

2014

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:

28 295nc

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MRS FIRST MI Cole NICKNAME SUFFIX

OFFICE USE ONLY

Date Received

AUSTIN CITY CLERK RECEIVED 2014 JUN 15 PM 11 16

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / POBOX: 4101

Date Hand-delivered or Postmarked

change of address

Receipt #

Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE (512)

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR NICKNAME

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS

ZIP CODE

5918 Point Austin TX 78751

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION (512) 323-6605

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) 12-31-2013

10 PERIOD COVERED

Month Day Year 7/15/2013 THROUGH Month Day Year 12/31/2013

11 ELECTION

ELECTION DATE ELECTION TYPE Month Day Year 5/12/2012 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council 6

City Council 6

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 pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

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

\$ 1,532

4. TOTAL POLITICAL EXPENDITURES

\$ 4,715

CONTRIBUTION
BALANCE

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

\$ 4,919

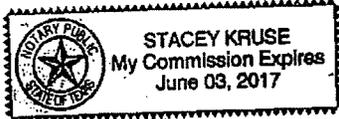
OUTSTANDING
LOAN TOTALS

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

Sheryl N Cole
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheryl N Cole, this the 15 day of January, 20 14, to certify which, witness my hand and seal of office.

Stacey Kruse
Signature of officer administering oath

Stacey Kruse
Printed name of officer administering oath

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:		2 FILER NAME <i>Sheryl Cole</i>		3 ACCOUNT # (Ethics Commission Filers) <i>0000 1564</i>	
4 Date <i>2/15</i>		5 Payee name <i>Wendy Davis</i>			
6 Amount (\$) <i>150</i>		7 Payee address; City; State; Zip Code <i>P.O. BOX 1039 Fort Worth, TX 76101</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Campaign Contributions</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Contributions</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sheryl Cole</i>		Office sought Office held	
Date <i>2/18</i>		Payee name <i>ATT</i>			
Amount (\$) <i>137</i>		Payee address; City; State; Zip Code <i>ATT Mob. 1.4 P.O. Box 537104 Atlanta, GA 30353-7104</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fees</i>		Description (If travel outside of Texas, complete Schedule T) <i>Fees / Office Equipment</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sheryl Cole</i>		Office sought Office held	
Date <i>8/2013</i>		Payee name <i>Pay Pal - Constant Contacts</i>			
Amount (\$) <i>90 61</i>		Payee address; City; State; Zip Code <i>7700 W. Farmer Austin, TX 78729</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Newsletter</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sheryl Cole</i>		Office sought Office held	
Date <i>8/2013</i>		Payee name <i>Hookers</i>			
Amount (\$) <i>100</i>		Payee address; City; State; Zip Code <i>Austin, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>Food / Beverage</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

~~PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OFFICER~~

Schedule G
SCHEDULE H

Political Expenditure

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 H:	2 FILER NAME <i>Sheryl N Cole</i>	3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i>
---------------------------	--------------------------------------	---

4 Date <i>7/18</i>	5 Business name <i>Wendy Davis</i>
-----------------------	---------------------------------------

6 Amount (\$) <i>150</i>	7 Business address; City; State; Zip Code <i>P.O. Box 1039 Fort Worth, TX 76101</i>
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Campaign Contributions</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Contribution</i>
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>7/18</i>	Business name <i>ATT</i>
---------------------	-----------------------------

Amount (\$) <i>137</i>	Business address; City; State; Zip Code <i>ATT Mobil. # P.O. Box 537104 Atlanta GA 30353-7104</i>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fees / Office Equipment</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sheryl Cole</i>	Office sought	Office held
---	---	---------------	-------------

Date <i>8/04</i>	Business name <i>Ray Pal Constant Contacts</i>
---------------------	---

Amount (\$) <i>90.61 137</i>	Business address; City; State; Zip Code <i>122 Hudson Street NY, NY 10013</i>
-------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Advertising</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sheryl N Cole</i>	Office sought	Office held
---	---	---------------	-------------

Date <i>8/12</i>	Business name <i>South Austin Democrats</i>
---------------------	--

Amount (\$) <i>25</i>	Business address; City; State; Zip Code <i>P.O. Box 152592 Austin TX 78715</i>
--------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Political Contributions</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Contributions</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sheryl N Cole</i>	Office sought	Office held
---	---	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Sheryl Cole</i>	3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i>
---------------------------	------------------------------------	---

4 Date <i>7/15</i>	5 Payee name <i>Apple Store, Barton Creek</i>
-----------------------	--

6 Amount (\$) <i>199</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2901 S. Capital of TX Hwy Austin, TX 73746</i>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Office Equipment</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Office Expense</i>
--------------------------	---	--

Date <i>7/14</i>	Payee name <i>Fay Pol Constant Contacts</i>
---------------------	--

Amount (\$) <i>61 90</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>7700 W. Farmer Austin, TX 78729</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Advertising</i>
------------------------	--	---

Date <i>7/17</i>	Payee name <i>Staples</i>
---------------------	------------------------------

Amount (\$) <i>17 00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1201 Barbara Jordan Blvd Suite 700 Austin, TX</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Supplies</i>	Description (If travel outside of Texas, complete Schedule T) <i>Office Supplies</i>
------------------------	--	---

Date <i>7/2013</i>	Payee name <i>Hyde Park Bar + Grill</i>
-----------------------	--

Amount (\$) <i>16 16</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>4206 Duval Austin, TX 78751</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food/Beverage</i>
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Shury / Cole</i>	3 ACCOUNT # (Ethics Commission Filers) <i>0000 1564</i>
----------------------------------	--	---

4 Date <i>8/2013</i>	5 Payee name <i>Youth Austin Democrats</i>
--------------------------------	--

6 Amount (\$) <i>25⁰⁰ //</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 152592 Austin, TX 78715</i>
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contribution</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Contribution</i>
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>8/2013</i>	Payee name <i>Travis County Democratic Party - Trio of Women</i>
------------------------------	--

Amount (\$) <i>50</i>	Payee address; City; State; Zip Code <i>P.O. Box 684263 Austin, TX 78768</i>
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>Contribution - Awards</i>
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shury / N. Cole</i>	Office sought	Office held
---	---	---------------	-------------

Date <i>8/2013</i>	Payee name <i>ATT</i>
------------------------------	---------------------------------

Amount (\$) <i>137</i>	Payee address; City; State; Zip Code <i>ATT Mob. 1.64 P.O. Box 537104 Atlanta GA 30353 - 7104</i>
----------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fees / Office Equipment</i>
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shury Cole</i>	Office sought	Office held
---	--	---------------	-------------

Date <i>8/2013</i>	Payee name <i>Eastside Cafe</i>
------------------------------	---

Amount (\$) <i>37.20</i>	Payee address; City; State; Zip Code <i>2113 Manor Rd Austin, TX 78722</i>
------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food / Beverage</i>
-------------------------------	---	--

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Sheryl Cole</i>		3 ACCOUNT # (Ethics Commission Filers) <i>0000 1564</i>	
4 Date <i>4/04/2013</i>		5 Payee name <i>ME HLE</i>			
6 Amount (\$) <i>57.54</i>		7 Payee address; City; State; Zip Code <i>507 East Calles Austin, TX 78702</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Food/Beverage</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>9/1/13</i>		Payee name <i>Eastside Cafe</i>			
Amount (\$) <i>103.⁴⁴</i>		Payee address; City; State; Zip Code <i>2113 Manor Rd Austin, TX 78722</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>Food/Beverage</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sheryl Cole</i>		Office sought	
Date <i>9/2013</i>		Payee name <i>Valva Pitez Campaign for District Clerk</i>			
Amount (\$) <i>350</i>		Payee address; City; State; Zip Code <i>P.O. Box 685008 Austin, TX 78768</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contributions</i>		Description (If travel outside of Texas, complete Schedule T) <i>Contribution</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sheryl Cole</i>		Office sought	
Date <i>9/2013</i>		Payee name <i>Craig Watkins Campaign</i>			
Amount (\$) <i>50⁰⁰</i>		Payee address; City; State; Zip Code <i>2531 Martin Luther King Jr. Blvd Dallas, TX 75215</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Campaign Contribution</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Contribution</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Sheryl N. Cole</i>		3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i>	
4 Date <i>9/30</i>		5 Payee name <i>League of Women Voters</i>			
6 Amount (\$) <i>100</i>		7 Payee address; City; State; Zip Code <i>1011 W. 31st Austin, TX 78705</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Charitable Contribution</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Charitable Contribution</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sheryl N. Cole</i>		Office sought Office held	
Date <i>10/2</i>		Payee name <i>Keep Austin Affordable</i>			
Amount (\$) <i>250</i>		Payee address; City; State; Zip Code <i>(Dissolved)</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contribution</i>		Description (If travel outside of Texas, complete Schedule T) <i>Contribution</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/2013</i>		Payee name <i>Constant Contacts - PayPal</i>			
Amount (\$) <i>90.61</i>		Payee address; City; State; Zip Code <i>7700 W. Farmer Austin TX 78729</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>PayPal/Newsletter</i>		Description (If travel outside of Texas, complete Schedule T) <i>NewsLetter</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sheryl Cole</i>		Office sought Office held	
Date <i>10/2013</i>		Payee name <i>Eastside Cafe</i>			
Amount (\$) <i>63.03</i>		Payee address; City; State; Zip Code <i>2113 Manor Rd Austin, TX 78722</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>Food / Beverage</i>	
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 | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sheryl Cole</i>	3 ACCOUNT # (Ethics Commission Filers) <i>0000 1564</i>
---------------------------	------------------------------------	--

4 Date <i>10/2013</i>	5 Payee name <i>Friends of the MACC</i>
--------------------------	--

6 Amount (\$) <i>25⁰⁰</i>	7 Payee address; City; State; Zip Code <i>4900 E. Oltorf #216 Austin, TX 78741</i>
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Charitable Contribution</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Charitable Contribution</i>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/2013</i>	Payee name <i>Texas Democratic Party Victory Committee</i>
------------------------	---

Amount (\$) <i>500⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O. Box 684263 Austin, TX 78768</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>Contribution</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sheryl N. Cole</i>	Office sought	Office held
---	--	---------------	-------------

Date <i>10/2013</i>	Payee name <i>US Postal Office</i>
------------------------	---------------------------------------

Amount (\$) <i>63.05</i>	Payee address; City; State; Zip Code <i>4300 Speedway Austin, TX 78705</i>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Advertising</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sheryl Cole</i>	Office sought	Office held
---	---	---------------	-------------

Date <i>10/2013</i>	Payee name <i>National Council of Negro Women - Austin Div. 2</i>
------------------------	--

Amount (\$) <i>50⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O. Box 143602 Austin, TX 78714</i>
---------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>Contribution</i>
------------------------	---	--

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Sheryl N Cole</i>		3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i>	
4 Date <i>10/2013</i>		5 Payee name <i>Foundation Communities</i>			
6 Amount (\$) <i>100</i>		7 Payee address; City; State; Zip Code <i>3036 S 1st St #200 Austin, TX 78704</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Charitable Contribution</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Charitable Contribution</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sheryl Cole</i>		Office sought Office held	
Date <i>11/2013</i>		Payee name <i>Poy Pal - Constant Contacts</i>			
Amount (\$) <i>90 01</i>		Payee address; City; State; Zip Code <i>7700 W. Parmer Austin TX 78729</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Advertising/Newsletter</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sheryl Cole</i>		Office sought Office held	
Date <i>11/2013</i>		Payee name <i>Carmino Laredo</i>			
Amount (\$) <i>92 34</i>		Payee address; City; State; Zip Code <i>201 W. 3rd Street Austin, TX 78701</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>Food Beverage</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sheryl Cole</i>		Office sought Office held	
Date <i>11/2013</i>		Payee name <i>Mount Sinai</i>			
Amount (\$) <i>100 00</i>		Payee address; City; State; Zip Code <i>5900 Cameron Rd Austin, TX 78723</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Charitable Donation</i>		Description (If travel outside of Texas, complete Schedule T) <i>Charitable Donation</i>	
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 | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sheryl N. Cole</i>	3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i>
---------------------------	---------------------------------------	---

4 Date <i>11/2013</i>	5 Payee name <i>NAA CP</i>
--------------------------	-------------------------------

6 Amount (\$) <i>15</i>	7 Payee address; City; State; Zip Code <i>1717 E. 12th Street Austin TX 78702</i>
----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Charitable Contribution</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Charity</i>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sheryl N. Cole</i>	Office sought	Office held
---	--	---------------	-------------

Date <i>11/2013</i>	Payee name <i>Planned Parenthood</i>
------------------------	---

Amount (\$) <i>250⁰⁰</i>	Payee address; City; State; Zip Code <i>201 E Ben White Blvd Austin, TX 78704</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Charitable Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>Charitable Contribution</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sheryl Cole</i>	Office sought	Office held
---	---	---------------	-------------

Date <i>12/2013</i>	Payee name <i>Pay Pal - Constant Contracts</i>
------------------------	---

Amount (\$) <i>90⁶¹</i>	Payee address; City; State; Zip Code <i>7700 W. Farmer Austin, TX 78727</i>
---------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Newsletter</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sheryl Cole</i>	Office sought	Office held
---	---	---------------	-------------

Date <i>12/2013</i>	Payee name <i>Earth share</i>
------------------------	----------------------------------

Amount (\$) <i>100</i>	Payee address; City; State; Zip Code <i>1361 SH35 Austin TX 78741</i>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Charitable Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>Charitable Contribution</i>
------------------------	--	---

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sheryl Cole</i>	3 ACCOUNT # (Ethics Commission Filers) <i>00001569</i>
---------------------------	------------------------------------	---

4 Date <i>12/2013</i>	5 Payee name <i>Z-Teias</i>
--------------------------	--------------------------------

6 Amount (\$) <i>32.78</i>	7 Payee address; City; State; Zip Code <i>110 W. 6th Street Austin TX 78703</i>
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Food Bever 9.20</i>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sheryl Cole</i>	Office sought	Office held
---	---	---------------	-------------

Date <i>12/2013</i>	Payee name <i>Black Austin Democrats</i>
------------------------	---

Amount (\$) <i>500</i>	Payee address; City; State; Zip Code <i>P.O. Box 6276 Austin, TX 78762</i>
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Political Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Contribution</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sheryl Cole</i>	Office sought	Office held
---	---	---------------	-------------

Date	Payee name <i>Carino Laredo</i>
------	------------------------------------

Amount (\$) <i>211.42</i>	Payee address; City; State; Zip Code <i>201 W. 3rd St Austin TX 78701</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food Beverage</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sheryl Cole</i>	Office sought	Office held
---	---	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
----------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Sheryl Cole</i>		3 ACCOUNT # (Ethics Commission Filers) <i>00001564</i>	
4 Date <i>7/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Best Buy</i>	7 Amount of contribution (\$) <i>199</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

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

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

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	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	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
----------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

4 Date	5 Business name
---------------	------------------------

6 Amount (\$)	7 Business address; City; State; Zip Code
----------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
7 Purpose for which amount is received		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

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

EXEMPTION STATEMENT
(To be used only when no electronic filing of a
Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:

Cole Sheryl
(Last) (First) (Middle)

ADDRESS: 4101 Wildwood

DATE OF FILING: January 15, 2014

STATEMENT

I/we, Sheryl Cole (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of 1/1, 2013 through 12/31, 2013. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.


Signed by Candidate or Campaign Committee

1-15-14
Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers) 00121212
--------------	---

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

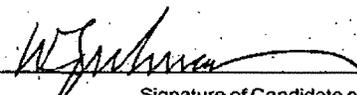
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 70.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 70.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1299.02
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.



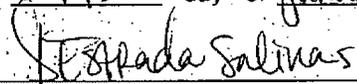
DEENA ESTRADA-SALINAS
Notary Public, State of Texas
My Commission Expires
November 19, 2014



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Spelman, this the 14th day of January, 2014, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Deena Estrada-Salinas

 Printed name of officer administering oath

Notary Public

 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: 1	2 FILER NAME William Spelman	3 ACCOUNT # (Ethics Commission Filers) 00121212
4 Date 08/30/2013	5 Payee name Spa Reveil	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 11410 Century Oaks Terrace, Ste. 140 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Reimbursement-Barbara Rush	(b) Description (If travel outside of Texas, complete Schedule T) staff retirement gift for Candy Parham Hinkle
9 Complete ONLY if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought Office held
Date 12/9/2013	Payee name Nordstrom, Inc.	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 2901 Capital of Texas Highway Austin, TX 78746	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement-Ashley Fisher	Description (If travel outside of Texas, complete Schedule T) staff graduation gift for Nancy Cardenas
Complete ONLY if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXEMPTION STATEMENT

(To be used only when no electronic filing of a
Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:

Spelman William
(Last) (First) (Middle)

ADDRESS: 301 West 2nd St., Austin, TX 78701

DATE OF FILING: 1/14/14

STATEMENT

I/we, Bill Spelman (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of July 1st, 2013 through December 31, 2013. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.

W Spelman
Signed by Candidate or Campaign Committee

14 JANUARY 2014
Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.

2014

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) 0000500

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX Kathryne B Kathie TOVO

OFFICE USE ONLY

Date Received

Date Hand-delivered Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 809 West 32nd St Austin Tx 78705

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION (512) 565 5361

6 CAMPAIGN TREASURER NAME

MS / MRS (MR) FIRST MI NICKNAME LAST SUFFIX Joseph Pinnelli

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX) CODE P.O. Box 8763

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE (512) 478-

9 REPORT TYPE

January 15 July 15

nth day after campaign treasurer appointment (officeholder only) Annual report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year 7 / 1 / 2012 12 / 31 / 2013

11 ELECTION

ELECTION DATE ELECTION TYPE Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) City Council Place 3

13 OFFICE SOUGHT (if known)

N/A

GO TO PAGE 2

2014

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) 0000500	2 Total pages filed: 2014 JUN 13 PM 1 07
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI B	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Kathrynne Tovo	Date Received	AUSTIN CITY CLERK RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 809 West 32nd St Austin Tx 78705	Date Hand-delivered	Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 565-5361	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> FIRST MI	Date Processed	
	NICKNAME LAST SUFFIX Joseph Pinnelli	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 50038 Austin Tx 78763		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 478-5958		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2013 12 / 31 / 2013		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City Council Place 3	13 OFFICE SOUGHT (if known) N/A	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Kathryne B. Tovo 15 ACCOUNT # (Ethics Commission Filers) 0000500

16 NOTICE FROM POLITICAL COMMITTEE(S)

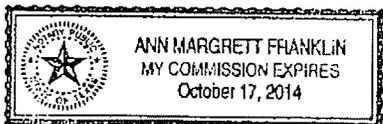
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,912.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 61,807.06

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.



Kathryne B. Tovo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathryne B. Tovo, this the 13 day of January, 2014, to certify which, witness my hand and seal of office.

Ann Margaret Franklin Ann Margaret Franklin Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Kathryne B. Tovo	3 ACCOUNT # (Ethics Commission Filers) 00005 000
4 Date 12/9/13	5 Payee name South Austin Democrats	
6 Amount (\$) \$62 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 152592 Austin Tx 78715-2592	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) fees	(b) Description (If travel outside of Texas, complete Schedule T) membership renewal
Date 9/5/13	Payee name South Austin Democrats	
Amount (\$) \$50 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 152592 Austin Tx 78715-2592	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) sponsorship
Date 8/30/13	Payee name Save Our Springs	
Amount (\$) \$100 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 905 West Oltorf Austin, Tx 78705	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) donation	Description (If travel outside of Texas, complete Schedule T)
Date 7/3/13	Payee name Thompson and Knight LLP	
Amount (\$) \$1,700 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 98 San Jacinto Blvd. Suite 1900 Austin Tx 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) legal services	Description (If travel outside of Texas, complete Schedule T) assistance with required financial forms

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXEMPTION STATEMENT
(To be used only when no electronic filing of a
Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:

Tovo Kathryne B.
(Last) (First) (Middle)

ADDRESS: 809 West 32nd St Austin Tx 78705

DATE OF FILING: 13
1-13-2014

STATEMENT

I/we, Kathryne Tovo (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of July 1, 2013 through December 31, 2013. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.

Kathryne B Tovo
Signed by Candidate or Campaign Committee

1-12-14
Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.

2013

Apparently, former Council Member Chris Riley did NOT file ANY of the campaign report forms for the second half of 2012 which were to be filed with the City Clerk by January 15, 2013. No report from Riley is shown on the City's webpage for January 15, 2013.

2013

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) 06999999	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI LEE	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX LEFFINGWELL		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4516 Balcones Drive Austin, TX 78731	2013 JAN 15 PM 11 47 RECEIVED AUSTIN CITY CLERK	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 422-6150		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Katheryn NICKNAME LAST SUFFIX Kitty Clark		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO ZIP CODE) 4308 M Austin		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 4	No record of filing 2-2-25 on 2-2-42 at any point	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15		
10 PERIOD COVERED	Month Day Year 7 / 1 / 2012 12 / 31 / 2012	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Mayor	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

2013

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) 00999999

2 Total pages filed: 4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX LEE LEFFINGWELL

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

2013 JAN 15 AM 11 47 RECEIVED AUSTIN CITY CLERK

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4516 Balcones Drive Austin, TX 78731

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION (512) 422-6150

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Kathryn Kitty Clark

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4308 Avenue D Austin, TX 78751

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION (512) 453-6246

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 7 / 1 / 2012 THROUGH Month Day Year 12 / 31 / 2012

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) Mayor

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

LEE LEFFINGWELL

15 ACCOUNT # (Ethics Commission Filers)

00999999

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

EXPENDITURE
TOTALS

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

\$ 20.00

4. TOTAL POLITICAL EXPENDITURES

\$ 378.35

CONTRIBUTION
BALANCE

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

\$ 23367

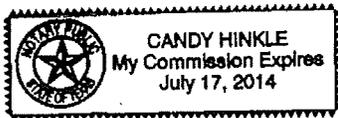
OUTSTANDING
LOAN TOTALS

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

\$ 90,910.93

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.



Lee Leffingwell
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lee Leffingwell, this the 15 day of January, 20 13, to certify which, witness my hand and seal of office.

Candy Hinkle
Signature of officer administering oath

Candy Hinkle
Printed name of officer administering oath

Notary Public
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: 1	2 FILER NAME LEE LEFFINGWELL	3 ACCOUNT # (Ethics Commission Filers) 00999999
---------------------------------------	--	---

4 Date 7/31/2012	5 Payee name Austin AFL-CIO Council
----------------------------	---

6 Amount (\$) \$145.00	7 Payee address; City; State; Zip Code 1106 Lavaca Austin, TX 78701
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution/Donations made by Officeholder	(b) Description (If travel outside of Texas, complete Schedule T) Officeholder expense - donation Labor Day Event
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 7/5/2012	Payee name First Bank Merchant Services
-------------------------	---

Amount (\$) \$118.35	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/ Banking	Description (If travel outside of Texas, complete Schedule T) Credit card processing fees
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 8/6/2012	Payee name NGP VAN Software
-------------------------	---------------------------------------

Amount (\$) \$95.00	Payee address; City; State; Zip Code 1101 15th St. NW Washington, DC 20005
-------------------------------	--

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) Database Software
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 1
2 FILER NAME LEE LEFFINGWELL		3 ACCOUNT # (Ethics Commission Filers) 00999999
4 Date 8/17/12	5 Name of person from whom amount is received Austin Energy 6 Address of person from whom amount is received; City; State; Zip Code Austin, Texas	8 Amount (\$) \$ 210.50
7 Purpose for which amount is received Refund of deposit		
Date 7/9/12	Name of person from whom amount is received Time Warner Address of person from whom amount is received; City; State; Zip Code 12012 N. MOPAC Austin, TX 78759	Amount (\$) \$ 71.40
Purpose for which amount is received Refund		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2013

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) 0000500

2 Total pages filed: 5

3 CANDIDATE / OFFICEHOLDER NAME

(MS) MRS / MR FIRST MI NICKNAME LAST SUFFIX Ms. Kathryn B Kathie Tovo

OFFICE USE ONLY

Date Received 2013 JAN 15 AM 11:53 Austin City Clerk RECEIVED Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT/SUITE#, CITY, STATE, ZIP CODE 809 West 32nd Street Austin Tx 78705

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION (512) 565-5361

6 CAMPAIGN TREASURER NAME

MS / MRS (MR) FIRST MI NICKNAME LAST Mr. Joseph Pinnelli

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE# P.O. Box 50038

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER (512) 478-5958

9 REPORT TYPE

January 15 30th day before election July 15 8th day before election

10 PERIOD COVERED

Month Day Year 7 / 1 / 2012 THROUGH Month Day Year 12 / 31 / 12

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) City Council Place 3

13 OFFICE SOUGHT (if known)

N/A

GO TO PAGE 2

2013

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) 0000500

2 Total pages filed: 5

OFFICE USE ONLY

Date Received 2013 JAN 15 11 25 AM

AUSTIN CITY CLERK RECEIVED

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

(MS) MRS / MR FIRST MI NICKNAME LAST SUFFIX Ms. Kathryn B Kathie Tovo

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY, STATE; ZIP CODE 809 West 32nd Street Austin Tx 78705

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION (512) 565-5361

6 CAMPAIGN TREASURER NAME

MS / MRS (MR) FIRST MI NICKNAME LAST SUFFIX Mr. Joseph Pinnelli

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE; ZIP CODE P.O. Box 50038 Austin Tx 78763

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION (512) 478-5958

9 REPORT TYPE

- January 15, 30th day before election, Runoff, 15th day after campaign treasurer appointment, July 15, 8th day before election, Exceeded \$500 limit, Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year 7 / 1 / 2012 THROUGH Month Day Year 12 / 31 / 12

11 ELECTION

ELECTION DATE ELECTION TYPE Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) City Council Place 3

13 OFFICE SOUGHT (if known)

N/A

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

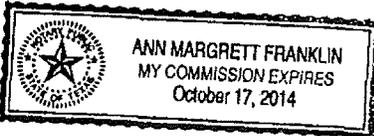
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
--------------	---

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,528
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 61,807.06

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.



