contributor address. City: State. Zip Code 1059 Links Road Myrtle Black, SC 29575 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State. Zip Code 4350 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Contributor address; City: State: Zip Code H 100 Principal occupation / Job title (See Instructions) Principal occupation / Job tit				Instructions)	
Principal occupation / Job title (See Instructions) Principal occupation / Job title	Date	Rick and Max gale			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retrud	12/15/14	1059 Links Road	_	\$50	
Principal occupation / Job title (See Instructions) Teacher Date Full name of contributor Rex gone Contributor address; City: State: Zip Code 48350 Principal occupation / Job title (See Instructions)			75	(If travel outside a	of Texas, complete Schedule T)
Rex gone Contributor address; City: State: Zip Code 4835 Eagle Jeathur Dr. Austin, TX 78735 Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor CEO Date Full name of contributor CEO Date Full name of contributor CEO CEO CHOOL State PRC (IDP) Amount of contribution (\$) CEO CEO CEO CHOOL State PRC (IDP) Amount of contribution (\$) CEO CEO CEO CEO CHOOL State PRC (IDP) Amount of contribution (\$) CEO CEO CEO CEO CEO CEO CEO CE	Principal occup	oation / Job title (See Instructions)		Instructions)	Suppose Suppose 17
Principal occupation / Job title (See Instructions)		Full name of contributor			
Principal occupation / Job title (See Instructions)	12/8/14	Contributor address; City: State: Zip Code 4805 Eagle Flather	DA.	\$350	·
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Ray + Bobby Oregory Contribution (\$) Contribu	Principal occup	pation / Job title (See Instructions)			
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Self Date Full name of contributor oul-of-state PAC (ID# Amount of contribution (\$) description (if applicable) 2 15 14 contributor address: City: State: Zip Code 212 Gradulpe St #402 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	12/16/14	2939 Westlake Cove	,	#700	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		austin, 7x 78701		(If travel outside o	f Texas, complete Schedule T)
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P.O. Box 12070

SCHEDULE A

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A: 7
2 FILER NAME	Ellen Troxclair		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_HUSCH Blackwell UP		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/11/14	6 Contributor address; City; State; Zip Code 4801 Main Strut #15	00	\$350	
	Kansas City, MO 641	12	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of	In-kind contribution
سا ما م	Husch Blackwell State contributor address; City, State; Zip Code III Congress ave. #140	PAC	contribution (\$)	description (if applicable)
12/10/14	Ill Congress are #140	OO .	#350	
	austin, TX, 78701		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete Scriedule ()
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, , ,	gum Strickland Camp Contributor address; City; State; Zip Code	aign	contribution (\$)	description (if applicable)
12/11/24	802 Single Oak Cove	_	\$100	1 1
	austin, TX, 78746		(if travel outside a	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See h		rozae, complete defleque ()
Date	Full name of contributor)	Amount of	In-kind contribution
. 1 1	RUSSELL Kelne Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
12/15/14	2600 maria anna Rd	,	\$350	·
	austin, 1x, 78703		(If trave) outside o	of Texas, complete Schedule T)
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Partn		Chossno.	re Grow	0,40
Date	Full name of contributor out-of-state PAC (10#_ Robin + Sam Laine		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/12/14	Contributor address; City; State; Zip. Code 1818 5. Hakeshore Bluc	1.#aa	\$700	
	austin, TX 78741		(If travel putoids	f Toyon complete Cabadida Ti
	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
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SCHEDULE A

