

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:

18

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

AUSTIN CITY CLERK

2015 JAN 15 PM 8 36
RECEIVED
**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

Mrs.

Ellen

NICKNAME

LAST

SUFFIX

Troxclair

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

8516 Tyhurst Dr. Austin, TX, 78749

☐ change of address

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

()

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

Mrs.

Leslie

NICKNAME

LAST

SUFFIX

Robnett

**7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

2411 Sharon Lane Austin, TX, 78703

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 294-3583

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

12 / 07 / 2014

THROUGH

Month

Day

Year

12 / 31 / 2014

11 ELECTION

Month

ELECTION DATE

Day

Year

12 / 10 / 14

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

Austin City Council
District 8
13 OFFICE SOUGHT (if known)

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 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)

\$ 7,430

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 76,660

CONTRIBUTION
BALANCE

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

\$ 17,260.99

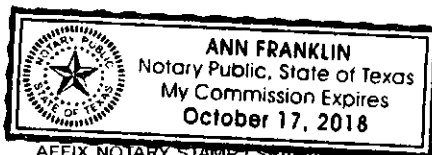
OUTSTANDING
LOAN TOTALS

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

\$ 0

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

Signature of Candidate or Officeholder

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

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:

7

2 FILER NAME

Ellen Troxclair

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/16/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jason Bram

6 Contributor address: City: State: Zip Code

7204 Nubian Cove, Austin, TX, 78739

7 Amount of contribution (\$)

\$25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Product Manager

10 Employer (See Instructions)

3M

Date

12/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

Rick and Max Gale

Contributor address: City: State: Zip Code

1059 Links Road
Myrtle Beach, SC 29575

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Retired

Date

12/8/14

Full name of contributor

☐ out-of-state PAC (ID#)

Rex Gore

Contributor address: City: State: Zip Code

4825 Eagle Feather Dr.
Austin, TX 78735

Amount of contribution (\$)

\$350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

PJS

Date

12/16/14

Full name of contributor

☐ out-of-state PAC (ID#)

Kay + Bobby Gregory

Contributor address: City: State: Zip Code

2939 Westlake Cove
Austin, TX 78746

Amount of contribution (\$)

\$700

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Self

Date

12/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

Jaron Hudgins

Contributor address: City: State: Zip Code

1212 Guadalupe St #902
Austin, TX 78701

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Beatty Bangli Strama PC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME

Ellen Troxclair

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/11/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Husch Blackwell LP

6 Contributor address: City: State: Zip Code

4801 Main Street #1000
Kansas City, MO 641127 Amount of
contribution (\$)

\$350

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

12/10/14

Full name of contributor

☐ out-of-state PAC (ID#)

Husch Blackwell State PAC

Contributor address: City: State: Zip Code

111 Congress Ave. #1400
Austin, TX, 78701Amount 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

12/11/14

Full name of contributor

☐ out-of-state PAC (ID#)

Jim Strickland Campaign

Contributor address: City: State: Zip Code

802 Single Oak Cove
Austin, TX, 78746Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

Russell Keene

Contributor address: City: State: Zip Code

2600 Maria Anna Rd.
Austin, TX, 78703Amount 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)

Partner

Crossnore Group, LLC

Date

12/12/14

Full name of contributor

☐ out-of-state PAC (ID#)

Robin + Sam Laine

Contributor address: City: State: Zip Code

1818 S. Lakeshore Blvd #22
Austin, TX 78741Amount of
contribution (\$)

\$700

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Real estate investment

Redrock

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>12/12/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Kenneth Laubert</u>	7 Amount of contribution (\$) <u>\$50</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>5609 Van Winkle Lane Austin, TX 78739</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Executive</u>		10 Employer (See Instructions) <u>TX Mutual Insurance</u>	
Date <u>12/15/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>William Lutz</u>	Amount of contribution (\$) <u>\$30</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>1900 Scafield Ridge Pkwy #44 Austin, TX, 78727</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Program Specialist</u>		Employer (See Instructions) <u>State of TX</u>	
Date <u>12/10/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Michelle + Shawn Lynch</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>221 W. 6th Street #1300 Austin, TX, 78701</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>attorney</u>		Employer (See Instructions) <u>Metcalf Wolff Stuart + Williams LLP</u>	
Date <u>12/8/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Maty + Company LLC</u>	Amount of contribution (\$) <u>\$150</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>1708 Palma Pkwy Austin, TX 78763</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>12/15/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Carolyn May</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>5203 Encinitas Lane Austin, TX 78749</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions) <u>retired</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME

Ellen Inoclaro

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/9/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Parker McCollough

6 Contributor address: City: State: Zip Code

300 W. 6th Street #1600
Austin, TX, 787017 Amount of
contribution (\$)

\$200

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

VP

10 Employer (See Instructions)

nrg

Date

12/10/14

Full name of contributor

☐ out-of-state PAC (ID#)