Kathryne B. Toro

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathryne B. Toro, this the 15 day of January, 20 11, to certify which, witness my hand and seal of office.

Ann Margaret Franklin

Signature of officer administering oath

Ann Margaret Franklin

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Kathryne B ToVO	3 ACCOUNT # (Ethics Commission Filers) 00005000
---------------------------------------	--	---

4 Date 10-8-12	5 Payee name South Austin Democrats
--------------------------	---

6 Amount (\$) 100 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.C. Box 152592 Austin Tx 78715-2592
--	---

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) sponsorship
--------------------------	--	---

Date 10-16-12	Payee name Travis County Democratic Party
-------------------------	---

Amount (\$) 100 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 684263 Austin Tx 78768-4263
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) sponsorship
------------------------	--	---

Date 10-24-12	Payee name Housing Works Action PAC
-------------------------	---

Amount (\$) 150 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code p.o. Box 302096 Austin Tx 78703
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) donation	Description (If travel outside of Texas, complete Schedule T) campaign for Proposition 15
------------------------	---	---

Date 8-23-12	Payee name Thompson and Knight LLP
------------------------	--

Amount (\$) \$1,668 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 98 San Jacinto Blvd. Suite 1900 Austin Tx 78701
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) legal expenses	Description (If travel outside of Texas, complete Schedule T) assistance with required financial forms
------------------------	---	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <p style="text-align:center;">2</p>	2 FILER NAME <p style="text-align:center;">Kathryne B Tovo</p>	3 ACCOUNT # (Ethics Commission Filers) <p style="text-align:center;">00005000</p>
4 Date <p style="text-align:center;">12-3-12</p>	5 Payee name <p style="text-align:center;">Thompson and Knight LLP</p>	
6 Amount (\$) <p style="text-align:center;">\$ 510</p> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center;">98 San Jacinto Blvd Suite 1900 Austin Tx 78701</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center;">legal expenses</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">assistance with required financial forms</p>
	Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXEMPTION STATEMENT
(To be used only when no electronic filing of a
Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:

Tovo Kathryne Beth
(Last) (First) (Middle)

ADDRESS: 809 West 32nd St. Austin Tx 78705

DATE OF FILING: 1-15-2013

STATEMENT

I/we, Kathryne B Tovo (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of July 1, 2012 through December 31, 2012. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.

Kathryne B Tovo
Signed by Candidate or Campaign Committee

1/13/13
Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.

2012

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) 00001564

2 PAGE # 1 of 30 31

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Mrs. FIRST Sheryl MI SUFFIX LAST Cole

OFFICE USE ONLY

Date Received 2012 JAN 1 1 14 PM RECEIVED AUSTIN CITY CLERK

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P. O. Box 1564 Austin, TX 78767

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR Mr. FIRST Joseph NICKNAME LAST Parker

No record of filing 2-2-25 or 2-2-42 at any point.

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 5918 Lookout Mountain Austin, TX 78731

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER (512) 323-6605

8 REPORT TYPE

- X 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)

9 PERIOD COVERED

Month Day Year 11/30/2011 THROUGH 12/31/2011

10 ELECTION

ELECTION DATE Month Day Year 05/17/2012 ELECTION TYPE Primary Runoff X General Special

11 OFFICE

OFFICE HELD (if any) Austin City Council District 6

12 OFFICE SOUGHT (if known) Austin City Council District 6

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

13 C/OH NAME Cole, Sheryl (Mrs.)

14 ACCOUNT # (Ethics Commission filers)
00001564

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 875.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 54,425.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 19,299.18

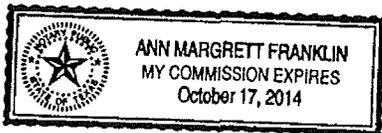
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 36,000.82

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 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.

Sheryl N Cole
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl Cole, this the 17 day of January, 2012, to certify which, witness my hand and seal of office.

Ann Margaret Franklin
Signature of officer administering oath

Ann Margaret Franklin
Print 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 PAGE #
Schedule: 1/24 Report: 3/30

2 FILER NAME Cole, Sheryl (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00001564

4 Date

12/11/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Ausley, Tom

6 Contributor address; City; State; Zip Code
3737 Laurelledge
Austin, TX 78731

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Ausley, Algert, Robertson & Flores, LLP

Date

Full name of contributor out-of-state PAC (ID# _____)
Ausley, Tom & Robbie

Contributor address; City; State; Zip Code
3707 Laurel Ledge Lane
Austin, TX 78731

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney/Community Volunteer

Employer (See Instructions)
Ausley, Algert, Robertson & Flores, L.L.P./None

Date

Full name of contributor out-of-state PAC (ID# _____)
Auten, Roland Swenson and Roseana

Contributor address; City; State; Zip Code
1507 Yaupon Valley Rd
Westlake Hills, TX 78746

Amount of contribution (\$)

\$700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
CoFounder/Designer, Writer

Employer (See Instructions)
SXSW/Self

Date

Full name of contributor out-of-state PAC (ID# _____)
Ball, Teena

Contributor address; City; State; Zip Code
4011 Westlake Dr.
Austin, TX 78746

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Vogue Colleges

Date

Full name of contributor out-of-state PAC (ID# _____)
Barchas, Janine

Contributor address; City; State; Zip Code
902 Blanco St
Austin, TX 78703

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/24 Report: 4/30

2 FILER NAME Cole, Sheryl (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00001564

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)
Barker, Bobbie

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

12/30/2011

6 Contributor address; City; State; Zip Code
300 Bowie
#4004
Austin, TX 78703

\$200.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
VP of Grants and Community Affairs

10 Employer (See Instructions)
St. David's

Date

Full name of contributor out-of-state PAC (ID# _____)
Bartam, John and Ashley

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/20/2011

Contributor address; City; State; Zip Code
309 McConnell Dr.
Austin, TX 78746

\$700.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney/Attorney

Employer (See Instructions)
Armbrust & Brown, PLLC/AG's Officee

Date

Full name of contributor out-of-state PAC (ID# _____)
Bayes, Donald and Karen

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/08/2011

Contributor address; City; State; Zip Code
3501 Arrowhead Cir.
Round Rock, TX 78681

\$700.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Director of Construction/Property Manager

Employer (See Instructions)
Gray Associates/AMI Austin Lofts

Date

Full name of contributor out-of-state PAC (ID# _____)
Beckham, Kimberly and Brian

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/15/2011

Contributor address; City; State; Zip Code
11205 Limoncito Ct.
Austin, TX 78750

\$700.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney/Homemaker

Employer (See Instructions)
Armbrust & Brown, PLLC/None

Date

Full name of contributor out-of-state PAC (ID# _____)
Bell, Hubert

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/29/2011

Contributor address; City; State; Zip Code
170 Beaver Rd.
Elgin, TX 78621

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/24 Report: 5/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/22/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernstein, Joshua and Erin 6 Contributor address; City; State; Zip Code 801 W. 5th St. #908 Austin, TX 78703	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney/Homemaker		10 Employer (See Instructions) Armbrust & Brown, PLLC/None	
Date 12/09/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betts, Charles Contributor address; City; State; Zip Code 14741 Arrowhead Dr Austin, TX 78641	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Downtown Austin Alliance	
Date 12/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beuerlein, Steven Contributor address; City; State; Zip Code 2605 Woodmont Ave Austin, TX 78703	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Burlington Ventures, Inc.	
Date 12/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blodgett, Terrell Contributor address; City; State; Zip Code 4100 Jackson Ave. #250 Austin, TX 78731	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) The LBJ School of Public Affairs	
Date 12/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brewer, James and Mary Contributor address; City; State; Zip Code 9504 Prescott Dr. Austin, TX 78749	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Project Manager Civil Engineer/Teacher		Employer (See Instructions) Gray Associates/AISD	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/24 Report: 6/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/16/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brock, Brent Grulke and Kristin 6 Contributor address; City; State; Zip Code 2711 Tether Trl Austin, TX 78704	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Creative Director/Homemaker		10 Employer (See Instructions) SXSW/None	
Date 12/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Frank and Janice Contributor address; City; State; Zip Code 602 Coquina Lane Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/None		Employer (See Instructions) Armbrust Brown/None	
Date 12/05/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown McCarroll PAC Contributor address; City; State; Zip Code 111 Congress Ave. # 1400 Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burnett, Michel and Claudia Contributor address; City; State; Zip Code 1601 Forrest Trl. Austin, TX 78703	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Employee		Employer (See Instructions) Armbrust & Brown, PLLC/Global Talk LLC	
Date 12/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byars, Samuel and Anne Contributor address; City; State; Zip Code 2103 Schutle Avenue Austin, TX 78703	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Homemaker		Employer (See Instructions) Armbrust & Brown, PLLC/None	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/24 Report: 7/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CDM PAC 6 Contributor address; City; State; Zip Code 3050 Post Oak Blvd. Suite 300 Houston, TX 77056	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Antoinette Contributor address; City; State; Zip Code 2200 Far Gallant Dr Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None	
Date 12/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Joan Contributor address; City; State; Zip Code 4210 River Garden Trail Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None	
Date 12/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Stephen Contributor address; City; State; Zip Code 4210 River Garden Trail Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Cypress Real Estate Advisors	
Date 12/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Timothy Contributor address; City; State; Zip Code 2200 Far Gallant Dr Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Cypress Real Estate Advisors	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/24 Report: 8/30

2 FILER NAME Cole, Sheryl (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00001564

4 Date
12/12/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Collins, Sharlene and Patrick

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$700.00

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code
1400 Yaupon Valley Rd.
Austin, TX 78746

9 Principal occupation / Job title (See Instructions)
Attorney/Retired

10 Employer (See Instructions)
Armbrust & Brown, PLLC/None

Date
12/29/2011

Full name of contributor out-of-state PAC (ID# _____)
Cook, Michael

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

\$350.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code
Suite 215
Austin, TX

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Cook Brooks Johnson PLLC

Date
12/28/2011

Full name of contributor out-of-state PAC (ID# _____)
Coopwood, Thomas

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

\$100.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code
6717 Valburn Dr
Austin, TX 78731

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
None

Date
12/09/2011

Full name of contributor out-of-state PAC (ID# _____)
Cotton, Jim

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

\$350.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code
11000 Spicewood Pkwy
Austin, TX 78750

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
McAllister and Associates

Date
12/15/2011

Full name of contributor out-of-state PAC (ID# _____)
Covington, Bryce Miller and Kristian

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

\$700.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code
8204 Navidad Dr.
Austin, TX 78735

Principal occupation / Job title (See Instructions)
Managing Principle/None

Employer (See Instructions)
Endeavor Real Estate Group/None

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/24 Report: 9/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Covington, Sid 6 Contributor address; City; State; Zip Code 707 Placid Place Austin, TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cumberbatch, Jennifer Contributor address; City; State; Zip Code 3 Green Lanes Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) JR Cumberbatch Productions	
Date 12/06/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curtis, Matt Contributor address; City; State; Zip Code 807 Blanco #305 Austin, TX 78703	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Director of Community Relations		Employer (See Instructions) Home Away	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eckert, David Smith and Karen Contributor address; City; State; Zip Code 100 Congress Ave. #300 Austin, TX 78701	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney/University of Texas		Employer (See Instructions) Armbrust & Brown/Lab Technician	
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis, Chris Contributor address; City; State; Zip Code 3006 Sparkling Brook Lane Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Managing Principal/Team Supervisor		Employer (See Instructions) Endeavor Real Estate Group/ACS	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/24 Report: 10/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 11/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Escutia, Charles and Christina	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7604 Fawn Hollow Cove Austin, TX 78750		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Owner/Broker		10 Employer (See Instructions) Hindsite 20/20 Real Estate Investments	
Date 12/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farmer, Gary and Susan	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President/Homemaker		Employer (See Instructions) Heritage Title Company of Austin/None	
Date 12/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forrest, Hugh and Vivian	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 703 E. 50th St. #B Austin, TX 78751		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Event Director/Homemaker		Employer (See Instructions) SXSW/None	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George, James	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 685193 Austin, TX 78768		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) James W. George Attorney at Law	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Getter, Becky and Kerry	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1101 E 11th st Austin, TX 78702		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Homemaker/CEO		Employer (See Instructions) None/Balcones Resources	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/24 Report: 11/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilliland, Douglas 6 Contributor address; City; State; Zip Code 1805 Buckingham Ct. Keller, TX 76262	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Land Developer		10 Employer (See Instructions) Triwest Enterprises	
Date 12/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodman, Shane Contributor address; City; State; Zip Code 9403 Longvale Dr. Austin, TX 78729	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Construction Manager		Employer (See Instructions) D. R. Horton	
Date 12/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gray, David and Mary Contributor address; City; State; Zip Code 4307 Dunning Ln. Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President/Homemaker		Employer (See Instructions) Gray Associates/None	
Date 12/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gullahorn, Jack and Patti Contributor address; City; State; Zip Code P.O. Box 140045 Austin, TX 78714	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lobbyist/Homemaker		Employer (See Instructions) Public Strategies Inc./None	
Date 12/01/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hariston, Earl Contributor address; City; State; Zip Code 1902 Chestnut Cr Round Rock, TX 78281	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Private Consultant		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/24 Report: 12/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/21/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Mark and Kelley 6 Contributor address; City; State; Zip Code 5805 Carry Back Ln Austin, TX 78745	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Attorney/Homemaker		10 Employer (See Instructions) Armbrust & Brown, PLLC/None	
Date 12/05/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herring, Stevyn and Katherine Contributor address; City; State; Zip Code 2208 Real Catorce Austin, TX 78746	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Fulbright & Jaworski LLP	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heston, Rebecca and Felipe Contributor address; City; State; Zip Code 2307 Fortune Dr. Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Principal and Property Management/Employee		Employer (See Instructions) Endeavor Real Estate Group/Quick Draw Designs and Drafting	
Date 12/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hobbs, Jeffrey and Lisa Contributor address; City; State; Zip Code 3700 Hillbrook Dr. Austin, TX 78731	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney/Attorney		Employer (See Instructions) Armbrust & Brown, PLLC/Vinson & Elkins LLP	
Date 12/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hollingsworth, Wayne and D.P. Contributor address; City; State; Zip Code 504 Furlong Dr. Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney/None		Employer (See Instructions) Armbrust Brown/None	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/24 Report: 13/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hutto, Denise 6 Contributor address; City; State; Zip Code 1608 B Haskell Austin, TX 78702	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Accounting		10 Employer (See Instructions) SXSU	
Date 12/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackman, Merl Contributor address; City; State; Zip Code 1000 W. 39th St Austin, TX 78756	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Texas State Optical	
Date 12/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jefferson, Sedora Contributor address; City; State; Zip Code 10740 Centennial Trail Austin, TX 78726	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) TASB	
Date 12/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Kenneth and Annette Contributor address; City; State; Zip Code 305 Riley Rd. Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Anesthesiologist/None		Employer (See Instructions) Capitol Anesthesiology Association/None	
Date 12/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Michael Contributor address; City; State; Zip Code 2045 Zach Scott Street Austin, TX 78723	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Oak Hill Real Estate	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/24 Report: 14/30

2 FILER NAME Cole, Sheryl (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00001564

4 Date
12/12/2011

5 Full name of contributor out-of-state PAC (ID# _____)
K2--PAC, David

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

\$500.00

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code
8127 Mesa Dr.
#206
Austin, TX 78759

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/15/2011

Full name of contributor out-of-state PAC (ID# _____)
Koepke, Elizabeth

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

\$350.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code
1306 Bentwood
Austin, TX 78722

Principal occupation / Job title (See Instructions)
Entertainer

Employer (See Instructions)
Self

Date
12/27/2011

Full name of contributor out-of-state PAC (ID# _____)
Krause, Daniel

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

\$350.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code
2420 Jarratt Ave.
Austin, TX 78703

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
Allied Consultants

Date
12/20/2011

Full name of contributor out-of-state PAC (ID# _____)
Krumme, Gregg and Robin

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

\$700.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code
10702 Hastings Ln.
Austin, TX 78750

Principal occupation / Job title (See Instructions)
Attorney/Attorney

Employer (See Instructions)
Armbrust & Brown

Date
12/12/2011

Full name of contributor out-of-state PAC (ID# _____)
League, Tim

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

\$350.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code
1717 W. Sixth Street
Suite 351
Austin, TX 78703

Principal occupation / Job title (See Instructions)
Founder

Employer (See Instructions)
Alamo Drafthouse

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/24 Report: 15/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/17/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Link, Tom 6 Contributor address; City; State; Zip Code 211 E. 7th St. Suite 510 Austin, TX 78701	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions) Self	
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Littlefield, Sue Contributor address; City; State; Zip Code 204 Westhaven Dr. Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Armbrust & Brown, PLLC/None	
Date 12/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Llamas, Joe Contributor address; City; State; Zip Code 816 Suite 1640 Congress Ave Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Senior Development		Employer (See Instructions) McShane Development Co	
Date 12/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenz, Perry and Sheridan Contributor address; City; State; Zip Code 1311 A, East 6th St. Austin, TX 78702	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Founder/Housewife		Employer (See Instructions) Constuctive Ventures/Community Volunteer	
Date 12/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lynk, Steven Contributor address; City; State; Zip Code 6004 Ronchamps Dr. Round Rock, TX 78681	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) CDM	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/24 Report: 16/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/01/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maier, Richard 6 Contributor address; City; State; Zip Code 704 E. 45th 1/2 St. Austin, TX 78751	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Vice President and Land Manager		10 Employer (See Instructions) D.R. Horton	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Majewski, George and Carlyn Contributor address; City; State; Zip Code 1800 Parkside Ln Austin, TX 78745	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Product Planner/None		Employer (See Instructions) Coinstar/None	
Date 12/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mardegian, Scott Wilcox and Rachael Contributor address; City; State; Zip Code 2507 Cascade Dr. Austin, TX 78757	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director/Employee		Employer (See Instructions) SXSX	
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marsh, Charles Contributor address; City; State; Zip Code 2212 East Windsor Rd. Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Endeavor Real Estate Group	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Kenneth Contributor address; City; State; Zip Code 1100 Lexington Cr DeSoto, TX 75115	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kenneth D Martin & Associates	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/24 Report: 17/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/16/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathias, Matt 6 Contributor address; City; State; Zip Code 2915 Regents Park Austin, TX 78746	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Founder		10 Employer (See Instructions) Matt Mathias & Company	
Date 12/01/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClendon, Burwell and Terri Contributor address; City; State; Zip Code 1905 Canonera Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Comptroller/Homemaker		Employer (See Instructions) DR Horton/None	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDaniels, Demetrius Contributor address; City; State; Zip Code 7601 Sandia Loop Austin, TX 78735	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Greenberg Traurig LLP	
Date 12/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDonald, Katrina Contributor address; City; State; Zip Code 11802 Nene Dr. Austin, TX 78750	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGlaufflin, Duane I and Cynthia Contributor address; City; State; Zip Code 2300 Picadilly Dr. Round Rock, TX 78664	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President/Homemaker		Employer (See Instructions) DNT Construction/None	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/24 Report: 18/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Means, Bertha 6 Contributor address; City; State; Zip Code 7400 Valburn Dr Austin, TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Austin Cab	
Date 12/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mendiola, Darin Klein and Natalie Contributor address; City; State; Zip Code 4419 Barrow Austin, TX 78751	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Producer/Best Efforts		Employer (See Instructions) SXSU/Best Efforts	
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Momim, Naseem Contributor address; City; State; Zip Code 1532 Visalia Ln. Austin, TX 78727	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Momin, Amin Contributor address; City; State; Zip Code 11800 Metric Blvd. Austin, TX 78758	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Convenient Store Travel Mart	
Date 12/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Alan and Martha Contributor address; City; State; Zip Code 2420 Harris Boulevard Austin, TX 78703	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Principal/Best Efforts		Employer (See Instructions) MHMATM LLC/Best Efforts	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 17/24 Report: 19/30

2 FILER NAME Cole, Sheryl (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00001564

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)
Morrison, Gregory

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

12/30/2011

6 Contributor address; City; State; Zip Code
9310 Le Conte Cove
Austin, TX 78749

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Morrison Law Firm

Date

Full name of contributor out-of-state PAC (ID# _____)
Nassour, Jimmy

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/12/2011

Contributor address; City; State; Zip Code
3839 Bee Cave Road
Suite 200
Westlake Hills, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)
Jimmy Nassour Law Office

Date

Full name of contributor out-of-state PAC (ID# _____)
Needham, John

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/23/2011

Contributor address; City; State; Zip Code
100 Congress Ave.
#780
Austin, TX 78701

\$700.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner/Best Efforts

Employer (See Instructions)
Riverside Resources/Best Efforts

Date

Full name of contributor out-of-state PAC (ID# _____)
Newberg, Jeffrey and Valerie

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/14/2011

Contributor address; City; State; Zip Code
3830 Hunterwood Point
Austin, TX 78746

\$700.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Real Estate/Director

Employer (See Instructions)
Endeavor Real Estate/Center for Convenatal Judaism

Date

Full name of contributor out-of-state PAC (ID# _____)
Nikkels, Jason and Audrey

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/12/2011

Contributor address; City; State; Zip Code
1762 Lookout Forest
San Antonio, TX 78260

\$700.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Branch Manager/Homemaker

Employer (See Instructions)
DNT Construction/None

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/24 Report: 20/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/01/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nortey, James 6 Contributor address; City; State; Zip Code 111 Congress Avenue #1700 Austin, TX 78701	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Associate		10 Employer (See Instructions) Andrews Kurth LLP	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oppenheimer, Richard Contributor address; City; State; Zip Code 6102 Mt. Villa Cove Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Reo Radio Group	
Date 12/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ott, David Contributor address; City; State; Zip Code 3731 University Blvd. Austin, TX 77005	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) The Hanover Company	
Date 12/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pastor, Andrew and Laura Contributor address; City; State; Zip Code 2908 Sparkling Brook Lane Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Managing Director and Principle/None		Employer (See Instructions) Endeavor Real Estate Group/None	
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patel, Abdul Contributor address; City; State; Zip Code 1805 Far Gallant Dr. Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Sunruse Mini Mart	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/24 Report: 21/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/17/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pollan, Thomas 6 Contributor address; City; State; Zip Code 4017 Walnut Clay Drive Austin, TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Bickerstaff	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Purcell, Fred Contributor address; City; State; Zip Code 12912 Park Drive Austin, TX 78732	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lane Humboldt Construction	
Date 12/25/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Daniel and Kari Jo Contributor address; City; State; Zip Code 2022 Laird Dr. Salt Lake City, UT 84108	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Management/Homemaker		Employer (See Instructions) Reagan National Avertising/None	
Date 12/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Frances and Jake Topinga Contributor address; City; State; Zip Code 1475 Federal Heights Dr. Salt Lake City, UT 84103-4443	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Advertising/Real Estate		Employer (See Instructions) Self/Self	
Date 12/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, William and Julia Contributor address; City; State; Zip Code 4100 McBrine Pl Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President/Consultant		Employer (See Instructions) Reagan National Avertising/Reagan National Advertising	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/24 Report: 22/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reese, Andrew 6 Contributor address; City; State; Zip Code 2914 Regents Park Austin, TX 78746	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Investor/None		10 Employer (See Instructions) Self/None	
Date 12/27/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reese, Donald and Gina Contributor address; City; State; Zip Code 100 Congress Ave. #780 Austin, TX 78701	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor/None		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 12/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renbarger, Grace Contributor address; City; State; Zip Code 4605 Charles Avenue Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Campbell Capital LTD	
Date 12/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schweitzer, John Contributor address; City; State; Zip Code 3105 Above Stratford Pl Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Principal		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney/Homemaker		Employer (See Instructions) Armbrust & Brown, PLLC/None	
Date 12/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scrafford, Bruce and Nora Contributor address; City; State; Zip Code 105 Brooks Hollow Lakeway, TX 78734	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Homemaker		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney/Homemaker		Employer (See Instructions) Armbrust & Brown, PLLC/None	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 21/24 Report: 23/30