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2 FILER NAME		, -	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Kenneth Lauber			(ii applicable)
12/12/14			\$50	
	5609 Van Winkle La	me.	400	
	austen, TX 78739		(If travel outside	! of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I	•	,
Execu	T		uerg. la	nance
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
1 \	Contributor address; City; State; Zip Code		` '	
12/15/14	Contributor address; City; State; Zip Code 1900 Scafield Ridge	Plane House	\$30	
	Out the Total	1 know and		
	austin, TX, 78727		· (If travel outside o	of Texas, complete Schedule T)
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Date			Amount of contribution (\$)	In-kind contribution description (if applicable)
1. 1.01	michele + Shawn Jyr Contributor address; City; State; Zip Code	ion		· •
12/10/14	Contributor address; City; State; Zip Code	300	\$50	! !
	aal w. leth street #13	500 .	71	
	Oustin, TX, 78701			of Texas, complete Schedule T)
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ابراملت	Contributor address; City, State; Zip Code	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
12/8/14	1708 Palma Ply		\$150	•
	austin, TX 78763		1	
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	Carolyn May		contribution (\$)	description (if applicable)
12/15/14	Contributor address; City, State: Zip Code		A 5-73	
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	austin, TX 78749	.]	(If travel outside =	f Tayas complete School In To
Principal occup	pation / Job title (See Instructions)	Employer (Şee Ir		f Texas, complete Schedule T)
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SCHEDULE A

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sci	hedule A: 7
2 FILER NAME	Ellen Drox dair		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor cut-of-state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution . description (if applicable)
12/9/14	Parker Mc Collong 6 Contributor address; City: State; Zip Code 300 W. Leth Street #16	91~ .00	#900	
	austin, TX, 78701		(If travel outside	I of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instrucțions)	
Date	Full name of contributor		Amount of	In-kind contribution
	andrea + Dean McW.	illiams	contribution (\$)	description (if applicable)
12/10/14	Contributor address; City; State; Zip Code	,	\$700	
	austin, TX 78703		(If toward autoids	
	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	ltant	<u>self</u>		-
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/14	nikelle Meacle Contributor address; City: State; Zip Code 5363 austral Loop		#25	
Principal acqui	austin, TX, 78739			of Texas, complete Schedule T)
attony	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC(ID# Sally + Steven Mut C Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/8/14	388 Contona Dr.	0	\$50	
	austin, 7x, 78746		[(If travel outside o	f Texas, complete Schedule T)
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		Metcalle Wi	- 100 T	++Williams
Date	Full name of contributor out-of-state PAC(ID#_ Sandra Monen o)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/16/14	Contributor address; City; State; Zip Code 5000 Wagon Inam W	VL	\$50	
	austin, TX, 78749		: (If travel outside o	f Texas, complete Schedule T)
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SCHEDULE A

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2 FILER NAME	Ellin Inoxclain		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
าลโนโเน	1415 Westover Rd		\$50	·
	austin, TX, 78703		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
Date	Lengio + Kerin Rober	rett	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/14/14	Contributor address: City; State; Zip Code 2411 Sharon Lane		\$700	}
	austin, TX, 78703		(If travel outside o	 of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	or lexas, complete Schedule 1)
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12/14/14	Junnifor + Marc Rod Contributor address; City; State; Zip Code 485 Micholas Jane	<i>D</i>	\$7.00	
	Drytwood, TX, 78701		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ DLIANN Smith)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/16/14	Contributor address; City; State; Zip Code 3816 Jans Country (Virde	\$200	
	austin, TX 787835		(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		rexas, complete Scriedule 1)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	Brint Southwell		contribution (\$)	description (if applicable)
12/8/14	Contributor address; City; State; Zip Code 3655 glen Haven Bluc).	#350	
_	Houston, TX 77025		(If traval outside a	f Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See I	nstructions)	reves, comprete scriedule 1)
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lf co	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	requirements.

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SCHEDULE A

The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A: 7
2 FILER NAME	Ellin Droxclair	,	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#, DOWN. Spoke.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/10/14	6 Contributor address; City; State; Zip Code 91605 CONBE DA.		\$100	
9 Principal occu	pation / Job title (See Instructions)	40 F==l=== (S==		of Texas, complete Schedule T)
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12/8/14	Contributor address: City; State; Zip Code PD BOX 2232	• • • • • • • • • • • • • • • • • • •	#100	
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Date	Full name of contributor out-of-slate PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/14	contributor address: City: State: Zip Code 4500 Jontuga Cove		\$35D	
	austin, TX 78731		(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	Partners
Date	Full name of contributor oul-of-state PAC (ID#: hwa Danly + william Contributor address) City; State; Zip Code	Honginar	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/8/14	1000 E. 38th Street	į	\$50	
	austin, TX 78705		(If travel outside o	f Texas, complete Schedule T)
Ottorn.	pation / Job title (See Instructions)	Employer (See 1)		+ + Williams
Date	Full name of contributor out-of-state PAC (1D#_ Dally + Canter Willia	ms	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/8/14	Contributed address: City: State; Zip Code 8209 Dank Ridge Co	ve	\$50	
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	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr	F THIS SCHEDULE	AS NEEDED	