Andrea + Dean McWilliams

Contributor address: City: State: Zip Code

12 Miles Road
austin, TX 78703Amount of
contribution (\$)

\$700

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

consultant

Employer (See Instructions)

Self

Date

12/16/14

Full name of contributor

☐ out-of-state PAC (ID#)

Nikelle Meade

Contributor address: City: State: Zip Code

5363 Austral Loop
Austin, TX, 78739Amount of
contribution (\$)

\$25

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Huson Blackwell

Date

12/8/14

Full name of contributor

☐ out-of-state PAC (ID#)

Sally + Steven Metcalfe

Contributor address: City: State: Zip Code

388 Contona Dr.
Austin, TX, 78746Amount of
contribution (\$)

\$50

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Partner

Employer (See Instructions)

Metcalfe Wolff Stuart + Williams

Date

12/16/14

Full name of contributor

☐ out-of-state PAC (ID#)

Sandra Moreno

Contributor address: City: State: Zip Code

5602 Wagon Train Cove
Austin, TX, 78749Amount of
contribution (\$)

\$50

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME

Ellen Troxclair

3 ACCOUNT # (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)

12/11/14Conny Pomeroy

6 Contributor address: City: State: Zip Code

1415 Westover Rd
Austin, TX, 78703\$50

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

TXOGA

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/16/14Leslie + Kevin Robnett

Contributor address: City: State: Zip Code

2411 Sharon Lane
Austin, TX, 78703\$700

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Gardere Wynne Sewell

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/14/14Jennifer + Marc Rodriguez

Contributor address: City: State: Zip Code

485 Nicholas Lane
Driftwood, TX, 78701\$700

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/16/14Delann Smith

Contributor address: City: State: Zip Code

3816 Travis Country Circle
Austin, TX 78703\$200

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

n/a

Employer (See Instructions)

n/a

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/8/14Brent Southwell

Contributor address: City: State: Zip Code

3655 Glen Haven Blvd
Houston, TX 77025\$350

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

PLS of Houston

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME

Ellen Troxclair

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/16/14

5 Full name of contributor

☐ out-of-state PAC (ID# _____)Darren Spohn

6 Contributor address: City: State: Zip Code

91605 Corbe Dr.
Austin, TX 787267 Amount of
contribution (\$)\$1008 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Owner

10 Employer (See Instructions)

Spohn + Pinbally Companies

Date

12/8/14

Full name of contributor

☐ out-of-state PAC (ID# _____)John Roberts Stratton

Contributor address: City: State: Zip Code

PO Box 2232
Austin, TX 78768Amount of
contribution (\$)\$100In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Putni Escovar + Rossick

Date

12/15/14

Full name of contributor

☐ out-of-state PAC (ID# _____)Travis Thomas

Contributor address: City: State: Zip Code

4500 Portuga Cove
Austin, TX 78731Amount of
contribution (\$)\$350In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Travis Strategic Partners

Date

12/8/14

Full name of contributor

☐ out-of-state PAC (ID# _____)Lisa Danley + William Herring

Contributor address: City: State: Zip Code

1000 E. 38th Street
Austin, TX 78705Amount of
contribution (\$)\$50In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Metcalf Wolff Stuart + Williams

Date

12/8/14

Full name of contributor

☐ out-of-state PAC (ID# _____)Jalley + Carter Williams

Contributor address: City: State: Zip Code

8209 Dark Ridge Cove
Austin, TX 78737Amount of
contribution (\$)\$50In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Partner

Employer (See Instructions)

Metcalf Wolff Stuart + Williams

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **7**

2 FILER NAME

Ellen Inoxclair

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/8/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jalley + Carter Williams

6 Contributor address: City: State: Zip Code

**8209 Dark Ridge Cove
Austin, TX 78737**

7 Amount of contribution (\$)

\$250

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Partner

10 Employer (See Instructions)

Metcalf Wolff Stewart + Williams

Date

12/11/14

Full name of contributor

☐ out-of-state PAC (ID#)

Linda Wisothuff

Contributor address: City: State: Zip Code

**6817 Via Correto Dr.
Austin, TX 78749**

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Kuper Sothebys International Realty

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.