2 FILER NAME Cole, Sheryl (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00001564

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)
Siff, Ted

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

12/29/2011

6 Contributor address; City; State; Zip Code
604 West 11th
Austin, TX 78701

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
CEO

10 Employer (See Instructions)
Park Place Publications

Date

Full name of contributor out-of-state PAC (ID# _____)
Smaha, Steve

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/09/2011

Contributor address; City; State; Zip Code
5003 Lucas Lane
Austin, TX 78731

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Self-employed

Date

Full name of contributor out-of-state PAC (ID# _____)
Smitheal, Jeremy and Ellen

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/23/2011

Contributor address; City; State; Zip Code
100 Congress Ave.
#780
Austin, TX 78701

\$700.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Manager/Employee

Employer (See Instructions)
Riverside Resources/Whitzman Management Corp

Date

Full name of contributor out-of-state PAC (ID# _____)
Speck, Lawrence

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/18/2011

Contributor address; City; State; Zip Code
800 West 5th St.
#1102
Austin, TX 78703

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
The University of Texas at Austin School of Architecture

Date

Full name of contributor out-of-state PAC (ID# _____)
Spies, Brad

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/19/2011

Contributor address; City; State; Zip Code
1212 Guadalupe St.
#802
Austin, TX 78701

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Marketing

Employer (See Instructions)
SXS

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/24 Report: 24/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/21/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stacy, Tom and Melinda 6 Contributor address; City; State; Zip Code 823 Congress Ave Suite 1111 Austin, TX 78701	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner/Office Manager		10 Employer (See Instructions) T. Stacy and Associates/T. Stacy and Associates	
Date 12/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stuart, Donald Contributor address; City; State; Zip Code 4105 Long Champ Dr. Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Metcalf, Wolff, Stuart and Williams	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suman, Ron Contributor address; City; State; Zip Code P.O. Box 4181 Austin, TX 78765	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) SXSX	
Date 12/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Scott and Kim Contributor address; City; State; Zip Code 10919 Enchanted Rock Cove Austin, TX 78726	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Homemaker		Employer (See Instructions) Armbrust & Brown, PLLC/None	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tomme, Dean and Marci Contributor address; City; State; Zip Code P.O. Box 467 Lampasas, TX 76550	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) VP/Teacher		Employer (See Instructions) DNT Construction/Lampasas ISD	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/24 Report: 25/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/09/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Troilo, Arthur 6 Contributor address; City; State; Zip Code 700 E. 11th Street #300 Austin, TX 78701	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Troillo Law Firm	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wainwright, Jon Contributor address; City; State; Zip Code 4109 Ave F Austin, TX 78751	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) MMC	
Date 12/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wheeler, Richard Contributor address; City; State; Zip Code 1903 A, Crested Butte Dr. Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Lakeway/Lohmans Investments, Inc.	
Date 12/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Neel and Pam Contributor address; City; State; Zip Code 4220 River Garden Trail Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President & CEO/None		Employer (See Instructions) White Construction/None	
Date 12/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wiginton, Don Kent and Jeannie Contributor address; City; State; Zip Code 908 E. Live Oak St. Austin, TX 78704	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) None/Client Service Manager		Employer (See Instructions) None/CDM Smith	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/24 Report: 26/30	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilcox, Mike Shea and Toni 6 Contributor address; City; State; Zip Code 4801 Broken Bow Pass Austin, TX 78745	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Executive Director/Homemaker		10 Employer (See Instructions) SXSU/None	
Date 12/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Talley Contributor address; City; State; Zip Code 8209 Dark Ridge Cove Austin, TX 78737	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Metcalf, Wolff, Stuart and Williams	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woelke, Allen and Nancy Contributor address; City; State; Zip Code 4101 Galacia Dr. Austin, TX 78759	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) VP/None		Employer (See Instructions) Camp Dresser & Mc Kee Inc/None	
Date 12/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wolff, David Contributor address; City; State; Zip Code 1206 W. 8th St. Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Golden Stuart & Wolff LLP	
Date 12/01/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zarbock, Kent Contributor address; City; State; Zip Code 705 W. Rim Dr. Austin, TX 78731	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager of Sales		Employer (See Instructions) D. R. Horton	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 1/4 Report: 27/30	2 FILER NAME Cole, Sheryl (Mrs.)	3 ACCOUNT # (TEC filers) 00001564
--	--	---

4 Date 11/30/2011	5 Payee name Adisa Communications
-----------------------------	---

6 Amount (\$) \$2,800.00	7 Payee address City; State; Zip Code 13492 Research Blvd. #120-631 Austin, TX 78750
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Announcement Media
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 12/20/2011	Payee name Adisa Communications
--------------------	------------------------------------

Amount (\$) \$558.00	Payee address City; State; Zip Code 13492 Research Blvd. #120-631 Austin, TX 78750
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for Campaign Expenses
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 12/30/2011	Payee name Adisa Communications
--------------------	------------------------------------

Amount (\$) \$6,000.00	Payee address City; State; Zip Code 13492 Research Blvd. #120-631 Austin, TX 78750
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Social Media/Website
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 12/17/2011	Payee name Central Market
--------------------	------------------------------

Amount (\$) \$127.00	Payee address City; State; Zip Code 4001 N. Lamar Austin, TX 78756
-------------------------	--

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) <input type="checkbox"/> Staff lunch
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 2/4 Report: 28/30 **2** FILER NAME Cole, Sheryl (Mrs.) **3** ACCOUNT # (TEC filers) 00001564

4 Date 12/30/2011 **5** Payee name Jitahidi, Joia

6 Amount (\$) \$1,500.00 **7** Payee address City; State; Zip Code 5114 Balcones Woods Dr. Austin, TX 78759

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description (If travel outside of Texas, complete Schedule T) Media/Communications

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

Date 12/30/2011 Payee name Lankes, Matt

Amount (\$) \$250.00 Payee address City; State; Zip Code P. O. Box 300045 Austin, TX 78703

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event Expense Description (If travel outside of Texas, complete Schedule T) Announcement event photography

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

Date 12/05/2011 Payee name League of Women Voters

Amount (\$) \$60.00 Payee address City; State; Zip Code 1011 W 31st St # 510 Austin, TX 78705

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) OTHER - Membership fee Description (If travel outside of Texas, complete Schedule T) Membership fee

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

Date 12/30/2011 Payee name Love, Claire

Amount (\$) \$750.00 Payee address City; State; Zip Code 2006 Sandberg Dr. Austin, TX 78752

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) Administrative Assistant

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 3/4 Report: 29/30		2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (TEC filers) 00001564	
4 Date 12/30/2011	5 Payee name Message, Audience and Presentation				
6 Amount (\$) \$2,500.00	7 Payee address City; State; Zip Code 2400 S. 4th St. Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political strategy		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/30/2011	Payee name Pay Pal				
Amount (\$) \$3.05	Payee address City; State; Zip Code 2211 North 1st St. San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees for online contributions		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/30/2011	Payee name PayPal				
Amount (\$) \$1.13	Payee address City; State; Zip Code 2211 N. 1st St. San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees for online contributions		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/30/2011	Payee name Rylo Consulting				
Amount (\$) \$4,000.00	Payee address City; State; Zip Code 908 E. 5th St. Suite 210 Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Retainer for fundraising activities		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 4/4 Report: 30/30	2 FILER NAME Cole, Sheryl (Mrs.)	3 ACCOUNT # (TEC filers) 00001564
--	--	---

4 Date 11/30/2011	5 Payee name South Austin Democrats
-----------------------------	---

6 Amount (\$) \$250.00	7 Payee address City; State; Zip Code PO Box 152592 Austin, TX 78715
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contributions
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 11/30/2011	Payee name Word of Mouth Catering
--------------------	--------------------------------------

Amount (\$) \$500.00	Payee address City; State; Zip Code 919 West 12th Austin, TX 78701
-------------------------	--

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) <input type="checkbox"/> Announcement event catering
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

**SCHEDULE V - attach to form C/OH
PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF
Reference 2-2-14, Austin City Code**

Enter the name and address of any person who has solicited and obtained contributions on your behalf, during the reporting period, of \$200 per person from five or more individuals. (You need not include individuals who raise funds totaling \$5,000 or less through a fundraising event in that individual's residence.)

Name of person soliciting

Contributions: Alice Glasco

Address: 5117 Valburn Ct., Austin, TX, 78731

Name of person soliciting

Contributions: Andrew Pastor

Address: 2908 Sparkling Brook Lane., Austin, TX, 78746

Name of person soliciting

Contributions: Jeannie Wiginton

908 E. Live Oak St., Austin, TX, 78704

Name of person soliciting

Contributions: David Armbrust

Address: 2807 Regents Park Austin, TX, 78746

Name of person soliciting

Contributions: Donald Reese

Address: 100 Congress Ave., #780., Austin, TX, 78701

Name of person soliciting

Contributions: Richard Maier

Address: 704 E. 45th St., Austin, TX, 78751

Name of person soliciting

Contributions: Michael Whelan

4800 Laurel Canyon Dr., Austin, TX, 78731

FORM COR-C/OH
CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER

RECEIVED
 FEB 15 AM 9:37
 AUSTIN CITY CLERK

1 ACCOUNT # 100001564	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Sheryl MI	Date Received
	NICKNAME LAST Cole SUFFIX	Date Hand-delivered or Postmarked
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Receipt # Amount
	5 ORIGINAL PERIOD COVERED	Date Processed
Month Day Year Month Day Year	Date Imaged	
11 / 30 / 2011 THROUGH 12 / 31 / 2011		

6 EXPLANATION OF CORRECTION
 The original report had an incorrect beginning date for "period covered" due to a misinterpretation of filing requirements. The corrected date of July 1, 2011 required the addition of six expenditures previously not reported. The "amount maintained" is also amended to reflect the balance of funds existing in the campaign bank account and officeholder account on the final day of the reporting period rather than the difference between campaign expenditures and contributions.

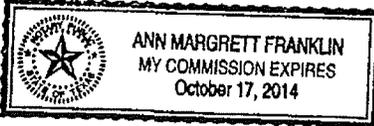
7 AFFIDAVIT

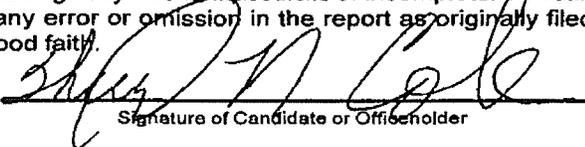
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

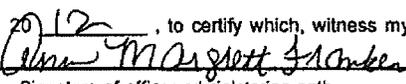
Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl Cole, this the 15th day of February, 2012, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Ann Margrett Franklin
 Printed name of officer administering oath

Notary
 Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

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)
00001564

2 PAGE #
1 of 33

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Mrs. FIRST Sheryl MI
NICKNAME LAST Cole SUFFIX

OFFICE USE ONLY

Date Received 2012 FEB 15 10:09 AM
AUSTIN CITY CLERK RECEIVED
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 1564
Austin, TX 78767

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST Joseph MI
NICKNAME LAST Parker SUFFIX

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5918 Lookout Mountain
Austin, TX 78731

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 323-6605

8 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)

9 PERIOD COVERED

Month Day Year Month Day Year
07/01/2011 THROUGH 12/31/2011

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
05/17/2012
5/12/2012

11 OFFICE

OFFICE HELD (if any)
Austin City Council District 6

12 OFFICE SOUGHT (if known)

Austin City Council District 6

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

13 C/OH NAME Cole, Sheryl (Mrs.)

14 ACCOUNT # (Ethics Commission filers)
00001564

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 875.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 54,425.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$ 0.00**

4. TOTAL POLITICAL EXPENDITURES **\$ 21,524.05**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 38,879.00**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

17 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/25 Report: 3/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ausley, Tom 6 Contributor address; City; State; Zip Code 3737 Laureledge Austin, TX 78731	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Ausley, Algert, Robertson & Flores, LLP	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ausley, Tom & Robbie Contributor address; City; State; Zip Code 3707 Laurel Ledge Lane Austin, TX 78731	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ausley, Algert, Robertson & Flores, L.L.P.	
Date 12/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Auten, Roland Swenson and Roseana (*3) Contributor address; City; State; Zip Code 1507 Yaupon Valley Rd Westlake Hills, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CoFounder/Designer, Writer		Employer (See Instructions) SXS/Self	
Date 12/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ball, Teena Contributor address; City; State; Zip Code 4011 Westlake Dr. Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Vogue Colleges	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barchas, Janine Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/25 Report: 4/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barker, Bobbie 6 Contributor address; City; State; Zip Code 300 Bowie #4004 Austin, TX 78703	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) VP of Grants and Community Affairs		10 Employer (See Instructions) St. David's	
Date 12/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartam, John and Ashley (*4) Contributor address; City; State; Zip Code 309 McConnell Dr. Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Attorney		Employer (See Instructions) Armbrust & Brown, PLLC/AG's Office	
Date 12/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bayes, Donald and Karen (*6) Contributor address; City; State; Zip Code 3501 Arrowhead Cir. Round Rock, TX 78681	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director of Construction/Property Manager		Employer (See Instructions) Gray Associates/AMI Austin Lofts	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beckham, Kimberly and Brian (*4) Contributor address; City; State; Zip Code 11205 Limoncillo Ct. Austin, TX 78750	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Homemaker		Employer (See Instructions) Armbrust & Brown, PLLC/None	
Date 12/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bell, Hubert Contributor address; City; State; Zip Code 170 Beaver Rd. Elgin, TX 78621	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/25 Report: 5/33

2 FILER NAME Cole, Sheryl (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00001564

4 Date

12/22/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Bernstein, Joshua and Erin (*4)

6 Contributor address; City; State; Zip Code
801 W. 5th St. #908
Austin, TX 78703

7 Amount of contribution (\$)

\$700.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney/Homemaker

10 Employer (See Instructions)
Armbrust & Brown, PLLC/None

Date

12/09/2011

Full name of contributor out-of-state PAC (ID# _____)
Betts, Charles

Contributor address; City; State; Zip Code
14741 Arrowhead Dr
Austin, TX 78641

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Executive Director

Employer (See Instructions)
Downtown Austin Alliance

Date

12/14/2011

Full name of contributor out-of-state PAC (ID# _____)
Betts, Charles

Contributor address; City; State; Zip Code
14741 Arrowhead Drive
Volente, TX 78641

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Executive Director

Employer (See Instructions)
Downtown Austin Alliance

Date

12/19/2011

Full name of contributor out-of-state PAC (ID# _____)
Beuerlein, Steve(*1)

Contributor address; City; State; Zip Code
2605 Woodmont Ave
Austin, TX 78703

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Burlington Ventures, Inc.

Date

12/30/2011

Full name of contributor out-of-state PAC (ID# _____)
Blodgett, Terrell

Contributor address; City; State; Zip Code
4100 Jackson Ave.
#250
Austin, TX 78731

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
UT Austin LBJ School of Public Affairs

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/25 Report: 6/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/08/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brewer, James and Mary (*6) 6 Contributor address; City; State; Zip Code 9504 Prescott Dr. Austin, TX 78749	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Project Manager Civil Engineer/Homemaker		10 Employer (See Instructions) Gray Associates/None	
Date 12/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brock, Brent Grulke and Kristin Contributor address; City; State; Zip Code 2711 Tether Trl Austin, TX 78704	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Creative Director/Homemaker		Employer (See Instructions) SXS/None	
Date 12/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Frank and Janice (*4) Contributor address; City; State; Zip Code 602 Coquina Lane Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/None		Employer (See Instructions) Armbrust Brown/None	
Date 12/05/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown McCarroll PAC Contributor address; City; State; Zip Code 111 Congress Ave. # 1400 Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burnett, Michel and Claudia (*4) Contributor address; City; State; Zip Code 1601 Forrest Trl. Austin, TX 78703	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Employee		Employer (See Instructions) Armbrust & Brown, PLLC/Global Talk LLC	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/25 Report: 7/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/19/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byars, Samuel and Anne (*4) 6 Contributor address; City; State; Zip Code 2103 Schulle Avenue Austin, TX 78703	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney/Homemaker		10 Employer (See Instructions) Armbrust & Brown, PLLC/None	
Date 12/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CDM PAC Contributor address; City; State; Zip Code 3050 Post Oak Blvd. Suite 300 Houston, TX 77056	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Antoinette Contributor address; City; State; Zip Code 2200 Far Gallant Dr Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None	
Date 12/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Joan Contributor address; City; State; Zip Code 4210 River Garden Trail Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None	
Date 12/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Stephen Contributor address; City; State; Zip Code 4210 River Garden Trail Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Cypress Real Estate Advisors	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/25 Report: 8/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/08/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Timothy 6 Contributor address; City; State; Zip Code 2200 Far Gallant Dr Austin, TX 78748	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Cypress Real Estate Advisors	
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collins, Sharlene and Patrick (*4) Contributor address; City; State; Zip Code 1400 Yaupon Valley Rd. Austin, TX 78748	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Retired		Employer (See Instructions) Armbrust & Brown, PLLC/None	
Date 12/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cook, Michael Contributor address; City; State; Zip Code Suite 215 Austin, TX	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cook Brooks Johnson PLLC	
Date 12/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coopwood, Thomas Contributor address; City; State; Zip Code 6717 Valburn Dr Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/09/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cotton, Jim (*1) Contributor address; City; State; Zip Code 11000 Spicewood Pkwy Austin, TX 78750	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McAllister and Associates	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/25 Report: 9/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/15/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Covington, Bryce Miller and Kristian Covington (*2) 6 Contributor address; City; State; Zip Code 8204 Navidad Dr. Austin, TX 78735	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Managing Principle/None		10 Employer (See Instructions) Endeavor Real Estate Group/None	
4 Date 12/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Covington, Sid 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cumberbatch, Ashtonn 6 Contributor address; City; State; Zip Code 3 Green Lanes Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) JR Cumberbatch Productions	
4 Date 12/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curtis, Matt 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Home Away		10 Employer (See Instructions) Director of Community Relations	
4 Date 12/12/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis, Chris (*2) 6 Contributor address; City; State; Zip Code 3006 Sparkling Brook Lane Austin, TX 78746	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Managing Principle/Team Supervisor		10 Employer (See Instructions) Endeavor Real Estate Group/ACS	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/25 Report: 10/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 11/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Escutia, Charles and Christina 6 Contributor address; City; State; Zip Code 7604 Fawn Hollow Cove Austin, TX 78750	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner/Broker		Employer (See Instructions) Hindsite 20/20 Real Estate Investments	
4 Date 12/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farmer, Gary and Susan 6 Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President/Homemaker		Employer (See Instructions) Heritage Title Company of Austin/None	
4 Date 12/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forrest, Hugh (*3) 6 Contributor address; City; State; Zip Code 703 E. 50th St. #B Austin, TX 78751	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Event Director/Homemaker		Employer (See Instructions) SXSW/None	
4 Date 12/15/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George, James (*1) 6 Contributor address; City; State; Zip Code P.O. Box 685193 Austin, TX 78768	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) James W. George Attorney at Law	
4 Date 12/15/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Getter, Becky and Kerry 6 Contributor address; City; State; Zip Code 1101 E 11th st Austin, TX 78702	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker/CEO		Employer (See Instructions) None/Balcones Resources	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/25 Report: 11/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilliland, Douglas (*5) 6 Contributor address; City; State; Zip Code 1805 Buckingham Ct. Keller, TX 76262	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Land Developer		10 Employer (See Instructions) Triwest Enterprises	
Date 12/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodman, Shane (*6) Contributor address; City; State; Zip Code 9403 Longvale Dr. Austin, TX 78729	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Construction Manager		Employer (See Instructions) D. R. Horton	
Date 12/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gray, David and Mary (*6) Contributor address; City; State; Zip Code 4307 Dunning Ln. Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President/Homemaker		Employer (See Instructions) Gray Associates/None	
Date 12/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gullahorn, Jack and Patti Contributor address; City; State; Zip Code P.O. Box 140045 Austin, TX 78714	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lobbyist/Homemaker		Employer (See Instructions) Public Strategies Inc./None	
Date 12/01/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hariston, Earl Contributor address; City; State; Zip Code 1902 Chestnut Cr Round Rock, TX 78281	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Private Consultant		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/25 Report: 12/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/21/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Mark and Kelley (*4) 6 Contributor address; City; State; Zip Code 5805 Carry Back Ln Austin, TX 78745	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney/Homemaker		10 Employer (See Instructions) Armbrust & Brown, PLLC/None	
4 Date 12/05/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herring, Stevyn and Katherine (*6) 6 Contributor address; City; State; Zip Code 2208 Real Catorca Austin, TX 78746	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Fullbright and Jaworski		10 Employer (See Instructions) Administrator	
4 Date 12/15/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heston, Rebecca (*2) 6 Contributor address; City; State; Zip Code 2307 Fortune Dr. Austin, TX 78704	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Principal and Property Management/Employee		10 Employer (See Instructions) Endeavor Real Estate /Quick Draw Designs and Drafting	
4 Date 12/21/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hobbs, Jeffrey and Lisa (*4) 6 Contributor address; City; State; Zip Code 3700 Hillbrook Dr. Austin, TX 78731	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney/Attorney		10 Employer (See Instructions) Armbrust & Brown, PLLC/Vinson & Elkins LLP	
4 Date 12/21/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hollingsworth, Wayne and D.P. (*4) 6 Contributor address; City; State; Zip Code 504 Furlong Dr. Austin, TX 78746	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney/None		10 Employer (See Instructions) Armbrust Brown/None	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/25 Report: 13/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hutto, Denise (*3) 6 Contributor address; City; State; Zip Code 1608 B Haskell Austin, TX 78702	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Accounting		10 Employer (See Instructions) SXSU	
Date 12/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackman, Merl Contributor address; City; State; Zip Code 1000 W. 39th St Austin, TX 78756	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Texas State Optical	
Date 12/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jefferson, Sedora Contributor address; City; State; Zip Code 10740 Centennial Trail Austin, TX 78726	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) TASB	
Date 12/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Kenneth and Annette (*4) Contributor address; City; State; Zip Code 305 Riley Rd. Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions)	
Date 12/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Michael Contributor address; City; State; Zip Code 2045 Zach Scott Street Austin, TX 78723	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Oak Hill Real Estate	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/25 Report: 14/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/12/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) K2 Partners 6 Contributor address; City; State; Zip Code 8127 Mesa Dr. #206 Austin, TX 78759	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Koepka, Elizabeth Contributor address; City; State; Zip Code 1306 Bentwood Austin, TX 78722	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Entertainer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			
Date 12/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krumme, Gregg and Robin (*4) Contributor address; City; State; Zip Code 10702 Hastings Ln. Austin, TX 78750	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Armbrust & Brow/Martin, Disiere, Jefferson & Wisdom			
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) League, Tim Contributor address; City; State; Zip Code 1717 W. Sixth Street Suite 351 Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Founder		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Alamo Drafthouse			
Date 12/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Link, Tom Contributor address; City; State; Zip Code 211 E. 7th St. Suite 510 Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/25 Report: 15/33

2 FILER NAME Cole, Sheryl (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00001564

4 Date

12/12/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Littlefield, Sue (*4)

6 Contributor address; City; State; Zip Code
204 Westhaven Dr.
Austin, TX 78746

7 Amount of contribution (\$)

\$350.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)

Armbrust & Brown, PLLC/None

Date

12/28/2011

Full name of contributor out-of-state PAC (ID# _____)
Llamas, Joe (*5)

Contributor address; City; State; Zip Code
Austin, TX

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Senior Development

Employer (See Instructions)

McShane Development Co

Date

12/29/2011

Full name of contributor out-of-state PAC (ID# _____)
Lorenz, Perry and Sheridan

Contributor address; City; State; Zip Code
1311 A, East 6th St.
Austin, TX 78702

Amount of contribution (\$)

\$700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Founder/Housewife

Employer (See Instructions)

Constuctive Ventures/Community Volunteer

Date

12/27/2011

Full name of contributor out-of-state PAC (ID# _____)
Lorenzo, Krause

Contributor address; City; State; Zip Code
2420 Jarraff Ave.
Austin, TX 78703

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Best Efforts

Employer (See Instructions)

Best Efforts

Date

12/16/2011

Full name of contributor out-of-state PAC (ID# _____)
Lynk, Steven

Contributor address; City; State; Zip Code
6004 Ronchamps Dr.
Round Rock, TX 78681