SCHEDULE A

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The	Instruction Guide explains how to complete th	is form.	1 Total pages Sci	hedule A: 7
2 FILER NAME	Ellin Iroxdain		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID#_ Dally + Canter Will!	ams	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
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	austin, 7x 78737		(If travel outside	of Texas, complete Schedule T)
9 Principal occur Partn	pation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#	-0-00	Amount of	In-kind contribution
.1	Amda Wiothuff		contribution (\$)	description (if applicable)
12/11/14	Jinda Wiothrys Contributor address: City, State: Zip Code 6817 Via Correto Dr.	•	\$100	!
	austin, TX 78749		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date Date	Full name of contributor out-of-state PAC (ID#:	THUDUL SOOK	0	innational Kealty
Date)	. Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City State; Zip Code		•	! !
	City, State, Zip Code			! !
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	Contributor address; City; State; Zip Code		. '	
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1 Total pages Schedule F:	2 FILER NAME				(Ethics Commission Filers)
5	Ellin Iroxclair	\sim			,,
4 Date 12 9 14	Many Blaver				
6 Amount (\$)	7 Payee address: City; Stat	te; Zip Code	····		
\$500	6801 Beckett Rd,	austin,	TX 787	49	
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texas, o	complete Schedule T)
EXPENDITURE	Salaries (wages / Cont	ract dabon	Staff P	ay ustin, TX, officeholder livi	ing expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sough		Office held
Date	Payee name				
12/9/14	Dede Hebert			•	•
Amount (\$)	Payee address; City; Stat	te; Zip Code			
\$500	4821 Chesney R	idge, au	ustin, T.	X 78740	i
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Salaries / Wages / Contro	retlabon	Dtaff po	ayy ustin TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	:	Office held
Date	Payee name				
12/9/14	USPS				
Amount (\$)		e; Zip Code			
\$3057.73	8225 Cross Park	Drive,	austin,	TX 787	10
PURPOSE	Category (See categories listed at the top of	(this schedule)		If travel outside of Texas, or	omplete Schedule T)
OF EXPENDITURE	Office Overhead Rental	Expense	Partage	ربا ustin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
12/9/14	Panagon Printi	ng	•		
Amount (\$)	Payee address; City; State	; Zip Code			
\$a295.07	10423 McKalla 9	Place, a	ustin, T	X 78758	3
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Printing Expen	<u>se</u>	Printing Check HAU	Compargn no stin, TX, officeholder livin	laterials
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held
	ATTACH ADDITIONAL COR	PIES OF THIS S	CHEDULEASN	EEDED	

		 	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr. Food/Beverage Expense Travel in District Polling Expense Travel Out of Dis Printing Expense Office Overhead/	contract Labor Loan Repayment/Reim Transportation Equipme Contributions/Donation Candidate/Officehol Rental Expense OTHER (enter a category)	ent & Related Expense s Made By der/Political Committee
1 Total pages Schedule F:	2 FILER NAME		thing Commission Files
5		. 3 ACCOON! # (E	thics Commission Filers)
4 Date 12/12/14	5 Payee name USPS	· ·	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2890.40	8225 Cross Pank Dr. a	ustin, TX 78710	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, con	mplete Schedule T)
OF EXPENDITURE	Office overhead/Rental Expense	PODTA QUE Check if Austin, TX. officeholder living	j expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
12/12/14	Panagon Printing Payee address: City: State: Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		
\$2436.07	10423 McKalla Place, a	Custin, TX 78759	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, con	nplete Schedule T1
OF EXPENDITURE	Printing Expense	Printing Campaign Check Mustin TX. officeholder living	materials
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/12/4	Paperless Post		
Amount (\$)	Payee address; City; State; Zip Code		
\$110	115 Broodway #1803, n	ew York, NY 100	06
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	Event expense	Anvitations to ever	J
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/15/14	Thomas arabhica		<u>,</u>
Amount (\$)	Payee address: City: State: Zip Code		
\$2830.75	Po Box 142226, austin	n, TX 78714	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	Printing expense	Printing Campaign N	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name н	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