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: 5		2 FILER NAME Ellen Inoxclain		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/9/14		5 Payee name Mary Beaver			
6 Amount (\$) \$500		7 Payee address: City, State, Zip Code 6801 Beckett Rd, Austin, TX 78749			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Salaries/wages/Contract labor		(b) Description (If travel outside of Texas, complete Schedule T) Staff pay <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/9/14		Payee name Dede Hebert			
Amount (\$) \$500		Payee address: City, State, Zip Code 4821 Chesney Ridge, Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/wages/Contract labor		Description (If travel outside of Texas, complete Schedule T) staff pay <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/9/14		Payee name USPS			
Amount (\$) \$3057.73		Payee address: City, State, Zip Code 8225 Cross Park Drive, Austin, TX 78710			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/9/14		Payee name Paragon Printing			
Amount (\$) \$2295.07		Payee address: City, State, Zip Code 10423 McKalla Place, Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) printing campaign materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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: 5		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/12/14		5 Payee name USPS			
6 Amount (\$) \$2890.40		7 Payee address; City; State; Zip Code 8225 Cross Park Dr. Austin, TX 78710			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead / Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/12/14		Payee name Paragon Printing			
Amount (\$) \$2436.07		Payee address; City; State; Zip Code 10423 McKalla Place, Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) printing campaign materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/12/14		Payee name Paperless Post			
Amount (\$) \$110		Payee address; City; State; Zip Code 115 Broadway #1803, New York, NY 10006			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event expense		Description (If travel outside of Texas, complete Schedule T) Invitations to event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/15/14		Payee name Thomas Graphics			
Amount (\$) \$2830.75		Payee address; City; State; Zip Code PO Box 142226, Austin, TX 78714			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing expense		Description (If travel outside of Texas, complete Schedule T) printing campaign materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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: 5		2 FILER NAME Ellen Troxclair		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/15/14		5 Payee name Thomas graphics			
6 Amount (\$) \$161.29		7 Payee address; City; State; Zip Code PO Box 1042226, Austin, TX 78714			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) printing campaign materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/16/14		Payee name Conviction Digital			
Amount (\$) \$450		Payee address; City; State; Zip Code 401 Little Texas Lane #1731, Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising expense		Description (If travel outside of Texas, complete Schedule T) digital media <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/16/14		Payee name Jonchys Jacobs			
Amount (\$) \$43.68		Payee address; City; State; Zip Code 4301 W. William Cannon, Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) food for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/16/14		Payee name Santa Rita			
Amount (\$) \$2595		Payee address; City; State; Zip Code 5900 W. Slaughter Lane, Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) food for campaign event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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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: <u>5</u>		2 FILER NAME <u>Ellen Troxclair</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>12/18/14</u>		5 Payee name <u>LVS</u>			
6 Amount (\$) <u>\$450</u>		7 Payee address: City: State: Zip Code <u>3700 Thompson St, Austin, TX 78702</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>data services</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>12/18/14</u>		Payee name <u>LVS</u>			
Amount (\$) <u>\$450</u>		Payee address: City: State: Zip Code <u>3700 Thompson St, Austin, TX 78702</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>data services</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>12/18/14</u>		Payee name <u>LVS</u>			
Amount (\$) <u>\$450</u>		Payee address: City: State: Zip Code <u>3700 Thompson St, Austin, TX 78702</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>data services</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>12/18/14</u>		Payee name <u>Conviction Digital</u>			
Amount (\$) <u>\$869.40</u>		Payee address: City: State: Zip Code <u>401 Little Texas Lane, Austin, TX 78745</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>digital media</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 5		2 FILER NAME Ellen Inoxclair		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/27/14		5 Payee name Chelsea McGee			
6 Amount (\$) \$1500		7 Payee address: City: State: Zip Code 3816 S. Lamar, Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Salaries/wages/Contract labor		(b) Description (If travel outside of Texas, complete Schedule T) staff pay <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/29/14		Payee name UPS			
Amount (\$) \$70.80		Payee address: City: State: Zip Code 3005 S. Lamar Blvd, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/18/14		Payee name Ellen + Caleb Inoxclair			
Amount (\$) \$55,000		Payee address: City: State: Zip Code 8510 Jynust Dr, Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) loan repayment/reimbursement		Description (If travel outside of Texas, complete Schedule T) loan repayment <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/16/14		Payee name Pryx			
Amount (\$) \$315.15		Payee address: City: State: Zip Code 144 San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) credit card processing fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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, officeholder or campaign committee: Ellen Inoxdair

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: Innot Bank

Type of account: checking

The beginning balance: 0

The ending balance: \$17,260.99

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

Date	Payee	Amount
12/18/14	LVS	\$450
12/18/14	LVS	\$450
12/18/14	LVS	\$450

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: _____

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
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 Officeholder: Ellen Inoclain

Campaign debt** existing as of the first day of the calendar year: \$0

Campaign debt** existing as of the last day of the calendar year: \$0

Enter the following information on all campaign debt existing as of December 31 of the reporting year:

(a) For loans and other debt evidenced by a note, the name of the creditor, the principal amount owed, the interest rate and the date of maturity. Campaign debts under \$50 may be reported as an aggregate under (c) below:

Creditor	Principal amount owed	Interest rate	Date of maturity

(b) For all other campaign debts, enter the name of the creditor and the principal amount owed. Campaign debts under \$50 may be reported as an aggregate under (c), below:

Creditor	Principal amount owed

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.