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Associate

Employer (See Instructions)

CDM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/25 Report: 17/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/16/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathias, Matt (*1) 6 Contributor address; City; State; Zip Code 2915 Regents Park Austin, TX 78746	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Founder		10 Employer (See Instructions) Matt Mathias & Company	
Date 12/01/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClendon, Burwell and Terri (*6) Contributor address; City; State; Zip Code 1905 Canonera Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate/Homemaker		Employer (See Instructions) DR Horton/None	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDaniels, Demetrius Contributor address; City; State; Zip Code 7601 Sandia Loop Austin, TX 78735	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Greenberg Traurig LLP	
Date 12/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDonald, Katrina (*6) Contributor address; City; State; Zip Code 11802 Nene Dr. Austin, TX 78750	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Means, Bertha Contributor address; City; State; Zip Code 7400 Valburn Dr Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/25 Report: 18/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/20/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mendiola, Darin Klein and Natalie (*3) 6 Contributor address; City; State; Zip Code 4419 Barrow Austin, TX 78751	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Producer/Best Efforts		10 Employer (See Instructions) SXSUW/Best Efforts	
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Momim, Naseem Contributor address; City; State; Zip Code 1532 Visalia Ln. Austin, TX 78727	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Momim, Amin Contributor address; City; State; Zip Code 11800 Metric Blvd. Austin, TX 78758	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Convenient Store Travel Mart	
Date 12/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Alan and Martha Contributor address; City; State; Zip Code 2420 Harris Boulevard Austin, TX 78703	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Principal/Best Efforts		Employer (See Instructions) MHMATM LLC/Best Efforts	
Date 12/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Gregory Contributor address; City; State; Zip Code 9310 Le Conte Cove Austin, TX 78749	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 17/25 Report: 19/33

2 FILER NAME Cole, Sheryl (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00001564

4 Date

12/12/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Nassour, Jimmy (*1)

6 Contributor address; City; State; Zip Code
3839 Bee Cave Road
Suite 200
Westlake Hills, TX 78746

7 Amount of contribution (\$)

\$350.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Lawyer

10 Employer (See Instructions)
Jimmy Nassour Law Office

Date

12/23/2011

Full name of contributor out-of-state PAC (ID# _____)
Needham, John

Contributor address; City; State; Zip Code
100 Congress Ave.
#780
Austin, TX 78701

Amount of contribution (\$)

\$700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner/Best Efforts

Employer (See Instructions)
Riverside Resources/Best Efforts

Date

12/14/2011

Full name of contributor out-of-state PAC (ID# _____)
Newberg, Jeffrey (*2)

Contributor address; City; State; Zip Code
3830 Hunterwood Point
Austin, TX 78746

Amount of contribution (\$)

\$700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Real Estate/Director

Employer (See Instructions)
Endeavor Real Estate Center for Convenatal Judaism

Date

12/12/2011

Full name of contributor out-of-state PAC (ID# _____)
Nikkels, Jason and Audrey (*6)

Contributor address; City; State; Zip Code
1762 Lookout Forest
San Antonio, TX 78260

Amount of contribution (\$)

\$700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Branch Manager/None

Employer (See Instructions)
DNT Construction/None

Date

12/01/2011

Full name of contributor out-of-state PAC (ID# _____)
Nortey, James

Contributor address; City; State; Zip Code
111 Congress Avenue
#1700
Austin, TX 78701

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Associate

Employer (See Instructions)
Andrews Kurth LLP

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/25 Report: 20/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oppenheimer, Richard 6 Contributor address; City; State; Zip Code 6102 Mt. Villa Cove Austin, TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 12/20/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ott, David (*5) 6 Contributor address; City; State; Zip Code 3731 University Blvd. Austin, TX 77005	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Architect		10 Employer (See Instructions) The Hanover Company	
4 Date 12/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pastor, Andrew (*2) 6 Contributor address; City; State; Zip Code 2908 Sparkling Brook Lane Austin, TX 78746	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Managing Director and Principle		10 Employer (See Instructions) Endeavor Real Estate Group	
4 Date 12/12/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patel, Abdul 6 Contributor address; City; State; Zip Code 1805 Far Gallant Dr. Austin, TX 78746	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Business Owner		10 Employer (See Instructions) Sunruse Mini Mart	
4 Date 12/15/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patel, Abdul 6 Contributor address; City; State; Zip Code 1805 Far Gallant Dr. Austin, TX 78746	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Business owner		10 Employer (See Instructions) Sunrise Mini Mart	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 19/25 Report: 21/33

2 FILER NAME Cole, Sheryl (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00001564

4 Date

12/17/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Pollan, Thomas

6 Contributor address; City; State; Zip Code
4017 Walnut Clay Drive
Austin, TX 78731

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Bickerstaff

Date

12/15/2011

Full name of contributor out-of-state PAC (ID# _____)
Purcell, Fred (*1)

Contributor address; City; State; Zip Code
12912 Park Drive
Austin, TX 78732

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Lane Humboldt Construction

Date

12/25/2011

Full name of contributor out-of-state PAC (ID# _____)
Reagan, Daniel

Contributor address; City; State; Zip Code
2022 Laird Dr.
Salt Lake City, UT 84108

Amount of contribution (\$)

\$700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Management/Homemaker

Employer (See Instructions)
Reagan National Avertising/None

Date

12/14/2011

Full name of contributor out-of-state PAC (ID# _____)
Reagan, Frances

Contributor address; City; State; Zip Code
1475 Federal Heights Dr.
Salt Lake City, UT 84103-4443

Amount of contribution (\$)

\$700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Advertising/Real Estate

Employer (See Instructions)
Self/Self

Date

12/30/2011

Full name of contributor out-of-state PAC (ID# _____)
Reagan, William

Contributor address; City; State; Zip Code
4100 McBrine Pl
Austin, TX 78746

Amount of contribution (\$)

\$700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
President/Consultant

Employer (See Instructions)
Reagan National Avertising

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/25 Report: 22/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reese, Andrew (*5) 6 Contributor address; City; State; Zip Code 2914 Regents Park Austin, TX 78746	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/27/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reese, Donald and Gina (*5) Contributor address; City; State; Zip Code 100 Congress Ave. #780 Austin, TX 78701	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Investor/None		Employer (See Instructions) Self/None	
Date 12/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renbarger, Grace Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schweitzer, John Contributor address; City; State; Zip Code 3105 Above Stratford Pl Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Campbell Capital LTD	
Date 12/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scrafford, Bruce and Nora (*4) Contributor address; City; State; Zip Code 105 Brooks Hollow Lakeway, TX 78734	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney/Homemaker		Employer (See Instructions) Armbrust & Brown, PLLC/None	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/25 Report: 23/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/29/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Siff, Ted 6 Contributor address; City; State; Zip Code 604 West 11th Austin, TX 78701	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/09/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smaha, Steve Contributor address; City; State; Zip Code 5003 Lucas Lane Austin, TX 78731	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, David Smith and Karen Eckert (*4) Contributor address; City; State; Zip Code 100 Congress Ave. #300 Austin, TX 78701	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/University of Texas		Employer (See Instructions) Armbrust & Brown/Lab Technician	
Date 12/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smitheal, Jeremy and Ellen Contributor address; City; State; Zip Code 100 Congress Ave. #780 Austin, TX 78701	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager/Employee		Employer (See Instructions) Riverside Resources/Whitzman Management Corp	
Date 12/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speck, Lawrence Contributor address; City; State; Zip Code 800 West 5th St. #1102 Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin School of Architecture	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/25 Report: 24/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/19/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sples, Brad (*3) 6 Contributor address; City; State; Zip Code 1212 Guadalupe St. #802 Austin, TX 78701	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Marketing		10 Employer (See Instructions) SXSXW (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 12/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stacy, Tom and Melinda Contributor address; City; State; Zip Code 823 Congress Ave Suite 1111 Austin, TX 78701	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner/Office Manager		Employer (See Instructions) T. Stacy and Associates/T. Stacy and Associates (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 12/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stuart, Donald (*5) Contributor address; City; State; Zip Code 4105 Long Champ Dr. Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Metcalf, Wolff, Stuart and Williams (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suman, Ron Contributor address; City; State; Zip Code P.O. Box 4181 Austin, TX 78765	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) SXSXW (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 12/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Scott and Kim (*4) Contributor address; City; State; Zip Code 10919 Enchanted Rock Cove Austin, TX 78726	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Homemaker		Employer (See Instructions) Armbrust & Brown, PLLC/None (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 23/25 Report: 25/33

2 FILER NAME Cole, Sheryl (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00001564

4 Date
12/15/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Tomme, Dean and Marci (6*)

7 Amount of contribution (\$) \$700.00

8 In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box 467
Lampasas, TX 76550

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
VP/None

10 Employer (See Instructions)
DNT Construction/None

Date
12/09/2011

Full name of contributor out-of-state PAC (ID# _____)
Troilo, Arthur

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
700 E. 11th Street
#300
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/10/2011

Full name of contributor out-of-state PAC (ID# _____)
Wainwright, Jon

Amount of contribution (\$) \$350.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4109 Ave F
Austin, TX 78751

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Economist

Employer (See Instructions)
MMC

Date
12/28/2011

Full name of contributor out-of-state PAC (ID# _____)
Wheeler, Richard

Amount of contribution (\$) \$350.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1903 A, Crested Butte Dr.
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
Lakeway/Lohmans Investments, Inc.

Date
12/14/2011

Full name of contributor out-of-state PAC (ID# _____)
White, Neel and Pam

Amount of contribution (\$) \$700.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4220 River Garden Trail
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
President & CEO/None

Employer (See Instructions)
White Construction/None

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/25 Report: 26/33	
2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00001564	
4 Date 12/16/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wiginton, Don Kent and Jeannie (*3) 6 Contributor address; City; State; Zip Code 908 E. Live Oak St. Austin, TX 78704	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) None/Client Service Manager		10 Employer (See Instructions) None/CDM Smith	
Date 12/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilcox, Mike Shea and Toni Contributor address; City; State; Zip Code 4801 Broken Bow Pass Austin, TX 78745	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director/Homemaker		Employer (See Instructions) SXSW/None	
Date 12/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Talley (*5) Contributor address; City; State; Zip Code 8209 Dark Ridge Cove Austin, TX 78737	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Metcalfe, Wolff, Stuart and Williams	
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woelke, Allen and Nancy Contributor address; City; State; Zip Code 4101 Galacia Dr. Austin, TX 78759	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) VP/None		Employer (See Instructions) Camp Dresser & Mc Kee Inc/None	
Date 12/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wolff, David (*5) Contributor address; City; State; Zip Code 1206 W. 8th St. Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Golden Stuart & Wolff LLP	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 25/25 Report: 27/33

2 FILER NAME Cole, Sheryl (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00001564

4 Date

12/01/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Zarbock, Kent (*6)

6 Contributor address; City; State; Zip Code
705 W. Rim Dr.
Austin, TX 78731

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Manager of Sales

10 Employer (See Instructions)
D. R. Horton

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 1/6 Report: 28/33	2 FILER NAME Cole, Sheryl (Mrs.)	3 ACCOUNT # (TEC filers) 00001564
--	--	---

4 Date 11/30/2011	5 Payee name Adisa Communications
-----------------------------	---

6 Amount (\$) \$2,800.00	7 Payee address City; State; Zip Code 13492 Research Blvd. #120-631 Austin, TX 78750
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Announcement Media
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 12/20/2011	Payee name Adisa Communications
--------------------	------------------------------------

Amount (\$) \$558.00	Payee address City; State; Zip Code 13492 Research Blvd. #120-631 Austin, TX 78750
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for Campaign Expenses
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 12/30/2011	Payee name Adisa Communications
--------------------	------------------------------------

Amount (\$) \$6,000.00	Payee address City; State; Zip Code 13492 Research Blvd. #120-631 Austin, TX 78750
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Social Media/Website
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 12/17/2011	Payee name Central Market
--------------------	------------------------------

Amount (\$) \$127.00	Payee address City; State; Zip Code 4001 N. Lamar Austin, TX 78756
-------------------------	--

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) <input type="checkbox"/> Staff lunch
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 2/6 Report: 29/33	2 FILER NAME Cole, Sheryl (Mrs.)	3 ACCOUNT # (TEC filers) 00001564
--	--	---

4 Date 11/22/2011	5 Payee name H. Green Photography
6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code 2906 MLK Blvd. Austin, TX 78702

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event photos
---------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 08/01/2011	Payee name Jitahidi, Joia
Amount (\$) \$750.00	Payee address City; State; Zip Code 5114 Balcones Woods Dr. Austin, TX 78759

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Media/Communications
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 08/29/2011	Payee name Jitahidi, Joia
Amount (\$) \$750.00	Payee address City; State; Zip Code 5114 Balcones Woods Dr. Austin, TX 78759

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Media/Communications
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 12/30/2011	Payee name Jitahidi, Joia
Amount (\$) \$1,500.00	Payee address City; State; Zip Code 5114 Balcones Woods Dr. Austin, TX 78759

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Media/Communications
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 3/6 Report: 30/33	2 FILER NAME Cole, Sheryl (Mrs.)	3 ACCOUNT # (TEC filers) 00001564
--	--	---

4 Date 11/30/2011	5 Payee name Lankes, Matt		
6 Amount (\$) \$250.00	7 Payee address City; State; Zip Code P. O. Box 300045 Austin, TX 78703		

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"/> Announcement event photography
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	--------------------------------------	-----------------------	---------------------

Date 11/11/2011	Payee name Larson, Joanne		
Amount (\$) \$69.00	Payee address City; State; Zip Code 8023 Lydia St. Austin, TX 78702		

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) <input type="checkbox"/> Catering
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	--------------------------------------	-----------------------	---------------------

Date 12/05/2011	Payee name League of Women Voters		
Amount (\$) \$60.00	Payee address City; State; Zip Code 1011 W 31st St # 510 Austin, TX 78705		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership fee
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	--------------------------------------	-----------------------	---------------------

Date 12/30/2011	Payee name Love, Claire		
Amount (\$) \$750.00	Payee address City; State; Zip Code 2006 Sandberg Dr. Austin, TX 78752		

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) <input type="checkbox"/> Administrative Assistant
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	--------------------------------------	-----------------------	---------------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 4/6 Report: 31/33	2 FILER NAME Cole, Sheryl (Mrs.)	3 ACCOUNT # (TEC filers) 00001564
--	--	---

4 Date 07/05/2011	5 Payee name McDonald, Stephanie
-----------------------------	--

6 Amount (\$) \$37.87	7 Payee address City; State; Zip Code 802 Town Lake Blvd. Austin, TX 78704
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 12/30/2011	Payee name Message, Audience and Presentation
--------------------	--

Amount (\$) \$2,500.00	Payee address City; State; Zip Code 2400 S. 4th St. Austin, TX 78704
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political strategy
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 08/29/2011	Payee name NAACP
--------------------	---------------------

Amount (\$) \$150.00	Payee address City; State; Zip Code 1704 E. 12th St Austin, TX 78702
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution/Donation
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 11/27/2011	Payee name Office Depot
--------------------	----------------------------

Amount (\$) \$193.00	Payee address City; State; Zip Code 13201 Ranch Road 620 Austin, TX 78717
-------------------------	---

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) <input type="checkbox"/> Office supplies
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 5/6 Report: 32/33		2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (TEC filers) 00001564	
4 Date 11/30/2011	5 Payee name Pay Pal				
6 Amount (\$) \$1.13	7 Payee address City; State; Zip Code 2211 N. 1st St. Austin, CA 95131				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees for online contributions		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/31/2011	Payee name Pay Pal				
Amount (\$) \$3.05	Payee address City; State; Zip Code 2211 N. 1st St. San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees for online contributions		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/30/2011	Payee name Rylo Consulting				
Amount (\$) \$4,000.00	Payee address City; State; Zip Code 908 E. 5th St. Suite 210 Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fund raising activities		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/30/2011	Payee name South Austin Democrats				
Amount (\$) \$250.00	Payee address City; State; Zip Code PO Box 152592 Austin, TX 78715				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contributions		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 6/6 Report: 33/33	2 FILER NAME Cole, Sheryl (Mrs.)	3 ACCOUNT # (TEC filers) 00001564
--	--	---

4 Date 08/29/2011	5 Payee name Urban League
-----------------------------	-------------------------------------

6 Amount (\$) \$175.00	7 Payee address City; State; Zip Code 1033 LA Posada Dr Ste 150 Austin, TX
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Tickets and Banquet
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 11/30/2011	Payee name Word of Mouth Catering
---------------------------	---

Amount (\$) \$500.00	Payee address City; State; Zip Code 919 West 12th Austin, TX 78701
--------------------------------	---

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) <input type="checkbox"/> Announcement event catering
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

**SCHEDULE V - attach to form C/OH
PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF
Reference 2-2-14, Austin City Code**

Enter the name and address of any person who has solicited and obtained contributions on your behalf, during the reporting period, of \$200 per person from five or more individuals. (You need not include individuals who raise funds totaling \$5,000 or less through a fundraising event in that individual's residence.)

Name of person soliciting

Contributions: Alice Glasco

Address: 5117 Valburn Ct., Austin, TX, 78731

Name of person soliciting

Contributions: Andrew Pastor

Address: 2908 Sparkling Brook Lane., Austin, TX, 78746

Name of person soliciting

Contributions: Jeannie Wiginton

908 E. Live Oak St., Austin, TX, 78704

Name of person soliciting

Contributions: David Armbrust

Address: 2807 Regents Park Austin, TX, 78746

Name of person soliciting

Contributions: Donald Reese

Address: 100 Congress Ave., #780., Austin, TX, 78701

Name of person soliciting

Contributions: Richard Maier

Address: 704 E. 45th St., Austin, TX, 78751

Name of person soliciting

Contributions: Michael Whelan

4800 Laurel Canyon Dr., Austin, TX, 78731

2012

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)
00000005

2 PAGE #
1 of 32

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS /

MI

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

STATE: ZIP CODE

Change

5 CAMPAIGN
TREASURER
NAME

MI

SUFFIX

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

600 Congress Avenue
Suite 2800
Austin, TX 78701

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 615-1207

8 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)

9 PERIOD
COVERED

Month Day Year Month Day Year

11/14/2011

THROUGH

12/31/2011

10 ELECTION

ELECTION DATE

Month Day Year

05/12/2012

ELECTION TYPE

- Primary
- Runoff
- General
- Special

11 OFFICE

OFFICE HELD (if any)

Austin City Council District 5

12 OFFICE SOUGHT (if known)

Austin City Council District 5

No record of
2-2-12
filed at
any point

OFFICE USE ONLY

Date Received 2012 JAN 17 PM 3 15

AUSTIN CITY CLERK
RECEIVED

Date Hand-delivered Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

2012

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) 00000005

2 PAGE # 1 of 32

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Dr. FIRST William MI LAST Spelman NICKNAME Bill SUFFIX

OFFICE USE ONLY

Date Received 2012 JAN 17 PM 3 15 Austin City Clerk RECEIVE Date Hand-delivered Date Postmarked Receipt # Amount Date Processed Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 2284 Austin, TX 78768

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR Ms. FIRST Martha MI LAST Smiley NICKNAME SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 600 Congress Avenue Suite 2800 Austin, TX 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION (512) 615-1207

8 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)

9 PERIOD COVERED

Month Day Year 11/14/2011 THROUGH 12/31/2011

10 ELECTION

ELECTION DATE Month Day Year 05/12/2012 ELECTION TYPE Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) Austin City Council District 5

12 OFFICE SOUGHT (if known)

Austin City Council District 5

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME *Spelman, William (Dr.)*

14 ACCOUNT # (Ethics Commission filers)
00000005

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

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

additional pages

16 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) \$ 31,460.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 6,438.76

CONTRIBUTION BALANCE

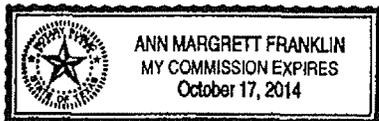
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 25,521.24

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 500.00

17 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.



W. Spelman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Spelman, this the 17 day of January, 2012, to certify which, witness my hand and seal of office.

Ann Margaret Franklin Signature of officer administering oath
Ann Margaret Franklin Print 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 PAGE #
Schedule: 1/27 Report: 3/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date

12/12/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Abell, William

6 Contributor address; City; State; Zip Code
1607 Kerr Street
Austin, TX 78704

7 Amount of contribution (\$)

\$100.00

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

12/08/2011

Full name of contributor out-of-state PAC (ID# _____)
Adams, Jim

Contributor address; City; State; Zip Code
515 Congress Avenue
Suite 1600
Austin, TX 78701

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/2011

Full name of contributor out-of-state PAC (ID# _____)
Anderson, David

Contributor address; City; State; Zip Code
1515 Oxford Avenue
Austin, TX 78704

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Principal

Employer (See Instructions)
FORM Sustainable Planning & Community Design

Date

12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Armbrust, Cheryl

Contributor address; City; State; Zip Code
2807 Regents Park
Austin, TX 78746

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Armbrust, David

Contributor address; City; State; Zip Code
2807 Regents Park
Austin, TX 78746

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 2/27 Report: 4/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)

00000005

4 Date

12/21/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Armstrong, Alfred

6 Contributor address; City; State; Zip Code
9716 Crenata Cove
Austin, TX 78759

7 Amount of
contribution (\$)

\$50.00

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

12/28/2011

Full name of contributor out-of-state PAC (ID# _____)
Ausley, Tom

Contributor address; City; State; Zip Code
3707 Laurel Ledge Lane
Austin, TX 78731

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/23/2011

Full name of contributor out-of-state PAC (ID# _____)
Ayres, Robert

Contributor address; City; State; Zip Code
2408 Keating Lane
Austin, TX 78703

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Managing Partner

Employer (See Instructions)
Shield Ranch

Date

12/19/2011

Full name of contributor out-of-state PAC (ID# _____)
Baer, Therese

Contributor address; City; State; Zip Code
5904 Mountainclimb Drive
Apartment 1
Austin, TX 78731

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Baer Engineering

Date

12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Bartram, Ashley

Contributor address; City; State; Zip Code
309 McConnell Drive
Austin, TX 78746

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Texas Attorney General

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/27 Report: 5/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date
12/31/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Bartram, John

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)
\$350.00

6 Contributor address; City; State; Zip Code
309 McConnell Drive
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
*Attorney

10 Employer (See Instructions)
Armbrust & Brown

Date
12/19/2011

Full name of contributor out-of-state PAC (ID# _____)
Baum, Gerald

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$100.00

Contributor address; City; State; Zip Code
8608 Tallwood Drive
Austin, TX 78759

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Beckham, Brian

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

Contributor address; City; State; Zip Code
11205 Limoncillo Court
Austin, TX 78750

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*None

Employer (See Instructions)
None

Date
12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Beckham, Kimberly

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

Contributor address; City; State; Zip Code
11205 Limoncillo Court
Austin, TX 78750

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

Date
11/30/2011

Full name of contributor out-of-state PAC (ID# _____)
Bercu, Steve

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$50.00

Contributor address; City; State; Zip Code
4108 Burnet Road
Austin, TX 78756

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/27 Report: 6/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date 12/31/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Bernstein, Erin

6 Contributor address; City; State; Zip Code
805 West 5th Street
Apt. 908
Austin, TX 78701

7 Amount of contribution (\$) \$350.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
*None

10 Employer (See Instructions)
None

Date 12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Bernstein, Joshua

Contributor address; City; State; Zip Code
805 West 5th Street
Apt. 908
Austin, TX 78701

Amount of contribution (\$) \$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

Date 11/28/2011

Full name of contributor out-of-state PAC (ID# _____)
Betts, Charlie

Contributor address; City; State; Zip Code
14741 Arrowhead Drive
Volente, TX 78641

Amount of contribution (\$) \$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Executive Director

Employer (See Instructions)
Downtown Austin Alliance

Date 12/26/2011

Full name of contributor out-of-state PAC (ID# _____)
Beuerlein, Steve

Contributor address; City; State; Zip Code
2605 Woodmont Avenue
Austin, TX 78703

Amount of contribution (\$) \$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Burlington Ventures, Inc.