		· 	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of	s/Contract Labor Loan Repayment/Rei Transportation Equip Contributions/Donatic Candidate/Officeh ad/Rental Expense	ment & Related Expense
1 Total pages Schedule F:	2 FILER NAME Ellen Iroxcl	air 3 ACCOUNT #	(Ethics Commission Filers)
4 Date 12/15/14	Thomas graphics		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$161.29	PO BOX 1242226, au	otin, TX 78714	
8 PURPOSE OF	(a) Category (See catégories listed at the top of this schedule)	(b) Description (If travel outside of Texas,	
EXPENDITURE	Printing Expense	printing campaign Check in Austin, TX, officeholder liv	materials ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
12/16/14	Conviction Digital Payee address; City; State; Zip Code		
Amount (\$)			
\$450	401 Little Jexas Lane	#1731, austin, TX	78745
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, c	
EXPENDITURE	advertising expense	digital media Checkif Austin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/16/14	Jonehy's Jacos	•	
Amount (\$)	Payee address City; State; Zip Code		
\$43.68	4301 W. William Cann	on, austin, TX	18749
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOUND BUYINGS EXPENSE	Description (If Iravel autside of Texas, conformal food for Voluntial Check of Austin, TX, officeholder living	ero
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		,
12/16/14	Santa Rita	•	
Amount (\$)	Payee address: City; State; Zip Code		· -
\$ 2595	5900 W. Slaughter La	ne, austin, TX 7	8749
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Hood Burnage Expense	Description (If travel outside of Texas, or Lond Low Comparign Check if Austin, TX, office holder livin	event
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

P.O. Box 12070

			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead	Contract Labor Los draising Expense Tra t Consistrict d/Rental Expense OT	an Repayment/Reimbursement insportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule F:	2 FILER NAME Eller Troxcla	ÍΛΙ	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/18/14	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$450	3700 Thompson St, au	ustin, TX	78702
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (literal	ivel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising Expense	data se	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date 12/18/14	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
\$450	3700 Inompour St, a	Custin, T	(78702
PURPOSE	Category (See categories listed at the top of this schedule)	Description (It is	vel outside of Texas, complete Schedule T)
OF			
EXPENDITURE	advertising Expense	data se	LV/CLC) .TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date /2/18/14	Payee name US		
Amount (\$)	Payee address: City; State; Zip Code		
\$450	3700 Shompson St,	austin,	TX 78702
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tran	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising Expense	data se	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date ,	Payee name		
12/19/14	Considerion Disital	•	J
Amount (\$)	Payee address; City; State; Zip Code	<i></i>	
\$869.40	2/0. 1.1/0. 1	austin,	TX 78745
0.10000	Category (See categories listed at the top of this schedule)	Description /iftee	vel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	advertising Expense	digital m	VLAU OTEXAS, CONSIDERE SCREENING TY VLAU OFFICE HOLD TO THE TOTAL TOT
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