Date 12/22/2011

Full name of contributor out-of-state PAC (ID# _____)
Black, Sinclair

Contributor address; City; State; Zip Code
208 West 4th Street
Austin, TX 78701

Amount of contribution (\$) \$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Black & Vernooy

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/27 Report: 7/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date 12/24/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Blodgett, Terrell

6 Contributor address; City; State; Zip Code
4100 Jackson Avenue
Apt. 250
Austin, TX 78731

7 Amount of contribution (\$) \$200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Professor

10 Employer (See Instructions)
University of Texas

Date 12/22/2011

Full name of contributor out-of-state PAC (ID# _____)
Bonewald, Silona

Contributor address; City; State; Zip Code
901 West 30th Street
Austin, TX 78705

Amount of contribution (\$) \$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Brown, Frank

Contributor address; City; State; Zip Code
602 Coquina Lane
Austin, TX 78746

Amount of contribution (\$) \$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

Date 12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Brown, Janice

Contributor address; City; State; Zip Code
602 Coquina Lane
Austin, TX 78746

Amount of contribution (\$) \$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*College Selection Consultant

Employer (See Instructions)
Self

Date 12/05/2011

Full name of contributor out-of-state PAC (ID# _____)
Brown McCarroll Political Action Committee

Contributor address; City; State; Zip Code
111 Congress Avenue
Suite 1400
Austin, TX 78701

Amount of contribution (\$) \$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/27 Report: 8/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
12/29/2011 Buie, Jed

6 Contributor address; City; State; Zip Code
7905 Goldenrod Cove
Austin, TX 78750

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)

\$25.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
12/29/2011 Buie, Susan

Contributor address; City; State; Zip Code
7905 Goldenrod Cove
Austin, TX 78750

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

\$25.00

(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# _____)
12/31/2011 Burnett, Claudia

Contributor address; City; State; Zip Code
1601 Forest Trail
Austin, TX 78703

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

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Teacher

Employer (See Instructions)
Trinity Episcopal School

Date Full name of contributor out-of-state PAC (ID# _____)
12/31/2011 Burnett, Michael

Contributor address; City; State; Zip Code
1601 Forest Trail
Austin, TX 78703

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

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

Date Full name of contributor out-of-state PAC (ID# _____)
12/31/2011 Byars, Anne

Contributor address; City; State; Zip Code
2103 Schulle Avenue
Austin, TX 78703

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

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*None

Employer (See Instructions)
None

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 7/27 Report: 9/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date: 12/31/2011
5 Full name of contributor out-of-state PAC (ID# _____)
Byars, Sam
6 Contributor address; City; State; Zip Code
2103 Schulle Avenue
Austin, TX 78703

7 Amount of contribution (\$): \$350.00
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
*Attorney

10 Employer (See Instructions)
Armbrust & Brown

Date: 12/29/2011
Full name of contributor out-of-state PAC (ID# _____)
Cartwright, Janice
Contributor address; City; State; Zip Code
1404 Dwyce Drive
Austin, TX 78757

Amount of contribution (\$): \$25.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 12/13/2011
Full name of contributor out-of-state PAC (ID# _____)
CDM Political Action Committee
Contributor address; City; State; Zip Code
3050 Post Oak Boulevard
Suite 300
Houston, TX 77056

Amount of contribution (\$): \$350.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 12/01/2011
Full name of contributor out-of-state PAC (ID# _____)
Chimenti, Danette
Contributor address; City; State; Zip Code
200 The Circle
Austin, TX 78704

Amount of contribution (\$): \$350.00
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: 12/08/2011
Full name of contributor out-of-state PAC (ID# _____)
Clark, Antoinette
Contributor address; City; State; Zip Code
2200 Far Gallant Drive
Austin, TX 78746

Amount of contribution (\$): \$350.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
None

Employer (See Instructions)
None

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 8/27 Report: 10/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)

00000005

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)
Clark, Joan

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

12/07/2011

6 Contributor address; City; State; Zip Code
4210 River Garden Trail
Austin, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
None

10 Employer (See Instructions)
None

Date

Full name of contributor out-of-state PAC (ID# _____)
Clark, Stephen

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/08/2011

Contributor address; City; State; Zip Code
4210 River Garden Trail
Austin, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Chairman

Employer (See Instructions)
Cypress Real Estate Advisors

Date

Full name of contributor out-of-state PAC (ID# _____)
Clark, Timothy

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/08/2011

Contributor address; City; State; Zip Code
2200 Far Gallant Drive
Austin, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Partner

Employer (See Instructions)
Cypress Real Estate Advisors

Date

Full name of contributor out-of-state PAC (ID# _____)
Collins, Patrick

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/31/2011

Contributor address; City; State; Zip Code
1400 Yaupon Valley Road
Austin, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Retired

Employer (See Instructions)
None

Date

Full name of contributor out-of-state PAC (ID# _____)
Collins, Sharlene

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

12/31/2011

Contributor address; City; State; Zip Code
1400 Yaupon Valley Road
Austin, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 9/27 Report: 11/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date 12/20/2011
5 Full name of contributor out-of-state PAC (ID# _____)
Dailey, Robert

6 Contributor address; City; State; Zip Code
P.O. Box 200068
Austin, TX 78720

7 Amount of contribution (\$) \$50.00
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 12/31/2011
Full name of contributor out-of-state PAC (ID# _____)
Davis, Ian

Contributor address; City; State; Zip Code
600 Bouldin Avenue
Austin, TX 78704

Amount of contribution (\$) \$25.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/30/2011
Full name of contributor out-of-state PAC (ID# _____)
Dealey, Amanda

Contributor address; City; State; Zip Code
5401 Ridge Oak Drive
Austin, TX 78731

Amount of contribution (\$) \$350.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Investor

Employer (See Instructions)
Self

Date 12/16/2011
Full name of contributor out-of-state PAC (ID# _____)
Dobbs, David

Contributor address; City; State; Zip Code
9702 Swansons Ranch Road
Austin, TX 78748

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/31/2011
Full name of contributor out-of-state PAC (ID# _____)
Eckert, Karen

Contributor address; City; State; Zip Code
100 Congress Avenue
Suite 1300
Austin, TX 78701

Amount of contribution (\$) \$350.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Lab Technician

Employer (See Instructions)
University of Texas

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 10/27 Report: 12/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date
11/23/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Elliott, Chris

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)
\$150.00

6 Contributor address; City; State; Zip Code
1705 Rabb Road
Austin, TX 78704

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/21/2011

Full name of contributor out-of-state PAC (ID# _____)
Fairbrother, Paul

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

Contributor address; City; State; Zip Code
4105 Farhills Drive
Austin, TX 78731

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Government Partners LLC

Date
12/05/2011

Full name of contributor out-of-state PAC (ID# _____)
Falkenberg, Howard

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$200.00

Contributor address; City; State; Zip Code
P.O. Box 123
Austin, TX 78767

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Staats Falkenberg

Date
12/01/2011

Full name of contributor out-of-state PAC (ID# _____)
Ferchill, Cary

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$200.00

Contributor address; City; State; Zip Code
301 Congress Avenue
Suite 1050
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Reed & Scardino, LLP

Date
12/26/2011

Full name of contributor out-of-state PAC (ID# _____)
Fisher, Francis

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$100.00

Contributor address; City; State; Zip Code
3208 Harris Park Avenue
Austin, TX 78705

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/27 Report: 13/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date
12/22/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Frede, Martha

6 Contributor address; City; State; Zip Code
1000 Liberty Park Drive
Apt. 106
Austin, TX 78746

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)
\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/15/2011

Full name of contributor out-of-state PAC (ID# _____)
George, R. James

Contributor address; City; State; Zip Code
P.O. Box 685193
Austin, TX 78768

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date
12/13/2011

Full name of contributor out-of-state PAC (ID# _____)
Getter, Becky

Contributor address; City; State; Zip Code
1101 East 11th Street
Austin, TX 78702

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Controller

Employer (See Instructions)
Balcones Resources

Date
12/13/2011

Full name of contributor out-of-state PAC (ID# _____)
Getter, Kerry

Contributor address; City; State; Zip Code
1101 East 11th Street
Austin, TX 78702

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
Balcones Resources

Date
12/30/2011

Full name of contributor out-of-state PAC (ID# _____)
Glasco, Alice

Contributor address; City; State; Zip Code
5117 Valburn Court
Austin, TX 78731

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/27 Report: 14/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date
12/22/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Graham, Lawrence

6 Contributor address; City; State; Zip Code
5909 Bull Creek Road
Austin, TX 78757

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)
\$150.00 |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/21/2011

Full name of contributor out-of-state PAC (ID# _____)
Griffith, Beverly

Contributor address; City; State; Zip Code
3711 Taylors Drive
Austin, TX 78703

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$200.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Property Manager

Employer (See Instructions)
Griffith Properties and Investments

Date
12/19/2011

Full name of contributor out-of-state PAC (ID# _____)
Harris, Jerry

Contributor address; City; State; Zip Code
111 Congress Avenue
Suite 1400
Austin, TX 78701

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$25.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/19/2011

Full name of contributor out-of-state PAC (ID# _____)
Harris, Sharon

Contributor address; City; State; Zip Code
111 Congress Avenue
Suite 1400
Austin, TX 78701

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$25.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/22/2011

Full name of contributor out-of-state PAC (ID# _____)
Hartman, Greg

Contributor address; City; State; Zip Code
3307 Winding Creek Drive
Austin, TX 78735

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$200.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
Seton Brackenridge

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 13/27 Report: 15/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date
12/31/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Hawkins, Kelley

6 Contributor address; City; State; Zip Code
5805 Carry Back Lane
Austin, TX 78746

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)
\$350.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
*None

10 Employer (See Instructions)
None

Date
12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Hawkins, Mark

Contributor address; City; State; Zip Code
5805 Carry Back Lane
Austin, TX 78746

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

Date
12/05/2011

Full name of contributor out-of-state PAC (ID# _____)
Hawthorne, Melissa

Contributor address; City; State; Zip Code
1403 Foxwood Cove
Austin, TX 78704

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Austin Permit Service, Inc.

Date
12/18/2011

Full name of contributor out-of-state PAC (ID# _____)
Heidrick, Clarke

Contributor address; City; State; Zip Code
3702 Eastledge Drive
Austin, TX 78731

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/21/2011

Full name of contributor out-of-state PAC (ID# _____)
Hersh, Stuart

Contributor address; City; State; Zip Code
1307 Kinney Avenue
#117
Austin, TX 78704

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 14/27 Report: 16/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date 12/21/2011
5 Full name of contributor out-of-state PAC (ID# _____)
Hill, Forest

7 Amount of contribution (\$) \$75.00
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
4100 Jackson Avenue
Apt. 311
Austin, TX 78731

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 12/31/2011
Full name of contributor out-of-state PAC (ID# _____)
Hobbs, Jeff

Amount of contribution (\$) \$350.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3700 Hillbrook Drive
Austin, TX 78731

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

Date 12/31/2011
Full name of contributor out-of-state PAC (ID# _____)
Hobbs, Lisa

Amount of contribution (\$) \$350.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3700 Hillbrook Drive
Austin, TX 78731

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Vinson & Elkins

Date 12/31/2011
Full name of contributor out-of-state PAC (ID# _____)
Hollingsworth, Desiree

Amount of contribution (\$) \$350.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
504 Furlong Drive
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Retail Jeweler

Employer (See Instructions)
Self

Date 12/31/2011
Full name of contributor out-of-state PAC (ID# _____)
Hollingsworth, Wayne

Amount of contribution (\$) \$350.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
504 Furlong Drive
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 15/27 Report: 17/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date
12/24/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Inman, Bobby

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
3200 Riva Ridge Road
Austin, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Investor

10 Employer (See Instructions)
Self

Date
12/15/2011

Full name of contributor out-of-state PAC (ID# _____)
Johnson, James

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

Contributor address; City; State; Zip Code
400 Pine Siskin
Buda, TX 78610

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Gardner Metals and Recycling

Date
12/15/2011

Full name of contributor out-of-state PAC (ID# _____)
Johnson, Sherry

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

Contributor address; City; State; Zip Code
400 Pine Siskin
Buda, TX 78610

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Vice President

Employer (See Instructions)
Gardner Metals and Recycling

Date
12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Jones, Annette

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

Contributor address; City; State; Zip Code
305 Riley Road
Austin, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*None

Employer (See Instructions)
None

Date
12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Jones, Ken

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

Contributor address; City; State; Zip Code
305 Riley Road
Austin, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 16/27 Report: 18/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date
12/05/2011

5 Full name of contributor out-of-state PAC (ID# _____)
King, Robert

6 Contributor address; City; State; Zip Code
4212 Park Hollow Court
Austin, TX 78746

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)
\$350.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
President

10 Employer (See Instructions)
Good Company Associates

Date
12/19/2011

Full name of contributor out-of-state PAC (ID# _____)
Klingler, Etta

Contributor address; City; State; Zip Code
5904 Mountainclimb Drive
Apartment 1
Austin, TX 78731

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
None

Employer (See Instructions)
None

Date
12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Krumme, Greg

Contributor address; City; State; Zip Code
10702 Hastings Lane
Austin, TX 78750

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

Date
12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Krumme, Robin

Contributor address; City; State; Zip Code
10702 Hastings Lane
Austin, TX 78750

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*None

Employer (See Instructions)
None

Date
12/30/2011

Full name of contributor out-of-state PAC (ID# _____)
Limbacher, Laurie

Contributor address; City; State; Zip Code
614 West 31 1/2 Street
Austin, TX 78705

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Limbacher & Godfrey

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 17/27 Report: 19/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date
12/31/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Littlefield, Sue

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)
\$350.00

6 Contributor address; City; State; Zip Code
204 Westhaven Drive
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
*Attorney

10 Employer (See Instructions)
Armbrust & Brown

Date
12/22/2011

Full name of contributor out-of-state PAC (ID# _____)
Lorenz, Perry

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

Contributor address; City; State; Zip Code
1311-A East 6th Street
Austin, TX 78702

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Real Estate

Employer (See Instructions)
Self

Date
12/22/2011

Full name of contributor out-of-state PAC (ID# _____)
Lorenz, Sheridan

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

Contributor address; City; State; Zip Code
1311-A East 6th Street
Austin, TX 78702

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
Texas Coppersmith, Inc.

Date
12/29/2011

Full name of contributor out-of-state PAC (ID# _____)
Lowerre, Richard

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

Contributor address; City; State; Zip Code
725 Patterson Avenue
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Lowerre Frederick Perales Allmon & Rockwell

Date
12/16/2011

Full name of contributor out-of-state PAC (ID# _____)
Lynk, Steven

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$250.00

Contributor address; City; State; Zip Code
6004 Ronchamps Drive
Round Rock, TX 78681

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Associate

Employer (See Instructions)
CDM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 18/27 Report: 20/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)

00000005

4 Date

11/30/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Maier, Richard

6 Contributor address; City; State; Zip Code
704 East 45 1/2 Street
Austin, TX 78751

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Vice President

10 Employer (See Instructions)
D.R. Horton

Date

12/22/2011

Full name of contributor out-of-state PAC (ID# _____)
Mangan, Andrew

Contributor address; City; State; Zip Code
1906 Apricot Glen Drive
Austin, TX 78746

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/2011

Full name of contributor out-of-state PAC (ID# _____)
Martin, Don

Contributor address; City; State; Zip Code
1221 South Mopac Expressway
Suite 115
Austin, TX 78746

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/2011

Full name of contributor out-of-state PAC (ID# _____)
Martin, Ronna

Contributor address; City; State; Zip Code
1221 South Mopac Expressway
Suite 115
Austin, TX 78746

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/08/2011

Full name of contributor out-of-state PAC (ID# _____)
McCann, Jana

Contributor address; City; State; Zip Code
515 Congress Avenue
Suite 1600
Austin, TX 78701

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 19/27 Report: 21/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date
12/21/2011

5 Full name of contributor out-of-state PAC (ID# _____)
McGhee, Fred

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)
\$50.00

6 Contributor address; City; State; Zip Code
2316 Thrasher Lane
Austin, TX 78741

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/30/2011

Full name of contributor out-of-state PAC (ID# _____)
Meade, Nikelle

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$25.00

Contributor address; City; State; Zip Code
5363 Austral Loop
Austin, TX 78739

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/21/2011

Full name of contributor out-of-state PAC (ID# _____)
Medlin, Cynthia

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$50.00

Contributor address; City; State; Zip Code
P.O. Box 40964
Austin, TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/27/2011

Full name of contributor out-of-state PAC (ID# _____)
Menicucci, Margaret

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$25.00

Contributor address; City; State; Zip Code
4600 Laurel Canyon Drive
Austin, TX 78731

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/28/2011

Full name of contributor out-of-state PAC (ID# _____)
Moriarty, William

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$350.00

Contributor address; City; State; Zip Code
400 North Lowell Lane
Austin, TX 78733

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Principal

Employer (See Instructions)
Moriarty & Associates

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 20/27 Report: 22/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date 5 Full name of contributor out-of-state PAC (ID# _____)
12/21/2011 Nias, Jim

6 Contributor address; City; State; Zip Code
1116 Reagan Terrace
Austin, TX 78704

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
\$350.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Partner

10 Employer (See Instructions)
Jackson Walker LLP

Date Full name of contributor out-of-state PAC (ID# _____)
12/25/2011 PANTEX Political Action Committee

Contributor address; City; State; Zip Code
111 Congress Avenue
Suite 1400
Austin, TX 78701

Amount of contribution (\$) In-kind contribution description (if applicable)
\$350.00

(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# _____)
12/15/2011 Purcell, Fred

Contributor address; City; State; Zip Code
12912 Park Drive
Austin, TX 78732

Amount of contribution (\$) In-kind contribution description (if applicable)
\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Partner

Employer (See Instructions)
Walsh Tarlton, LTD.

Date Full name of contributor out-of-state PAC (ID# _____)
12/21/2011 Reeves, Beverly

Contributor address; City; State; Zip Code
5403 Tortuga Trail
Austin, TX 78731

Amount of contribution (\$) In-kind contribution description (if applicable)
\$100.00

(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# _____)
12/15/2011 Reis, Brian

Contributor address; City; State; Zip Code
6516 Rotan Drive
Austin, TX 78749

Amount of contribution (\$) In-kind contribution description (if applicable)
\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Vice President

Employer (See Instructions)
Espey Consultants

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 21/27 Report: 23/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date 12/15/2011 5 Full name of contributor out-of-state PAC (ID# _____)
Reis, Valerie

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
6516 Rotan Drive
Austin, TX 78749

\$350.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
CFO

10 Employer (See Instructions)
Espey Consultants

Date 12/21/2011 Full name of contributor out-of-state PAC (ID# _____)
Ross, Lauren

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

Contributor address; City; State; Zip Code
1405 Hillmont Street
Austin, TX 78704

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
Glenrose Engineering

Date 12/28/2011 Full name of contributor out-of-state PAC (ID# _____)
Roth, Daniel

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

Contributor address; City; State; Zip Code
1503 Wildcat Hollow
Austin, TX 78746

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Commercial Real Estate

Employer (See Instructions)
Southwest Strategies Group

Date 12/31/2011 Full name of contributor out-of-state PAC (ID# _____)
Scrafford, Bruce

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

Contributor address; City; State; Zip Code
105 Brooks Hollow Road
Lakeway, TX 78734

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

Date 12/31/2011 Full name of contributor out-of-state PAC (ID# _____)
Scrafford, Nora

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

Contributor address; City; State; Zip Code
105 Brooks Hollow Road
Lakeway, TX 78734

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*None

Employer (See Instructions)
None

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 22/27 Report: 24/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date

12/12/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Shapiro, Jim

6 Contributor address; City; State; Zip Code
108 Woodview Court
Austin, TX 78746

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

\$350.00 |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Secretary

10 Employer (See Instructions)
Austin Metal and Iron

Date

12/14/2011

Full name of contributor out-of-state PAC (ID# _____)
Shapiro, Morris

Contributor address; City; State; Zip Code
5104 Oak Ridge Drive
Austin, TX 78731

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

\$350.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Shapiro Investments

Date

12/12/2011

Full name of contributor out-of-state PAC (ID# _____)
Shapiro, Robert

Contributor address; City; State; Zip Code
42 Sundown Parkway
Austin, TX 78746

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

\$350.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Austin Metal and Iron

Date

12/01/2011

Full name of contributor out-of-state PAC (ID# _____)
Siff, Ted

Contributor address; City; State; Zip Code
604 West 11th Street
Austin, TX 78701

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

\$100.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Smith, David

Contributor address; City; State; Zip Code
100 Congress Avenue
Suite 1300
Austin, TX 78701

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

\$350.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 23/27 Report: 25/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date
12/26/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Speck, Lawrence

6 Contributor address; City; State; Zip Code
800 West 5th Street
Apt. 1102
Austin, TX 78703

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$350.00 |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Architect

10 Employer (See Instructions)
PageSouthernlandPage

Date
12/12/2011

Full name of contributor out-of-state PAC (ID# _____)
Stacy, Melinda

Contributor address; City; State; Zip Code
823 Congress Avenue
Suite 1111
Austin, TX 78701

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

\$350.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Office Manager

Employer (See Instructions)
T. Stacy & Associates

Date
12/12/2011

Full name of contributor out-of-state PAC (ID# _____)
Stacy, Tom

Contributor address; City; State; Zip Code
823 Congress Avenue
Suite 1111
Austin, TX 78701

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

\$350.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
T. Stacy & Associates

Date
12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Suttle, Alison

Contributor address; City; State; Zip Code
2900 Greenlee Drive
Austin, TX 78703

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

\$25.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Suttle, Richard

Contributor address; City; State; Zip Code
2900 Greenlee Drive
Austin, TX 78703

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

\$25.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 24/27 Report: 26/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date

12/31/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Taylor, Kim

6 Contributor address; City; State; Zip Code
10919 Enchanted Rock Cove
Austin, TX 78726

7 Amount of contribution (\$)

\$350.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
*None

10 Employer (See Instructions)
None

Date

Full name of contributor out-of-state PAC (ID# _____)
Taylor, Scott

12/31/2011

Contributor address; City; State; Zip Code
10919 Enchanted Rock Cove
Austin, TX 78726

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
*Attorney

Employer (See Instructions)
Armbrust & Brown

Date

Full name of contributor out-of-state PAC (ID# _____)
Warneke, Bob

12/21/2011

Contributor address; City; State; Zip Code
P.O. Box 2388
Austin, TX 78768

Amount of contribution (\$)

\$100.00

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# _____)
Warren, Gary

12/23/2011

Contributor address; City; State; Zip Code
8520 Dunsmere Drive
Austin, TX 78749

Amount of contribution (\$)

\$50.00

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# _____)
Warren, Milissa

12/23/2011

Contributor address; City; State; Zip Code
8520 Dunsmere Drive
Austin, TX 78749

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 25/27 Report: 27/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date

12/01/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Warshaw, Larry

6 Contributor address; City; State; Zip Code
1000 East 8th Street
Austin, TX 78702

7 Amount of contribution (\$)

\$350.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Real Estate

10 Employer (See Instructions)
Self

Date

12/01/2011

Full name of contributor out-of-state PAC (ID# _____)
Warshaw, Paige

Contributor address; City; State; Zip Code
1000 East 8th Street
Austin, TX 78702

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Event Services

Employer (See Instructions)
Self

Date

12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Whatley, John

Contributor address; City; State; Zip Code
907 East 37th Street
Austin, TX 78705

Amount of contribution (\$)

\$30.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/2011

Full name of contributor out-of-state PAC (ID# _____)
Wheeler, Richard

Contributor address; City; State; Zip Code
1903A Crested Butte Drive
Austin, TX 78746

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
None

Date

11/27/2011

Full name of contributor out-of-state PAC (ID# _____)
Whellan, Michael

Contributor address; City; State; Zip Code
4600 Laurel Canyon Drive
Austin, TX 78731

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 26/27 Report: 28/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)

00000005

4 Date

11/21/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Wick, Jim

6 Contributor address; City; State; Zip Code
2611 Eklom Drive
Unit D
Austin, TX 78745

7 Amount of
contribution (\$)

\$5.00

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

12/16/2011

Full name of contributor out-of-state PAC (ID# _____)
Wiginton, Jeannie

Contributor address; City; State; Zip Code
908 East Live Oak Street
Austin, TX 78704

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Client Services Manager

Employer (See Instructions)
CDM

Date

12/24/2011

Full name of contributor out-of-state PAC (ID# _____)
Winstead, Pete

Contributor address; City; State; Zip Code
79 Pascal Lane
Austin, TX 78746

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/24/2011

Full name of contributor out-of-state PAC (ID# _____)
Winstead, Tomi

Contributor address; City; State; Zip Code
79 Pascal Lane
Austin, TX 78746

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/13/2011

Full name of contributor out-of-state PAC (ID# _____)
Woelke, Allen

Contributor address; City; State; Zip Code
4101 Galacia Drive
Austin, TX 78759

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Vice President

Employer (See Instructions)
CDM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 27/27 Report: 29/32

2 FILER NAME Spelman, William (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00000005

4 Date
12/31/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Yiankes, Deno

6 Contributor address; City; State; Zip Code
2904 Windsor Trail
Vaiparaiso, IN 46385

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)
\$250.00 |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
*President

10 Employer (See Instructions)
White Lodging

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 1/2 Report; 31/32		2 FILER NAME Spelman, William (Dr.)		3 ACCOUNT # (TEC filers) 00000005	
4 Date 12/20/2011		5 Payee name Badgley, Shawn			
6 Amount (\$) \$2,000.00		7 Payee address City; State; Zip Code 1005 Edgecliff Terrace Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political and Fundraising Consulting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/15/2011		Payee name CheckMark Typesetting			
Amount (\$) \$692.80		Payee address City; State; Zip Code 3217 North IH-35 Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lapel and Bumper Stickers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/30/2011		Payee name NAACP			
Amount (\$) \$75.00		Payee address City; State; Zip Code 1704 East 12th Street Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Sponsorship	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/11/2011		Payee name Opinion Analysts			
Amount (\$) \$500.00		Payee address City; State; Zip Code 906 Rio Grande Street Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Poll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 32/32	2 FILER NAME Spelman, William (Dr.)	3 ACCOUNT # (TEC filers) 00000005
--	---	---

4 Date 12/31/2011	5 Payee name PayPal
6 Amount (\$) \$306.96	7 Payee address City: State: Zip Code 1840 Embarcadero Road Palo Alto, CA 94303

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cumulative transaction fees for online fundraising for entire period
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 12/17/2011	Payee name United States Postal Service
Amount (\$) \$792.00	Payee address City: State: Zip Code 510 Guadalupe Street Austin, TX 78701

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 12/21/2011	Payee name Vertical Response, Inc.
Amount (\$) \$72.00	Payee address City: State: Zip Code 501 2nd Street Suite 700 San Francisco, CA 94107

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) <input type="checkbox"/> Email Service
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 12/20/2011	Payee name Wick, Jim
Amount (\$) \$2,000.00	Payee address City: State: Zip Code 2611 Ektom Drive Unit D Austin, TX 78745

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political and Fundraising Consulting
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF

Name of Candidate/Officcholder: WILLIAM SPELMAN

Enter the name and address of any person who has solicited and obtained contributions on your behalf during the reporting period of \$200 per person from five or more individuals. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Name of person soliciting contributions	Address
DAVID ARMBRUST*	2807 REGENTS PARK, AUSTIN, TEXAS 78746

Reminder: This form is to identify bundlers, i.e. individuals who solicit and obtain contributions on your behalf. However, please remember there is a separate form to identify the *actual* donors (C/OH).

ALL CONTRIBUTIONS SHOWN ON C/OH FROM "BUNDLERS" ARE MARKED WITH ASTERISKS AS SHOWN ABOVE IN THEIR RESPECTIVE EMPLOYER/OCCUPATION INFORMATION.

ANNUAL 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: WILLIAM SPELMAN

For each checking, savings or other financial institution account maintained during 2011, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: UNIVERSITY FEDERAL CREDIT UNION

Type of account: FREE CHECKING

The beginning balance: \$0.00

The ending balance: \$13,510.19

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

Date	Payee	Amount
N/A		

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

Date of receipt	Contributor	Amount
N/A		

Amount of interest or dividends earned: _____

SCHEDULE W - 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
11/23/2011	\$.10	
11/23/2011	\$.04	
12/06/2011		\$1.95

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

Date of receipt	Contributor	Amount

- 12/31/2011 JOSHUA AND ERIN BERNSTEIN \$700
- 12/31/2011 FRANK AND JANICE BROWN \$700
- 12/31/2011 BRUCE AND NORA SCRAFFORD \$700
- 12/31/2011 SCOTT AND KIM TAYLOR \$700
- 12/31/2011 WAYNE AND DESIREE HOLLINGSWORTH \$700
- 12/31/2011 MICHAEL AND CLAUDIA BURNETT \$700
- 12/31/2011 MARK AND KELLEY HAWKINS \$700
- 12/31/2011 JOHN AND ASHLEY BARTRAM \$700
- 12/31/2011 GREGG AND ROBIN KRUMME \$700
- 12/31/2011 DAVID SMITH AND KAREN ECKERT \$700
- 12/31/2011 KEN AND ANNETTE JONES \$700
- 12/31/2011 BRIAN AND KIMBERLY BECKHAM \$700
- 12/31/2011 SUE LITTLEFIELD \$350
- 12/31/2011 SHARLENE AND PATRICK COLLINS \$700
- 12/31/2011 JEFF AND LISA HOBBS \$700
- 12/31/2011 SAM AND ANNE BYARS \$700
- 12/31/2011 DENO YIANKES \$250
- 12/31/2011 RICHARD AND ALISON SUTTLE \$50
- 12/31/2011 DAVID AND CHERYL ARMBRUST \$50

THE FOLLOWING CONTRIBUTIONS WERE MADE ONLINE BUT NOT DEPOSITED BY 12/31/2011:

- 12/28/2011 DAVID ANDERSON \$350
- 12/28/2011 TOM AUSLEY \$100
- 12/29/2011 JANICE CARTWRIGHT \$25
- 12/29/2011 JED AND SUSAN BUIE \$50
- 12/29/2011 RICHARD LOWERRE \$350
- 12/30/2011 NIKELLE MEADE \$25
- 12/30/2011 AMANDA DEALEY \$350
- 12/30/2011 LAURIE LIMBACHER \$350
- 12/31/2011 JOHN WHATLEY \$30
- 12/31/2011 IAN DAVIS \$25

ANNUAL RECONCILIATION OF CAMPAIGN DEBT
 (To be filed by officeholders only during an election year)
 Period Covered: January 1, 20 11 to December 31, 20 11

Name of Officeholder: WILLIAM SPELMAN

Campaign debt** existing as of the first day of the calendar year: \$0.00

Campaign debt** existing as of the last day of the calendar year: \$0.00

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
WILLIAM SPELMAN	\$500.00

SCHEDULE X – 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.

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

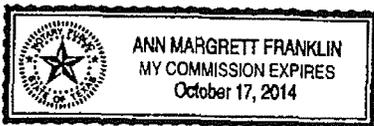
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME William Spelman	16 ACCOUNT # (Ethics Commission Filers) 00121212
--	--

17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 309.06
	4. TOTAL POLITICAL EXPENDITURES	\$ 3126.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10927.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

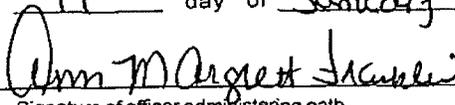


AFFIX NOTARY STAMP / SEAL ABOVE

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.


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said William Spelman, this the 17 day of January, 2012, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Ann Margrett 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: 1/7	2 FILER NAME William Spelman	3 ACCOUNT # (Ethics Commission Filers) 0121212
---	--	--

4 Date 07/02/11	5 Payee name iContact
---------------------------	---------------------------------

6 Amount (\$) 7.00	7 Payee address; City; State; Zip Code 2635 Meridian Pkwy., Ste. 200 Durham, NC 27713
------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense-email services	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 08/01/11	Payee name Umbrella Media
------------------	------------------------------

Amount (\$) 58.47	Payee address; City; State; Zip Code 111 W Anderson Lane, Suite D215 Austin, TX 78752
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense-website services	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 08/02/11	Payee name iContact
------------------	------------------------

Amount (\$) 7.00	Payee address; City; State; Zip Code 2635 Meridian Pkwy., Ste. 200 Durham, NC 27713
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense-email services	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 08/03/11	Payee name American Federation of Labor and Congress of Industrial Organizations
------------------	---

Amount (\$) 215.00	Payee address; City; State; Zip Code 1106 Lavaca St. Austin, TX 78701
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense-Labor Day Ad	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/7	2 FILER NAME William Spelman	3 ACCOUNT # (Ethics Commission Filers) 00121212
4 Date 08/12/11	5 Payee name Texas Ethics Commission	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code P. O. Box 12070 Austin, TX 78711-2070	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) fees	(b) Description (If travel outside of Texas, complete Schedule T) fines
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/15/11	Payee name Capital Area Democratic Women	
Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. Box 2211 Austin TX 78768	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense-Celebration of Champions	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/15/11	Payee name South Austin Democrats	
Amount (\$) 25.00	Payee address; City; State; Zip Code PO Box 152592 Austin, TX 78715	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense-Yeller Dawg Awards	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/15/11	Payee name Deena Estrada Salinas	
Amount (\$) 287.90	Payee address; City; State; Zip Code 2611 Ektom Drive, Unit D Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) contract labor	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

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: 3/7	2 FILER NAME William Spelman	3 ACCOUNT # (Ethics Commission Filers) 00121212
---	--	---

4 Date 09/02/11	5 Payee name iContact
---------------------------	---------------------------------

6 Amount (\$) 7.00	7 Payee address; City; State; Zip Code 2635 Meridian Pkwy., Ste. 200 Durham, NC 27713
------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense-email services	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 09/27/11	Payee name American Airlines
------------------	---------------------------------

Amount (\$) 420.80	Payee address; City; State; Zip Code P.O. Box 619612 MD 2400 DFW Airport, TX 75261
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) travel expense-flight to Washington, D.C.	Description (If travel outside of Texas, complete Schedule T) American Society of Criminology Award Recipient
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 09/28/11	Payee name CVS Pharmacy
------------------	----------------------------

Amount (\$) 108.00	Payee address; City; State; Zip Code 2101 S. Lamar Austin, TX 78704
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) reimbursement for Deena Estrada Salinas	Description (If travel outside of Texas, complete Schedule T) staff gift
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 09/28/11	Payee name Babies R Us
------------------	---------------------------

Amount (\$) 20.00	Payee address; City; State; Zip Code 5207 Brodie Ln. Ste 160 Sunset Valley, TX 78745
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) reimbursement for Deena Estrada Salinas	Description (If travel outside of Texas, complete Schedule T) staff gift
------------------------	---	---

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	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: 4/7	2 FILER NAME William Spelman	3 ACCOUNT # (Ethics Commission Filers) 00121212
----------------------------------	---------------------------------	--

4 Date 10/04/11	5 Payee name iContact
--------------------	--------------------------

6 Amount (\$) 7.00	7 Payee address; City; State; Zip Code 2635 Meridian Pkwy., Ste. 200 Durham, NC 27713
-----------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense-email services	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/16/11	Payee name Umbrella Media
------------------	------------------------------

Amount (\$) 38.98	Payee address; City; State; Zip Code 111 W Anderson Lane, Suite D215 Austin, TX 78752
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense-website services	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 09/27/11	Payee name Babies R Us
------------------	---------------------------

Amount (\$) 41.23	Payee address; City; State; Zip Code 5207 Brodie Ln. Ste 160 Sunset Valley, TX 78745
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) reimbursement for Barksdale English	Description (If travel outside of Texas, complete Schedule T) staff gift
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/26/11	Payee name Special Olympics
------------------	--------------------------------

Amount (\$) 50.00	Payee address; City; State; Zip Code 7715 Chevy Chase Drive, Suite 120 Austin, Texas 78752
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution expense	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 5/7	2 FILER NAME William Spelman	3 ACCOUNT # (Ethics Commission Filers) 00121212
---	--	---

4 Date 10/26/11	5 Payee name Mobile Loaves & Fishes
---------------------------	---

6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 903 S. Capital of Texas Highway Austin, TX 78746
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution expense	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/26/11	Payee name Liveable City
------------------	-----------------------------

Amount (\$) 100.00	Payee address; City; State; Zip Code PO Box 5991 Austin, TX 78763
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense-Vision Awards	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11/01/11	Payee name iContact
------------------	------------------------

Amount (\$) 76.16	Payee address; City; State; Zip Code 2635 Meridian Pkwy., Ste. 200 Durham, NC 27713
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense-email services	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/24/11	Payee name The Austin Project
------------------	----------------------------------

Amount (\$) 150.00	Payee address; City; State; Zip Code 5221 Ledesma Rd. Austin, TX 78721
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution expense-The Rostow Awards	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

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: 6/7	2 FILER NAME William Spelman		3 ACCOUNT # (Ethics Commission Filers) 00121212
4 Date 11/09/11	5 Payee name Texas Civil Rights Project		
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 1405 Montopolis Drive Austin, TX 78741-3436		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution expense-Bill of Rights Dinner	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/10/11	Payee name Planned Parenthood		
Amount (\$) 500.00	Payee address; City; State; Zip Code 201 East Ben White Blvd., Building B Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution expense	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/01/11	Payee name Umbrella Media		
Amount (\$) 19.49	Payee address; City; State; Zip Code 111 W Anderson Lane, Suite D215 Austin, TX 78752		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense-website services	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/01/11	Payee name Austin National Association for the Advancement of Colored People (NAACP)		
Amount (\$) 65.00	Payee address; City; State; Zip Code 704 E. 12th Street Austin, Texas 78702		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution expense-46th Annual DeWitty/Overton Freedom Fund Banquet	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

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: 7/7	2 FILER NAME William Spelman	3 ACCOUNT # (Ethics Commission Filers) 00121212
---	--	---

4 Date 12/02/11	5 Payee name iContact
---------------------------	---------------------------------

6 Amount (\$) 74.00	7 Payee address; City; State; Zip Code 263S Meridian Pkwy., Ste. 200 Durham, NC 27713
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense-email services	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/02/11	Payee name CVS Pharmacy
------------------	----------------------------

Amount (\$) 61.93	Payee address; City; State; Zip Code 2101-B S Lamar Blvd Austin, TX 78704
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other-office supplies	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 12/7/11	Payee name East Austin Conservancy
-----------------	---------------------------------------

Amount (\$) 50.00	Payee address; City; State; Zip Code P.O. Box 6462 Austin, TX 78762
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution-50 Giving 50 Event	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 12/18/11	Payee name Randall's
------------------	-------------------------

Amount (\$) 36.36	Payee address; City; State; Zip Code 1500 W 35th St Austin, TX 78703
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other-office supplies	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1/1
2 FILER NAME William Spelman		3 ACCOUNT # (Ethics Commission Filers) 00121212
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee American Airlines		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel 11/15/11- 11/17/11	7 Name of person(s) traveling William Spelman	
	8 Departure city or name of departure location Austin, TX	
	9 Destination city or name of destination location Washington, D.C.	
10 Means of transportation airplane	11 Purpose of travel (including name of conference, seminar, or other event) American Society of Criminology Award Recipient	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ANNUAL 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: William Spelman

For each checking, savings or other financial institution account maintained during 2011, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: University Federal Credit Union

Type of account: Checking

The beginning balance: \$16,967.23

The ending balance: \$10,725.83

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

Date	Payee	Amount
12/19/11	William Spelman	\$211.49

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 W - 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

2015

CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH Cover Sheet PG 1 & 2

The C/OH Instruction Guide explains how to complete this form.		1. ACCOUNT # (Ethics Commission Filers)		2. Total pages filed: 116	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI		OFFICE USE ONLY Date Received
	NICKNAME	LAST	SUFFIX		
Stephen Adler					
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS /PO BOX:	APT/SUITE #	CITY	STATE:	ZIP CODE
	808 Nueces Street		Austin	TX	78701
<input type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Receipt #
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI		Classified
	NICKNAME				
		Both			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS:		CODE		
	3114 Wheeler Street				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE			
		(512) 970-9400	were duly filed		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/>	15 day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/>	Annual report (Attach- COH-FR)		
10 PERIOD COVERED	Month	Day	Year	THROUGH	Year
	12/07/2014		12/31/2014		
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff
12/16/2014		<input type="checkbox"/> General			<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			Other Office: Mayor		

RECEIVED
AUSTIN CITY CLERK
2015 JAN 15 PM 4:46

2015

**CANDIDATE/OFFICEHOLDER
CAMPAIGN FINANCE REPORT** **FORM C/OH
Cover Sheet PG 1 & 2**

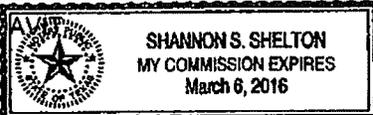
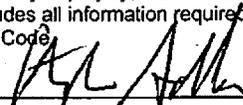
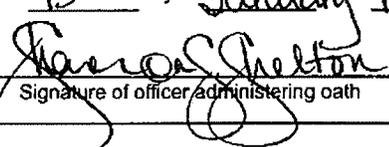
The C/OH Instruction Guide explains how to complete this form.		1. ACCOUNT # (Ethics Commission Filers)	2. Total pages filed: 18 116 216					
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY				
		Stephen			Date Received			
	NICKNAME	LAST	SUFFIX					
		Adler						
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS /PO BOX:		APT/SUITE #	CITY	STATE:	ZIP CODE	2015 JUN 15 PM 4 46 RECEIVED	
	808 Nueces Street			Austin	TX	78701		Date Hand-delivered or Date Postmarked
	<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Receipt #			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI		Date Processed			
		Eugene			Date Imaged			
	NICKNAME	LAST	SUFFIX					
		Sepulveda						
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS:		APT/SUITE #	CITY	STATE:	ZIP CODE		
	3114 Wheeler Street			Austin	TX	78705		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
		(512) 970-9400						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> Final report (Attach- COH-FR)	
10 PERIOD COVERED	Month	Day	Year	THROUGH		Month	Day	Year
			12/07/2014					12/31/2014
11 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special	
			12/16/2014	<input type="checkbox"/> Other				
12 OFFICE	OFFICE HELD (if any)				13 OFFICE SOUGHT (if known)			
					Other Office: Mayor			

AUSTIN CITY CLERK

14 C/OH NAME	Stephen Adler	15 ACCOUNT # (Ethics Commission Filers)
---------------------	---------------	--

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC	COMMITTEE NAME Progress for Austin PAC
	COMMITTEE ADDRESS 6411 Burleson Rd Austin, TX 78744	
	COMMITTEE CAMPAIGN TREASURER NAME Marc Winkelman	
COMMITTEE CAMPAIGN TREASURER ADDRESS 6711 Burleson Road Austin, TX 78744		

17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN 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)	\$74,112.00
	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$180,384.40
	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0.00
	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$387,238.57

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.
		 _____ Signature of Candidate or Officeholder
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Stephen I. Adler</u> this the <u>15th</u> day of <u>January</u> 20 <u>15</u> to certify which, witness my hand and seal of office.		
 _____ Signature of officer administering oath	<u>SHANNON S. SHELTON</u> _____ Printed name of officer administering oath	<u>NOTARY</u> _____ 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: 65	
2. FILER NAME Stephen Adler				3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/07/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC William Abell		7. Amount of contribution \$350.00		8. In-kind contribution description (if applicable)
6. Contributor address: City State ZIP Code 1607 Kerr Ave Austin, TX 78704-1424		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) retail store owner			10 Employer (See Instructions) Bicycle Sport Shop		
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Paige G Alam		7. Amount of contribution \$350.00		8. In-kind contribution description (if applicable)
6. Contributor address: City State ZIP Code 1401 Gaston Ave Austin, TX 78703-2513		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Author			10 Employer (See Instructions) Graham Blanchard		
4. Date 12/13/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Laurie Allan		7. Amount of contribution \$50.00		8. In-kind contribution description (if applicable)
6. Contributor address: City State ZIP Code 1114 S 1st St Austin, TX 78704-2355		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Cheryl Armbrust		7. Amount of contribution \$25.00		8. In-kind contribution description (if applicable)
6. Contributor address: City State ZIP Code 2807 Regents Park Regents Park Austin, TX 78746-7619		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler				3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor David Armbrust	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$25.00		8. In-kind contribution description (if applicable)
6. Contributor address: City State ZIP Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor Thomas C. Arndt	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$350.00		8. In-kind contribution description (if applicable)
6. Contributor address: City State ZIP Code 19907 Kennemer Dr Pflugerville, TX 78660-5063			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Engineer			10 Employer (See Instructions) Dannenbaum Engineering Corporation		
4. Date 12/16/2014	5. Full name of contributor Jon Aune	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$100.00		8. In-kind contribution description (if applicable)
6. Contributor address: City State ZIP Code 374 King Arthur Ct Austin, TX 78746-5043			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/12/2014	5. Full name of contributor Alice Bailey	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$50.00		8. In-kind contribution description (if applicable)
6. Contributor address: City State ZIP Code 1807 Pearl St Austin, TX 78701-1026			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ken Bailey 6. Contributor address: City State ZIP Code 4004 Merimac Austin, TX 78731-1307	7. Amount of contribution \$250.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Fire Fighter		10 Employer (See Instructions) Retired	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Justin Bankston 6. Contributor address: City State ZIP Code 3510 Werner Ave Austin, TX 78722-1816	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Web Developer		10 Employer (See Instructions) SXSU	
4. Date 12/13/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michelle Bartholomew 6. Contributor address: City State ZIP Code 5716 W Highway 290 Ste 100 Austin, TX 78735-8719	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) None	
4. Date 12/13/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Steve Bartholomew 6. Contributor address: City State ZIP Code 5716 W Highway 290 # 100 Austin, TX 78735-8702	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Builder		10 Employer (See Instructions) MS 2011 General Contractors, LLC	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jet Bartlett		7. Amount of contribution \$150.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 2508 Greenlee Dr # 1 Austin, TX 78703-1715		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC John Bartram		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 309 McConnell Dr West Lake Hills, TX 78746-4434		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Attorney			10 Employer (See Instructions) Armbrust & Brown, PLLC		
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Paula Beard		7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 1710 Valeria St Austin, TX 78704		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kimberly Beckham		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 11205 Limoncillo Ct Austin, TX 78750-3688		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Attorney			10 Employer (See Instructions) Armbrust & Brown, PLLC		

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/07/2014	5. Full name of contributor Christopher Bell <input type="checkbox"/> out-of-state PAC	6. Contributor address: 806 W 10th St Ste B Austin, TX 78701-2060	7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/07/2014	5. Full name of contributor Karla Bell <input type="checkbox"/> out-of-state PAC	6. Contributor address: 3411 Southill Cir Austin, TX 78703-1045	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) None			10 Employer (See Instructions) None		
4. Date 12/08/2014	5. Full name of contributor Rudy Belton <input type="checkbox"/> out-of-state PAC	6. Contributor address: 505 E Huntland Dr Ste 530 Austin, TX 78752-3760	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Investment Real Estate			10 Employer (See Instructions) Belco Equities, Inc.		
4. Date 12/08/2014	5. Full name of contributor Sally Belton <input type="checkbox"/> out-of-state PAC	6. Contributor address: 112 Birnam Wood Ct Austin, TX 78746-4500	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Real Estate			10 Employer (See Instructions) Belco Equities, Inc.		