			<u> </u>		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense T Polling Expense T Printing Expense C	Salaries/Wages/Cor Solicitation/Fundrais Fravel In District Fravel Out Of Distri Office Overhead/Re	ntract Labor Loi bing Expense Tra Co ct intal Expense OT	an Repayment/Reimbursement insportation Equipment & Related ntributions/Donations Made By Candidate/Officeholder/Political C HER (enter a category not listed a	Committee
	The Instruction Guide ex	xplains how to c	omplete this form.		
1 Total pages Schedule F:	2 FILER NAME Eller J	noxclai	υ	3 ACCOUNT # (Ethics Commis	sion Filers)
4 Date 12/27/14	5 Payee name Onusey Mcge	e —			
6 Amount (\$)	7 Payee address; C City; State	: Zip Code			· · · · · · · · · · · · · · · · · · ·
\$1500	38165. Jamar,	austin	,TX 78	704	·
8 PURPOSE .	(a) Category (See categories listed at the top of t	this schedule)	(b) Description (If tra	ivel outside of Texas, complete Schedule	Tì
OF EXPENDITURE	Salanius/wages/Cont		- 59aff p	M. TX. officeholder living expense	.,
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held	
Date 29 14	Payee name UPS				
Amount (\$)	Payee address; City; State;	Zip Code			
\$70.80	3005 S. Lamar 9	Blud, a	ustin, T	X 78704	
PURPOSE	Category (See categories listed at the top of the	his schedule)	Description (If tra	vel outside of Texas, complete Schedule	T1
OF EXPENDITURE	Office Overhead/Rental	1 Expense	atamp		·'
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held	
Date ,	Payee name				
12/18/14 Amount (\$)	Ellim + Caleb 2 Payee address: City: State;		<u>ル</u>		
			•		
\$ 55,000 	8510 Jynust D	n, aus	tin, TX	78749	
PURPOSE	Category (See categories listed at the top of th		Description (If Iran	rel outside of Texas, complete Schedule 3	r) ——
OF EXPENDITURE	doan repayment/rein	abursinent	LOAN N	payment TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held	
Date 12/16/14	Payee name Pinux				
Amount (\$)	Payee address; City; State:	Zip Code			
\$315,15	144 San Francisc	• • •	90105	-	
PURPOSE	Category (See categories listed at the top of th	us schedule)	Description (If trav	el outside of Texas, complete Schedule T	, -
OF EXPENDITURE	Fles .	C	redit card	phicusting to	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

BANK RECONCILIATION

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

Name of candidate, officehold	er or campaign committee: <u>と</u> し	lew Troxdain
For each checking, savings or each following information indicates	other financial institution accountaited. For each additional insti	nt maintained during 20 <u>14</u> , enter tution, use a copy of this schedule.
The name of the financial insti	tution: <u>Fro. Of</u> Bank	
Type of account: Checki	ng	
The beginning balance:		
The ending balance:	260.99 n for checks issued on that acco	ount that have not cleared by
<u> </u>		
Date	Payee	Amount
12/18/14	LVS	J5450
_ 12/18/14,	LVS	\$456
12/18/14	LVS	\$450
Enter the following information by the contributor's financial in	for checks received as contribustitution:	tions and deposited but dishonored
Date of receipt	Contributor	Amount
· · · · · · · · · · · · · · · · · · ·		<u> </u>
Amount of interest or dividend	s earned:	
Office of the City Clerk, 20.36	. Revised by the	Ethics Review Commission 10/16/2012

Page I of 2

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
12/9/14	Parker McCollough	#200
		, .

CAMPAIGN DEBT RECONCILIATION

(To be filed by officeholders only during an election year)
Period Covered: January 1, 2014 to December 31, 2014

Name of Officeholde	er: Ellen Inoxcla	<u></u>		
Campaign debt** exi	isting as of the first day of the o	calendar year: <u>#0</u>		
Campaign debt** exi	isting as of the last day of the c	alendar year: #O		
year:	information on all campaign d			
(a) For loans and or owed, the interest rat aggregate under (c) b	ther dobt evidenced by a note, e and the date of maturity. Caelow:	the name of the creampaign debts under	editor, the principal amount \$50 may be reported as an	
Creditor	Principal amount owed	Interest rate	Date of maturity	
	<u> </u>			
		-		
		· ·		
(b) For all other car Campaign debts unde	npaign debts, enter the name or \$50 may be reported as an ag	of the creditor and t gregate under (c), be	the principal amount owed.	
Creditor		Principal amount owed		
	i			

SCHEDULE ATX. 3 – attach to form C/OH (C&E) Reference 2-2-42, Austin City Code

(c) Enter the total of campaign debts under \$50 if they are not itemized under (a) or (b) above.

^{**} Campaign debt is the actual outstanding obligation of the candidate or candidate's committee as of a particular date, minus all funds held by the candidate or candidate's committee in cash or bank accounts on that date.