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ashley Rose Bennett	6. Contributor address: City State ZIP Code 1208 Grosvener Ct Austin, TX 78746-6856		7. Amount of contribution \$110.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Taylor Bennett	6. Contributor address: City State ZIP Code 1208 Grosvener Ct Austin, TX 78746-6856		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Student				10 Employer (See Instructions) None	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Marc Birbaum	6. Contributor address: City State ZIP Code 4305 W Lovers Ln Dallas, TX 75209-2803		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Real Estate				10 Employer (See Instructions) MAB Investments	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Heyden Black Walker	6. Contributor address: City State ZIP Code 6006 Cary Dr Austin, TX 78757-3112		7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joel Blanchard 6. Contributor address: City State ZIP Code 7108 Teaberry Dr Austin, TX 78745-6435	7. Amount of contribution \$200.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Account Manager		10 Employer (See Instructions) Buzz Points	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Scott Blech 6. Contributor address: City State ZIP Code 3503 Needles Dr Austin, TX 78746-1457	7. Amount of contribution \$50.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marla Bommarito-Crouch 6. Contributor address: City State ZIP Code 4705 Island Cv Austin, TX 78731-5144	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Interior Design		10 Employer (See Instructions) The Bommarito Group	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ave Bonar 6. Contributor address: City State ZIP Code 2423 Forest Ave Austin, TX 78704-5521	7. Amount of contribution \$50.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Carolyn Bowles 6. Contributor address: City State ZIP Code 13009 On The Lake Rd Austin, TX 78732-6030	7. Amount of contribution \$300.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Realtor		10 Employer (See Instructions) Self	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Andrew Bowman 6. Contributor address: City State ZIP Code 212 W 33rd St Austin, TX 78705-2316	7. Amount of contribution \$250.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Founder		10 Employer (See Instructions) Pioneer Green Energy	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bruce Bramhall 6. Contributor address: City State ZIP Code 202 Applewood Dr Pflugerville, TX 78660-2804	7. Amount of contribution \$50.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Russell B. Bridges 6. Contributor address: City State ZIP Code 6405 Cascada Dr Austin, TX 78750-8156	7. Amount of contribution \$200.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Government Affairs Manager		10 Employer (See Instructions) 3M	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Janice Brown	6. Contributor address: City State ZIP Code 602 Coquina Ln West Lake Hills, TX 78746-4536		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) College Selection Counselor				10 Employer (See Instructions) College Application Processing Service of Austin, Inc.	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC JULIA BROWN	6. Contributor address: City State ZIP Code 4406 Adelphi Ln Austin, TX 78727-5201		7. Amount of contribution \$40.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sabrina Brown	6. Contributor address: City State ZIP Code 1220 Colorado St Ste 220 Austin, TX 78701-1859		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Government Relations Consultant				10 Employer (See Instructions) Self	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bonnie G. Bruce	6. Contributor address: City State ZIP Code 3211 Bay Hill Ln Round Rock, TX 78664-6135		7. Amount of contribution \$50.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mark J. Bruce 6. Contributor address: City State ZIP Code 3211 Bay Hill Ln Round Rock, TX 78664-6135	7. Amount of contribution \$50.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Cecelia Burke 6. Contributor address: City State ZIP Code 6500 Santolina Cv Austin, TX 78731-2806	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michael Burnett 6. Contributor address: City State ZIP Code 1601 Forest Trl Austin, TX 78703-3231	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Armbrust & Brown, PLLC	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Robert Burton 6. Contributor address: City State ZIP Code 2125 Sea Eagle Vw Austin, TX 78738-5382	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Winstead 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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC James Bushnell 6. Contributor address: City State ZIP Code 5104 Portmamock Ct Austin, TX 78747-1466	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Anne Byars 6. Contributor address: City State ZIP Code 2103 Schulle Ave Austin, TX 78703-2141	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Farmer		10 Employer (See Instructions) Self-employed	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Samuel Byars 6. Contributor address: City State ZIP Code 2103 Schulle Ave Austin, TX 78703-2141	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Arnbrust & Brown, PLLC	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Boyce Cabaniss 6. Contributor address: City State ZIP Code 209 E Elizabeth St Austin, TX 78704	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Gary Calabrese	6. Contributor address: City State ZIP Code 7752 El Dorado Dr Austin, TX 78737-3005	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Attorney			10 Employer (See Instructions) Self		
4. Date 12/09/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Andrea Campana	6. Contributor address: City State ZIP Code 2716 Barton Creek Blvd 2014 Austin, TX 78735-1638	7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Patrick Carlson	6. Contributor address: City State ZIP Code 1609 Mohle Dr Austin, TX 78703-1937	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Attorney			10 Employer (See Instructions) Armbrust & Brown, PLLC		
4. Date 12/07/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC James Casey	6. Contributor address: City State ZIP Code 10123 Treasure Island Dr Austin, TX 78730	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Retired			10 Employer (See Instructions) Retired		

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Whitney Casey 6. Contributor address: City State ZIP Code 600 W 7th St Austin, TX 78701-2710	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Spokesperson		10 Employer (See Instructions) Match.com	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Peter Cesaro 6. Contributor address: City State ZIP Code 54 Rainey St Apt 713 Austin, TX 78701-4393	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC George K. Chang 6. Contributor address: City State ZIP Code 15224 Interlachen Dr Austin, TX 78717-3867	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) None	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Emmi Chen 6. Contributor address: City State ZIP Code 2507 Walter St Austin, TX 78702-2836	7. Amount of contribution \$200.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Instructor		10 Employer (See Instructions) Red Bird Pilates	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sheng T Chen		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 5000 Mission Oaks Blvd Unit 24 Austin, TX 78735-6742		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Dentist			10 Employer (See Instructions) Self		
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Yi Chen		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 11505 Lafitte Ln Austin, TX 78739-1462		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Homemaker			10 Employer (See Instructions) None		
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jim Chudleigh		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 7620 Deer Run Volente, TX 78641-6108		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Physician			10 Employer (See Instructions) Chudleigh PA		
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Phyllis Chudleigh		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 7620 Deer Run Volente, TX 78641-6108		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Real Estate Agent			10 Employer (See Instructions) Self		

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michael J. Cihock 6. Contributor address: City State ZIP Code 5310 Musket Rdg Austin, TX 78759-6222	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Associate Attorney		10 Employer (See Instructions) Wills & Estate Lawyers	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Andrew Wilson Clements 6. Contributor address: City State ZIP Code 4528 Ruiz St Austin, TX 78723-3331	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Architect		10 Employer (See Instructions) State of Texas DSHS	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Rance Clouse 6. Contributor address: City State ZIP Code 2001 S Mo Pac Expy Apt 924 Austin, TX 78746-7579	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) Fortis Realty Services, LLC	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jeffrey Coddington 6. Contributor address: City State ZIP Code 200 W Cesar Chavez St Ste 250 Austin, TX 78701-4049	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) Cushman & Wakefield Oxford Commercial	

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC John Conley 6. Contributor address: City State ZIP Code 707 Cardinal Ln # C2 Austin, TX 78704-6910	7. Amount of contribution \$50.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kevin Cooper 6. Contributor address: City State ZIP Code 2904 Mossback Ln Austin, TX 78739-4834	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Governmental Affairs Advisor		10 Employer (See Instructions) Independent Proprietor	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jacklyn Cooper-Williams 6. Contributor address: City State ZIP Code 2111 Bronte Dr Austin, TX 78752-2101	7. Amount of contribution \$50.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Andrew Coulter 6. Contributor address: City State ZIP Code 302 W 38th St Apt 117 Austin, TX 78705-1403	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ben Crenshaw		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code PO Box 50568 Austin, TX 78763-0568		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Professional Golfer			10 Employer (See Instructions) PGA Tour, Coore & Crenshaw		
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Cecilia Crossley		7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 3100 Catalina Dr Austin, TX 78741-7035		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Julia Cuba		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 2010 Hamilton Ave Austin, TX 78702-2822		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sandra Cunningham		7. Amount of contribution \$50.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 4005 enclave Mesa curcle Austin, TX 78731		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mark J. Curry 6. Contributor address: City State ZIP Code 4000 Tablerock Dr Austin, TX 78731-1425	7. Amount of contribution \$300.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Community Bank President		10 Employer (See Instructions) Wells Fargo	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Lisa Danley-Herring 6. Contributor address: City State ZIP Code 1000 E 38th St Austin, TX 78705-1813	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ann Daughety 6. Contributor address: City State ZIP Code 4001 Eagles Landing Cv Austin, TX 78735-6359	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Realtor		10 Employer (See Instructions) Stanberry and Associates	
4. Date 12/14/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bill Davies 6. Contributor address: City State ZIP Code 7425 Bonniebrook Dr Austin, TX 78735-1805	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Banker		10 Employer (See Instructions) Jp Morgan Chase bank NA	

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/14/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Polly B Davies 6. Contributor address: City State ZIP Code 7425 Bonniebrook Dr Austin, TX 78735-1805	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) None		10 Employer (See Instructions) None	
4. Date 12/14/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Stephen Davis 6. Contributor address: City State ZIP Code 200 Congress Ave Unit 41Q Austin, TX 78701-4565	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) None	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Justin Demerath 6. Contributor address: City State ZIP Code 808 West Ave Austin, TX 78701-2208	7. Amount of contribution \$50.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Susan H Denn 6. Contributor address: City State ZIP Code 3422 S Lamar Blvd Austin, TX 78704-7931	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Property Manager		10 Employer (See Instructions) Self	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Joe DiQuinzio		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 500 W 7th St Austin, TX 78701-2818		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Real Estate			10 Employer (See Instructions) JadCo Development		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Matt Dow		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 6109 Shadow Mountain Dr Austin, TX 78731-4162		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Lawyer			10 Employer (See Instructions) Jackson Walker L.L.P.		
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Benita A. Dryden		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 4311 Bunny Run Austin, TX 78746-1020		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Sr. Vice President			10 Employer (See Instructions) Commercial Texas		
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kenny Dryden		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 3303 Northland Dr Ste 212 Austin, TX 78731-4955		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Owner			10 Employer (See Instructions) Kenny Dryden Investments		

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Lenora DuBose 6. Contributor address: City State ZIP Code 8804 Collingwood Dr Austin, TX 78748-5205	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Claude Ducloux 6. Contributor address: City State ZIP Code 3512 Native Dancer Cv Austin, TX 78746-1434	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Justin Dunlap 6. Contributor address: City State ZIP Code 4412 Rosedale Ave Austin, TX 78756-3224	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Assistant Attorney General		10 Employer (See Instructions) Attorney General of Texas	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC James Brandon Easterling 6. Contributor address: City State ZIP Code 3411 Foothill Ter Austin, TX 78731-5826	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) Alliance Residential	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michael Edenbaum		7. Amount of contribution \$20.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 400 Soft Cloud Cv Austin, TX 78717-5485		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mindy Ellmer		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 200 Congress Ave Unit 40FF Austin, TX 78701-4527		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Consultant			10 Employer (See Instructions) Self		
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michael Engels		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 808 atterson Avenue Austin, TX 78703		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Real Estate			10 Employer (See Instructions) CWS Capital Partners		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Edward Espinoza		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 507 Pressler St Apt 4131 Austin, TX 78703-5192		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Darrick Eugene 6. Contributor address: City State ZIP Code 10101 Pinehurst Dr Austin, TX 78747-1303	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Darrick W. Eugene & Associates, PC	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michael Eyman 6. Contributor address: City State ZIP Code 6313 Poncha Pass Austin, TX 78749-1883	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Supply Chain Manager		10 Employer (See Instructions) SunPower Corporation	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Judy Fisher 6. Contributor address: City State ZIP Code 2602 Broken Oak Dr Austin, TX 78745-5900	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Vice President		10 Employer (See Instructions) Journeyman Group	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Robert W. Fisher 6. Contributor address: City State ZIP Code 2602 Broken Oak Dr Austin, TX 78745-5900	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Residential Construction Inspector		10 Employer (See Instructions) Veritas	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kevin Flahive	6. Contributor address: City State ZIP Code 5010 Finley Dr Austin, TX 78731-5612		7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Barbara Formichelli	6. Contributor address: City State ZIP Code 8209 Ito Cv Austin, TX 78729-8006		7. Amount of contribution \$50.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Hugh Forrest	6. Contributor address: City State ZIP Code 703B E 50th St # B Austin, TX 78751-2615		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) event planner				10 Employer (See Instructions) SXSW	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Carol Fowler	6. Contributor address: City State ZIP Code 10 Woodstone Sq Austin, TX 78703-1164		7. Amount of contribution \$250.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Retired				10 Employer (See Instructions) None	

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: 65	
2. FILER NAME Stephen Adler				3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Charles Francois	6. Contributor address: City State ZIP Code 5815 Buckpasser Cv. Austin, TX 78746-1450	7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jean Freeland Graves	6. Contributor address: City State ZIP Code 900 W 17th St Austin, TX 78701-1007	7. Amount of contribution \$250.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Retired			10 Employer (See Instructions) None		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Regan Gammon III	6. Contributor address: City State ZIP Code 3125 Hemphill Park Austin, TX 78705-2822	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Vice President			10 Employer (See Instructions) Kimberlin Family Partnership		
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC William B. Gammon	6. Contributor address: City State ZIP Code 8304 Zyle Rd Austin, TX 78737-3403	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) attorney			10 Employer (See Instructions) Gammon Law Office, PLLC		

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ William Gammon III 6. Contributor address: City State ZIP Code 3125 Hemphill Park Austin, TX 78705-2822	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Insurance Agent		10 Employer (See Instructions) William Gammon Insurance	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Helmut Gass 6. Contributor address: City State ZIP Code 2017 Buckley Ln Round Rock, TX 78664-4607	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Director		10 Employer (See Instructions) A1 Technology Products, Inc.	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Renate Gass 6. Contributor address: City State ZIP Code 2017 Buckley Ln Round Rock, TX 78664-4607	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Accounting		10 Employer (See Instructions) DTLandgroup, Inc.	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mojdeh Gharbi 6. Contributor address: City State ZIP Code 5514 Shoalwood Ave Austin, TX 78756-1622	7. Amount of contribution \$250.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) VP of Marketing & Operations		10 Employer (See Instructions) Certain Affinity, Inc.	

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kurt D Goll 6. Contributor address: City State ZIP Code 1925 Cypress Pt W Austin, TX 78746-7108	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) Carrington Oaks, LLC	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michelle L Goll 6. Contributor address: City State ZIP Code 1925 Cypress Pt W Austin, TX 78746-7108	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Interior Designer		10 Employer (See Instructions) Self	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Rex Gore 6. Contributor address: City State ZIP Code 1304 W Oltorf St Austin, TX 78704-5333	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) PJs of Texas, Inc.	
4. Date 12/13/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Matthew Green 6. Contributor address: City State ZIP Code 2911 Stratford Dr Austin, TX 78746-4628	7. Amount of contribution \$200.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) The Kor Group	

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Brad B Greenblum 6. Contributor address: City State ZIP Code 3345 Bee Caves Rd Ste 208 West Lake Hills, TX 78746-6766	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bob Edward Gregory 6. Contributor address: City State ZIP Code 2939 Westlake Cv Austin, TX 78746-1961	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Solid Waste & Recyclables		10 Employer (See Instructions) Texas Disposal Systems	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kay Gregory 6. Contributor address: City State ZIP Code 2939 Westlake Cv Austin, TX 78746-1961	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) None	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Joshua Grimes 6. Contributor address: City State ZIP Code 1781 Spyglass Dr Apt 326 Austin, TX 78746-7919	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Beth Guillot 6. Contributor address: City State ZIP Code 2216 Thornton Rd Austin, TX 78704-5084	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/13/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC David Hampton 6. Contributor address: City State ZIP Code 2508 Indian Trl Austin, TX 78703-2340	7. Amount of contribution \$250.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Chief Executive Officer		10 Employer (See Instructions) M87	
4. Date 12/14/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Greg Hartman 6. Contributor address: City State ZIP Code 3307 Winding Creek Dr Austin, TX 78735-1474	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) healthcare administration		10 Employer (See Instructions) Seton Healthcare Family	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jeremy Hartman 6. Contributor address: City State ZIP Code 1608 Haskell St # B Austin, TX 78702-5416	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) State of Texas, Court of Criminal Appeals	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michele Haussmann		7. Amount of contribution \$50.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 5612 Parade Rdg Austin, TX 78731-3350		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Becky Head		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 7502 Downridge Dr Austin, TX 78731-1106		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Administrator			10 Employer (See Instructions) Morrison & Head		
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ray Head		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 7502 Downridge Dr Austin, TX 78731-1106		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Partner			10 Employer (See Instructions) Morrison & Head, LP		
4. Date 12/09/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Marina Henderson		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 1815 Rockmoor Ave Austin, TX 78703-2028		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler				3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC William Herring	6. Contributor address: City State ZIP Code 1000 E 38th St Austin, TX 78705-1813		7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Max Hoberman	6. Contributor address: City State ZIP Code 5514 Shoalwood Ave Austin, TX 78756-1622		7. Amount of contribution \$250.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) President				10 Employer (See Instructions) Certain Affinity, Inc.	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michael Hochman	6. Contributor address: City State ZIP Code 2305 Island Wood Rd Austin, TX 78733-2117		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Leon Holland	6. Contributor address: City State ZIP Code 10705 Leafwood Ln Austin, TX 78750-3490		7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Peggy Holland 6. Contributor address: City State ZIP Code 10705 Leafwood Ln Austin, TX 78750-3490	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Wayne Hollingsworth 6. Contributor address: City State ZIP Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Armbrust & Brown, PLLC	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Paul Hornsby 6. Contributor address: City State ZIP Code 15767 Booth Cir Leander, TX 78641-9684	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Appraiser		10 Employer (See Instructions) Paul Hornsby and Co.	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Christina C. Hsu 6. Contributor address: City State ZIP Code 15224 Interlachen Dr Austin, TX 78717-3867	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Patrick Hudson 6. Contributor address: City State ZIP Code 7105 Beauford Dr Austin, TX 78750-8151	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) McLean & Howard, LLP	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sarah Hudson 6. Contributor address: City State ZIP Code 7105 Beauford Dr Austin, TX 78750-8151	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Creative Intern		10 Employer (See Instructions) Tangelo	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kenneth Hunter 6. Contributor address: City State ZIP Code 4 Sugar Creek Dr West Lake Hills, TX 78746-5533	7. Amount of contribution \$50.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Denise Hutto 6. Contributor address: City State ZIP Code 1608 Haskell St # B Austin, TX 78702-5416	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Accounting		10 Employer (See Instructions) SXSU	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kathy Hutto	6. Contributor address: City State ZIP Code 2607 Trail Of The Madrones Austin, TX 78746-2342	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Governmental Affairs Consultant			10 Employer (See Instructions) Jackson Walker LLP		
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Carey Ibrahimbejovic	6. Contributor address: City State ZIP Code 2202 Rabb Glen St Austin, TX 78704-3948	7. Amount of contribution \$20.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC William Ikard	6. Contributor address: City State ZIP Code 2901 Via Fortuna Ste 450 Austin, TX 78746-0007	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Partner			10 Employer (See Instructions) Ikard Wynne LLP		
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jonathan Ivester	6. Contributor address: City State ZIP Code 404 Rio Grande St 201 Austin, TX 78701-2862	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Senior Vice President			10 Employer (See Instructions) Silicon Labs		

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC William Jang	6. Contributor address: City State ZIP Code 314 E Highland Mall Blvd Ste 406 Austin, TX 78752-3732		7. Amount of contribution \$50.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/07/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Lance Johnson	6. Contributor address: City State ZIP Code 15521 Gustine Cv Austin, TX 78717-5424		7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/07/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Robert Johnston	6. Contributor address: City State ZIP Code 12710 Cedar St Austin, TX 78732-1806		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Retirement Plan Consultant and Advisor				10 Employer (See Instructions) VALIC	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Annette Jones	6. Contributor address: City State ZIP Code 519 Buckeye Trl Austin, TX 78746-4425		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Homemaker				10 Employer (See Instructions) None	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Brent Jones		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 5930 Highland Hills Dr Austin, TX 78731-4015		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Architect			10 Employer (See Instructions) American Realty		
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Charlie Jones		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 300 W 6th St Austin, TX 78701-3954		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Partner			10 Employer (See Instructions) C3 Presents		
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC George Jones		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 6102 Mountainclimb Dr Austin, TX 78731-3824		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ginny Jones		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 3211 Stratford Hills Ln Austin, TX 78746-4684		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Homemaker			10 Employer (See Instructions) Self		

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/10/2014	5. Full name of contributor Ken Jones	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 519 Buckeye Trl West Lake Hills, TX 78746-4425			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Attorney			10 Employer (See Instructions) Armbrust & Brown		
4. Date 12/16/2014	5. Full name of contributor Laura Jones	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 5930 Highland Hills Dr Austin, TX 78731-4015			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Digital Strategy			10 Employer (See Instructions) Self		
4. Date 12/15/2014	5. Full name of contributor Melanie Jones	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 4620 Lake View Dr Austin, TX 78731-4716			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Homemaker			10 Employer (See Instructions) None		
4. Date 12/07/2014	5. Full name of contributor Bret Kadison	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$200.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 901 S Mo Pac Expy Ste 1-220 Austin, TX 78746-5908			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Private Equity			10 Employer (See Instructions) Brazos Resources		

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Paul Karagas	6. Contributor address: City State ZIP Code 6009 Club Ter Austin, TX 78741-3301		7. Amount of contribution \$5.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10. Employer (See Instructions)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC George Kasee	6. Contributor address: City State ZIP Code 917 Challenger Lakeway, TX 78734-4209		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Business Development				10. Employer (See Instructions) Self	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michael L Kasper	6. Contributor address: City State ZIP Code 4002 Balcones Dr Austin, TX 78731-5702		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10. Employer (See Instructions)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Russell Keene	6. Contributor address: City State ZIP Code 2600 Maria Anna Rd Austin, TX 78703-1627		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Partner				10. Employer (See Instructions) Crossnore Group, LLC	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Joseph Kelly		7. Amount of contribution \$50.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 411 Brazos St Apt 209 Austin, TX 78701-3635		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC William Kemp		7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 5300 Concho Creek Bnd Austin, TX 78735-6447		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Burke Kennedy		7. Amount of contribution \$250.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 603 Davis St 1209 Austin, TX 78701-4207		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Broker			10 Employer (See Instructions) Avison Young-Texas, LLC		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kathleen Kerr		7. Amount of contribution \$250.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 1503 Wild Cat Holw West Lake Hills, TX 78746-3640		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) environmental consulting			10 Employer (See Instructions) KMKerr Environmental Consulting, Inc.		

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ramzi Khazen	6. Contributor address: City State ZIP Code 2604 Rollingwood Dr West Lake Hills, TX 78746-5646		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Art Kidd	6. Contributor address: City State ZIP Code 411 W Saint Elmo Rd Apt 29 Austin, TX 78745-3377		7. Amount of contribution \$200.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Musician				10 Employer (See Instructions) Self	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kay Kidd	6. Contributor address: City State ZIP Code 411 W Saint Elmo Rd Apt 29 Austin, TX 78745-3377		7. Amount of contribution \$200.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) musician				10 Employer (See Instructions) Kay Kidd	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bill King	6. Contributor address: City State ZIP Code 4507 Shoal Creek Blvd Austin, TX 78756-2912		7. Amount of contribution \$200.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Judge				10 Employer (See Instructions) Retired	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Frank King		7. Amount of contribution \$50.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 1601 Miriam Ave. Unit 221 Austin, TX 78702-1556		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Robert King		7. Amount of contribution \$200.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 4212 Park Hollow Ct Austin, TX 78746-1249		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Consultant			10 Employer (See Instructions) Good Company Associates		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Darin Klein		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 4004 Cherrywood Rd Austin, TX 78722-1222		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Comptroller			10 Employer (See Instructions) SXS		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bamey Knight		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 1008 Huntridge Dr Austin, TX 78758-3913		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Attorney			10 Employer (See Instructions) Knight & Partners		

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Linda J Knight 6. Contributor address: City State ZIP Code 1008 Huntridge Dr Austin, TX 78758-3913	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) None		10 Employer (See Instructions) None	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Daphne Konderla 6. Contributor address: City State ZIP Code 115 Squires Dr Lakeway, TX 78734-4658	7. Amount of contribution \$50.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Scot Krieger 6. Contributor address: City State ZIP Code 2905 Montebello Ct Austin, TX 78746-6816	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Gregg Krumme 6. Contributor address: City State ZIP Code 10702 Hastings Ln Austin, TX 78750-4042	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Armbrust & Brown PLLC	

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/13/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Carolyn LaMarsh Thompson 6. Contributor address: City State ZIP Code 1710 Mount Larson Rd Austin, TX 78746-2962	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/09/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Alan Laves 6. Contributor address: City State ZIP Code 6324 Bon Terra Dr Austin, TX 78731-3843	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Akin Gump Strauss Hauer & Feld LLP	
4. Date 12/09/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Daemie Laves 6. Contributor address: City State ZIP Code 6324 Bon Terra Dr Austin, TX 78731-3843	7. Amount of contribution \$250.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) None	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bruce Levy 6. Contributor address: City State ZIP Code 4000 Enclave Mesa Cir Austin, TX 78731-2142	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler				3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jonathan Levy	6. Contributor address: City State ZIP Code 4202 Deepwoods Dr Austin, TX 78731-2031		7. Amount of contribution \$150.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Marcia Levy	6. Contributor address: City State ZIP Code 4000 Enclave Mesa Cir Austin, TX 78731-2142		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) None				10 Employer (See Instructions) None	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Derek Lewis	6. Contributor address: City State ZIP Code 2300 McCullough St Austin, TX 78703-1721		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Real Estate				10 Employer (See Instructions) Stream Realty Partners	
4. Date 12/09/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Britt Lindelow	6. Contributor address: City State ZIP Code 2502 Bridle Path Austin, TX 78703-3212		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Homemaker				10 Employer (See Instructions) None	

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/09/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jan Lindelow 6. Contributor address: City State ZIP Code 2502 Bridle Path Austin, TX 78703-3212	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) management consultant/semi-retired		10 Employer (See Instructions) self	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Gary Lindner 6. Contributor address: City State ZIP Code 421 Seventh St Comfort, TX 78013-2317	7. Amount of contribution \$75.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Rachel Lomas 6. Contributor address: City State ZIP Code 212 W 33rd St Austin, TX 78705-2316	7. Amount of contribution \$250.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Self	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Joe R Long 6. Contributor address: City State ZIP Code 2308 Woodlawn Blvd Austin, TX 78703-2417	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions) Joe R. Long Investments	

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Teresa Long 6. Contributor address: City State ZIP Code 2308 Woodlawn Blvd Austin, TX 78703-2417	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) None	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michele R Lynch 6. Contributor address: City State ZIP Code 2634 Cascade Falls Dr Austin, TX 78738-5315	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Shaun Lynch 6. Contributor address: City State ZIP Code 2634 Cascade Falls Dr Austin, TX 78738-5315	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Holly Mace 6. Contributor address: City State ZIP Code 4907 Southcrest Dr Austin, TX 78746-5532	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Lucy Macqueen		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 64 Sundown Pkwy Austin, TX 78746-5258		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Christopher Maher		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 111 Sandra Muraida Way Unit 11P Austin, TX 78703-5074		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Chief Executive Officer			10 Employer (See Instructions) Fosforus		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Carlyne M Majewski		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 1800 Parkside Ln Austin, TX 78745-3613		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Management			10 Employer (See Instructions) SXSU		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Alex Markled		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 11405 Eagles Glen Dr Austin, TX 78732-2088		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Executive Vice President			10 Employer (See Instructions) CDM Smith		

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kuzama N. Markled		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 11405 Eagles Glen Dr Austin, TX 78732-2088		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Homemaker			10 Employer (See Instructions) None		
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Steven Martens		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 4708 Highland Ter Austin, TX 78731-5319		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Matthew D Martin		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 8700 Brodie Ln Apt 815 Austin, TX 78745-7942		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Realtor			10 Employer (See Instructions) Matt Martin Real Estate		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Vera Massaro		7. Amount of contribution \$50.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 3000 Savoy Pl Ste 201 Austin, TX 78757-4313		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sally S Metcalfe 6. Contributor address: City State ZIP Code 901 S. Mopac Expressway, Plaza One, Suite 3600 Austin, TX 78746	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Steven Metcalfe 6. Contributor address: City State ZIP Code 388 Cortona Dr West Lake Hills, TX 78746-4438	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Hani Michel 6. Contributor address: City State ZIP Code 10503 Tweedsmuir Dr Austin, TX 78750-3445	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Soheir Michel 6. Contributor address: City State ZIP Code 10503 Tweedsmuir Dr Austin, TX 78750-3445	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/10/2014	5. Full name of contributor Patrick McCluskey <input type="checkbox"/> out-of-state PAC	6. Contributor address: 8002 Tallyho Trl Austin, TX 78729	7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions)			10. Employer (See Instructions)		
4. Date 12/10/2014	5. Full name of contributor Carlotta McLean <input type="checkbox"/> out-of-state PAC	6. Contributor address: 2402 Rockmoor Ave Austin, TX 78703-1517	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Broker			10. Employer (See Instructions) Land Advisors Organization		
4. Date 12/10/2014	5. Full name of contributor William McLean <input type="checkbox"/> out-of-state PAC	6. Contributor address: 2402 Rockmoor Ave Austin, TX 78703-1517	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Attorney			10. Employer (See Instructions) McLean & Howard, LLP, Real Property		
4. Date 12/08/2014	5. Full name of contributor Robert McPartland <input type="checkbox"/> out-of-state PAC	6. Contributor address: 3909 Pebble Path Austin, TX 78731-1401	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Retired			10. Employer (See Instructions) None		

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Pete McRae 6. Contributor address: City State ZIP Code 807 Blanco St Austin, TX 78703-4966	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Partner		10 Employer (See Instructions) Bright Ray Energy Solutions	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC AJ Meade 6. Contributor address: City State ZIP Code 101 Crestwood Ct West Lake Hills, TX 78746-4693	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Insurance agent		10 Employer (See Instructions) Cantaro Advisors	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Nikelle Meade 6. Contributor address: City State ZIP Code 5363 Austral Loop Austin, TX 78739-1715	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Tom Mercer 6. Contributor address: City State ZIP Code 5915 Bullard Dr Austin, TX 78757	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) JTM Development, LLC	

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ronnie Miksch 6. Contributor address: City State ZIP Code 13016 Partridge Bend Dr Austin, TX 78729-6459	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Banker		10 Employer (See Instructions) Frost	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Don Miller 6. Contributor address: City State ZIP Code 512 E Riverside Dr Ste 200 Austin, TX 78704-1306	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) President and Owner		10 Employer (See Instructions) County Line Restaurants	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mohammad K. Minhas 6. Contributor address: City State ZIP Code 1105 Huntridge Dr Austin, TX 78758-3946	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Partner		10 Employer (See Instructions) MKM Hotel Group LLC	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Scott Morse 6. Contributor address: City State ZIP Code 2630 Exposition Blvd Ste 119 Austin, TX 78703-1763	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Law Office of Scott Morse	

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: 65	
2. FILER NAME Stephen Adler				3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Randa Myers	6. Contributor address: City State ZIP Code 5317 Old Spicewood Springs Rd. Austin, TX 78751		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Robert Neblett	6. Contributor address: City State ZIP Code 6 Beecher Ln Austin, TX 78746-3218		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney				10 Employer (See Instructions) Jackson Walker LLP	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC David Negrete	6. Contributor address: City State ZIP Code 1405 Tamar Ln Austin, TX 78727-3334		7. Amount of contribution \$175.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Diana Negrete	6. Contributor address: City State ZIP Code 1405 Tamar Ln Austin, TX 78727-3334		7. Amount of contribution \$175.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Anne Nelson-Sweat	6. Contributor address: City State ZIP Code 8529 Dunsmere Dr Austin, TX 78749-3437		7. Amount of contribution \$50.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Tom Nuckols	6. Contributor address: City State ZIP Code 2910 Kassarine Pass Austin, TX 78704-4655		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) lawyer				10 Employer (See Instructions) Travis County	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Harriet O'Neill	6. Contributor address: City State ZIP Code 919 Congress Ave Ste 1400 Austin, TX 78701-2114		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney				10 Employer (See Instructions) Law Office of Harriet O'Neill	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Guy Oliver	6. Contributor address: City State ZIP Code 1200 Verdant Way Austin, TX 78746-6767		7. Amount of contribution \$300.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Senior management				10 Employer (See Instructions) Mtg Management Inc	

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: 65	
2. FILER NAME Stephen Adler				3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jason Oliver	6. Contributor address: City State ZIP Code 3267 Bee Caves Rd Ste 107 Austin, TX 78746-6773		7. Amount of contribution \$300.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Land Manager				10 Employer (See Instructions) V&S Enterprises	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kerianne Oliver	6. Contributor address: City State ZIP Code 1200 Verdant Way Austin, TX 78746-6767		7. Amount of contribution \$300.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Homemaker				10 Employer (See Instructions) None	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Stacy Oliver	6. Contributor address: City State ZIP Code 3267 Bee Caves Rd Ste 107 Austin, TX 78746-6773		7. Amount of contribution \$300.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Owner				10 Employer (See Instructions) V&S Enterprises	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Vicki Oliver	6. Contributor address: City State ZIP Code 3267 Bee Caves Rd Ste 107 Austin, TX 78746-6773		7. Amount of contribution \$300.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Owner				10 Employer (See Instructions) V&S Enterprises	

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: 65	
2. FILER NAME Stephen Adler				3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/15/2014	5. Full name of contributor Joe Osborn	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$100.00		8. In-kind contribution description (if applicable)
6. Contributor address: City State ZIP Code 3612 Windsor Rd Austin, TX 78703-1538			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/12/2014	5. Full name of contributor Elizabeth Ozmun	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$100.00		8. In-kind contribution description (if applicable)
6. Contributor address: City State ZIP Code 1707 N River Hills Rd Apt B Austin, TX 78733-2700			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/10/2014	5. Full name of contributor Alice Parkhouse	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$50.00		8. In-kind contribution description (if applicable)
6. Contributor address: City State ZIP Code 203 Canyon Rim Dr Austin, TX 78746-5016			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/10/2014	5. Full name of contributor William Parkhouse	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$50.00		8. In-kind contribution description (if applicable)
6. Contributor address: City State ZIP Code 203 Canyon Rim Dr Austin, TX 78746-5016			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Richard Parsons 6. Contributor address: City State ZIP Code 1502 Bluebonnet Ln Austin, TX 78704-2802	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Hanoch Patt 6. Contributor address: City State ZIP Code 3005 Scenic Dr Austin, TX 78703-1057	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Physician		10 Employer (See Instructions) Pediatrix Medical Group	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC James Paver 6. Contributor address: City State ZIP Code 7301 Burnet Rd Ste 102 Austin, TX 78757-2255	7. Amount of contribution \$250.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Director		10 Employer (See Instructions) Stepping Stone Schools	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Brent Peffer 6. Contributor address: City State ZIP Code 11403 Maidenstone Dr Austin, TX 78759-4431	7. Amount of contribution \$50.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ LaTonya Pegues 6. Contributor address: City State ZIP Code 1701 Intervail Dr Austin, TX 78746-7632	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jesse Penn 6. Contributor address: City State ZIP Code 10924 Pilgrimage Dr Apt 214 Austin, TX 78754-6069	7. Amount of contribution \$250.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) CP&Y, Inc.	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wesley Peoples 6. Contributor address: City State ZIP Code 7511 Fireoak Dr Austin, TX 78759-6439	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Builder		10 Employer (See Instructions) Wes Peoples Homes	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jim Person 6. Contributor address: City State ZIP Code 1207B W 9th St Austin, TX 78703-4801	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions) Self	

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Lee H Person 6. Contributor address: City State ZIP Code 1207B W 9th St Austin, TX 78703-4801	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions) Self	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Larry Peterson 6. Contributor address: City State ZIP Code 11011 Domain Dr Apt 8447 Austin, TX 78758-7779	7. Amount of contribution \$250.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Texas Foundation for Innovative Communities	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Tuan Pham 6. Contributor address: City State ZIP Code 2108 Hartford Rd Austin, TX 78703-3125	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Solar Industry Professional		10 Employer (See Instructions) PowerFin Partners LLC	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Shannon Powers 6. Contributor address: City State ZIP Code 5010 Finley Dr Austin, TX 78731-5612	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/07/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Gary Prant		7. Amount of contribution \$50.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 6602 Ladera Norte Austin, TX 78731-2692					
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/07/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michele Prant		7. Amount of contribution \$50.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 6602 Ladera Norte Austin, TX 78731-2692					
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/13/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Austin Pyhrr		7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 10806 River Terrace Cir Austin, TX 78733-1711					
9. Principal occupation / Job title (See Instructions) Accountant			10 Employer (See Instructions) Ernst and Young		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mason Quintana		7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 3007 Stardust Dr Austin, TX 78757-2044					
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Agatha Rady 6. Contributor address: City State ZIP Code 13276 N Highway 183 Ste 105 Austin, TX 78750-3225	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) None	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Richard Z Rady 6. Contributor address: City State ZIP Code 13276 N Highway 183 Ste 105 Austin, TX 78750-3225	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) None	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jim Ray 6. Contributor address: City State ZIP Code 518 Cliff Dr Austin, TX 78704-1413	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Public Affairs Consulting		10 Employer (See Instructions) Ray Associates, Inc.	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Julian Read 6. Contributor address: City State ZIP Code 3702 Balcones Dr Austin, TX 78731-5806	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) none	

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Carl Richie 6. Contributor address: City State ZIP Code 11208 Sacahuista Ct Austin, TX 78750-3416	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self Employed	
4. Date 12/07/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jonathan Ring 6. Contributor address: City State ZIP Code 1305 Hillside Ave Austin, TX 78704-1826	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Founder		10 Employer (See Instructions) Caringo, Inc.	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Wes Ritchie 6. Contributor address: City State ZIP Code 1601 Surrey Hill Dr Austin, TX 78746-7337	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Rash Chapman Schreiber Leaverton & Morrison	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jim Ritts 6. Contributor address: City State ZIP Code 1405 Woodlawn Blvd Austin, TX 78703-3420	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Executive Director		10 Employer (See Instructions) Austin Theatre Alliance	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/13/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Brett Robinson	6. Contributor address: City State ZIP Code 1913 Cross Draw Trl Leander, TX 78641-8682	7. Amount of contribution \$175.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/13/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Robbie Robinson	6. Contributor address: City State ZIP Code 1913 Cross Draw Trl Leander, TX 78641-8682	7. Amount of contribution \$175.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sara Rodell	6. Contributor address: City State ZIP Code 421 W 3rd St Apt 709 Austin, TX 78701-4165	7. Amount of contribution \$150.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Boo Ruiz	6. Contributor address: City State ZIP Code 7600 Basil Cv Austin, TX 78750-7937	7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Cookie Ruiz	6. Contributor address: City State ZIP Code 7600 Basil Cv Austin, TX 78750		7. Amount of contribution \$200.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Executive Director				10 Employer (See Instructions) Ballet Austin	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jamie Ruiz	6. Contributor address: City State ZIP Code 2612 W 12th St Unit 7 Austin, TX 78703-4508		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC JR Ruiz	6. Contributor address: City State ZIP Code 2612 W 12th St Unit 7 Austin, TX 78703-4508		7. Amount of contribution \$250.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Management Consulting				10 Employer (See Instructions) Deloitte	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Riki Rushing	6. Contributor address: City State ZIP Code 1119 Redbud Trl West Lake Hills, TX 78746-3415		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Derlis Salinas	6. Contributor address: City State ZIP Code 1221 S Mo Pac Expy Ste 365 Austin, TX 78746-7637	7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Samuel Scheer	6. Contributor address: City State ZIP Code PO Box 28399 Austin, TX 78755-8399	7. Amount of contribution \$20.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Robert M Schmidt	6. Contributor address: City State ZIP Code 3422 S Lamar Blvd Austin, TX 78704-7931	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions) Investor			10 Employer (See Instructions) Self		
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ben Schotz	6. Contributor address: City State ZIP Code 1711 San Gabriel St Austin, TX 78701-1028	7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jane Schotz 6. Contributor address: City State ZIP Code 1711 San Gabriel St Austin, TX 78701-1028	7. Amount of contribution \$250.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Teacher		10 Employer (See Instructions) Rawson Saunders School	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Caroline Schultz 6. Contributor address: City State ZIP Code 13216 Mansfield Dr Austin, TX 78732-1725	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) None	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bruce Scrafford 6. Contributor address: City State ZIP Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) lawyer		10 Employer (See Instructions) armbrust and brown	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Enrique Serna 6. Contributor address: City State ZIP Code 1307 Kinney Ave Apt 120 Austin, TX 78704-2279	7. Amount of contribution \$250.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Senior Landscape Architect		10 Employer (See Instructions) Consort, Inc.	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor Rob Shands	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$50.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 2525 S Lamar Blvd Apt 304 Austin, TX 78704-4789			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor Rick Sheldon	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$300.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 4006 Green Oak Dr Waco, TX 76710-1442			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) President			10 Employer (See Instructions) Rick Sheldon Real Estate, LLC		
4. Date 12/15/2014	5. Full name of contributor Ted Siff	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$200.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 604 W 11th St Austin, TX 78701-2007			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Chief Operating Officer			10 Employer (See Instructions) Park Place Publications		
4. Date 12/16/2014	5. Full name of contributor Dudley Simmons	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 2412 Jarratt Ave Austin, TX 78703-2431			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler				3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mike Sloan	6. Contributor address: City State ZIP Code 4306 Ramsey Ave Austin, TX 78756-3207		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
				(if travel outside of Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions) energy consultant			10 Employer (See Instructions) Virtus Energy		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Susan Sloan	6. Contributor address: City State ZIP Code 4306 Ramsey Ave Austin, TX 78756-3207		7. Amount of contribution \$100.00	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)		
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Karen Sonleitner	6. Contributor address: City State ZIP Code 1712 Pasadena Dr Austin, TX 78757-1842		7. Amount of contribution \$100.00	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)		
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Nav Sooch	6. Contributor address: City State ZIP Code 600 W 7th St Austin, TX 78701-2710		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
				(if travel outside of Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions) Chief Operating Officer			10 Employer (See Instructions) Ketra, Inc		

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Donald Stuart		7. Amount of contribution \$125.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City State ZIP Code 4105 Long Champ Dr Austin, TX 78746-1150			(if travel outside of Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Loraine Stuart		7. Amount of contribution \$125.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City State ZIP Code 4105 Long Champ Dr Austin, TX 78746-1150			(if travel outside of Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Alison Suttle		7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City State ZIP Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744			(if travel outside of Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Richard Suttle		7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City State ZIP Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744			(if travel outside of Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Alison Swartwood 6. Contributor address: City State ZIP Code 12604 Rush Creek Ln Austin, TX 78732-1992	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) None	
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Slater Swartwood Jr. 6. Contributor address: City State ZIP Code 12604 Rush Creek Ln Austin, TX 78732-1992	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Marketing		10 Employer (See Instructions) Force Multiplier Solutions/Busuard	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Rommanee Swasdee 6. Contributor address: City State ZIP Code 201 S Tumbleweed Trl Austin, TX 78733-4012	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Roland Swenson 6. Contributor address: City State ZIP Code 1507 Yaupon Valley Rd West Lake Hills, TX 78746-3400	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Director		10 Employer (See Instructions) SXSX	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/09/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Rusty Tally		7. Amount of contribution \$199.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 54 Rainey St Ph 22 Austin, TX 78701-4387		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Sr. Vice President - Investments			10 Employer (See Instructions) UBS Financial Services Inc.:The Tally Group		
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Rusty Tally		7. Amount of contribution \$151.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 54 Rainey St Ph 22 Austin, TX 78701-4387		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Sr. Vice President - Investments			10 Employer (See Instructions) UBS Financial Services Inc.:The Tally Group		
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Eric Taube		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 2201 Four Oaks Ln Austin Austin, TX 78704-4626		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) attorney			10 Employer (See Instructions) self		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Scott Taylor		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 10919 Enchanted Rock Cv Austin, TX 78726-1336		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Attorney			10 Employer (See Instructions) Armbrust & Brown		

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Tim Tekippe 6. Contributor address: City State ZIP Code 13521 Coletto Creek Trl Austin, TX 78732-2073	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Lawrence E Temple 6. Contributor address: City State ZIP Code 400 W 15th St Ste 1510 Austin, TX 78701-1648	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Travis Thomas 6. Contributor address: City State ZIP Code 4500 Tortuga Cv Austin, TX 78731-4541	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) consultant		10 Employer (See Instructions) The Monument Group	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jeff Thompson 6. Contributor address: City State ZIP Code 401 Black Wolf Run Austin, TX 78738-1764	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Sales		10 Employer (See Instructions) Liquid Environmental Solutions	

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor Kenneth Thompson	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 1117 Haverford Dr Austin, TX 78753-2009			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor Barth Timmerman	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$200.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 501 Vale St Austin, TX 78746-5732			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Real Estate			10 Employer (See Instructions) Greenview Development		
4. Date 12/13/2014	5. Full name of contributor Timothy Timmerman	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 2490 Fm 685 Hutto, TX 78634-5096			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Real Estate			10 Employer (See Instructions) self		
4. Date 12/16/2014	5. Full name of contributor Nancy Tobias	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 512 E Riverside Dr Ste 200 Austin, TX 78704-1306			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Event Coordinator			10 Employer (See Instructions) County Line Restaurants		

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: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC David Todd	6. Contributor address: City State ZIP Code 1304 Mariposa Dr Apt 211 Austin, TX 78704-4404		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Stephanie Todd	6. Contributor address: City State ZIP Code 1108 W 10th St Austin, TX 78703-4907		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bobbi Topfer	6. Contributor address: City State ZIP Code 210 Lavaca St Apt 3601 Austin, TX 78701-4606		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Retired				10 Employer (See Instructions) None	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mort Topfer	6. Contributor address: City State ZIP Code 210 Lavaca St Apt 3601 Austin, TX 78701-4606		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Retired				10 Employer (See Instructions) None	

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Lambeth Townsend 6. Contributor address: City State ZIP Code 1408 Hartford Rd Austin, TX 78703-3925	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Lloyd Gosselink Rochelle & Townsend, P.C.	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Carlos Truan 6. Contributor address: City State ZIP Code 13492 N Research Blvd Ste 120-112 Austin, TX 78750-2252	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Government Relations		10 Employer (See Instructions) Self	
4. Date 12/13/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Cal Varner 6. Contributor address: City State ZIP Code 1211 E 11th St Austin, TX 78702-1964	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Government Relations		10 Employer (See Instructions) Varner & Associates, Inc.	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC James David Walker 6. Contributor address: City State ZIP Code PO Box 41 Milano, TX 76556-0041	7. Amount of contribution \$100.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Tommy Walker		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 700 Castle Ridge Rd Apt A Austin, TX 78746-5174		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Larry Warshaw		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 1000 E 8th St Austin, TX 78702-3249		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions) Urban Development			10 Employer (See Instructions) Self		
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Martie Wayne		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 3902 Pebble Path Austin, TX 78731-1402		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/11/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ralph Wayne		7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 3902 Pebble Path Austin, TX 78731-1402		(if travel outside of Texas, complete Schedule T)			
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/10/2014	5. Full name of contributor Matt Weldon	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$20.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 9808 Grand Oak Dr Austin, TX 78750-3802			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor Dan Wheelus	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 3103 Bee Caves Rd 201 Austin, TX 78746-5586			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Attorney			10 Employer (See Instructions) C Daniel Wheelus Law Office		
4. Date 12/16/2014	5. Full name of contributor Scott Wilcox	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 2501 Quarry Rd Austin, TX 78703-3727			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Chief Technical Officer			10 Employer (See Instructions) SXSU		
4. Date 12/12/2014	5. Full name of contributor Kumara Wilcoxon	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 1625 Watchhill Rd Austin, TX 78703-2440			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Realtor			10 Employer (See Instructions) Kuper Sotheby's International Realty		

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: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carter Williams 6. Contributor address: City State ZIP Code 8209 Dark Ridge Cv Austin, TX 78737-3511	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Talley Williams 6. Contributor address: City State ZIP Code 8209 Dark Ridge Cv Austin, TX 78737-3511	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/15/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mike Wilson 6. Contributor address: City State ZIP Code 10810 Spicewood Pkwy Austin, TX 78750-3310	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Land Planner		10 Employer (See Instructions) Garrett-Ihnen Civil Engineers	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Wilt 6. Contributor address: City State ZIP Code 3306 Merrie Lynn Ave Austin, TX 78722-1609	7. Amount of contribution \$25.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)		10 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler				3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC David Wolff	6. Contributor address: City State ZIP Code 1206 W 8th St Austin, TX 78703-5279		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) Attorney				10 Employer (See Instructions) Metcalfe Wolff Stuart & Williams, LLP	
4. Date 12/08/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Leslie S. Wolff	6. Contributor address: City State ZIP Code 1206 W 8th St Austin, TX 78703-5279		7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions) None				10 Employer (See Instructions) None	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mitchel Wong	6. Contributor address: City State ZIP Code 1700 Stoneridge Ter Austin, TX 78746-7747		7. Amount of contribution \$150.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)	
4. Date 12/16/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Rose T Wong	6. Contributor address: City State ZIP Code 1700 Stoneridge Ter Austin, TX 78746-7747		7. Amount of contribution \$150.00	8. In-kind contribution description (if applicable)
9. Principal occupation / Job title (See Instructions)				10 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler			3. ACCOUNT # (Ethics Commission Filers)		
4. Date 12/07/2014	5. Full name of contributor Steven Yau	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 9524 Ketona Cv Austin, TX 78759-6260			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/16/2014	5. Full name of contributor Henry Yoshida	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 300 S Lamar Blvd Apt 513 Austin, TX 78704-1159			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions) Consultant			10 Employer (See Instructions) MY Group, LLC		
4. Date 12/10/2014	5. Full name of contributor Mark Zeppa	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$150.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City State ZIP Code 4833 Spicewood Springs Rd Ste 202 Austin, TX 78759-8436			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
4. Date 12/10/2014	5. Full name of contributor Eddie Chao	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution \$168.00	8. In-kind contribution description (if applicable) Food for volunteers	
6. Contributor address: City State ZIP Code 5301 Fairhill Dr Austin, TX 78745-2745			(if travel outside of Texas, complete Schedule T)		
9. Principal occupation / Job title (See Instructions)			10 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A: 65	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Arthur Goldstein 6. Contributor address: City State ZIP Code 1304 S 6th St Austin, TX 78704-2322	7. Amount of contribution \$34.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable) pizza for volunteers
9. Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4. Date 12/10/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kelly Lee 6. Contributor address: City State ZIP Code 12 Yellow Tail Cv Sunset Valley, TX 78745-2562	7. Amount of contribution \$300.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable) Food for volunteers
9. Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) China Palace Restaurant	
4. Date 12/12/2014	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Richard Ravel 6. Contributor address: City State ZIP Code 4335 Palladio Dr Austin, TX 78731-1801	7. Amount of contribution \$350.00 (if travel outside of Texas, complete Schedule T)	8. In-kind contribution description (if applicable) sign advertising
9. Principal occupation / Job title (See Instructions) Certified Pedorthist		10 Employer (See Instructions) Karavel Shoes Comfort Center	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1. Total pages Schedule E: 1	
2. FILER NAME Stephen Adler		3. ACCOUNT # (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED LOANS:		\$0.00	
5. Date of loan 12/23/2014	7. Name of lender Stephen I. Adler <input type="checkbox"/> out-of-state PAC _____	9. Loan Amount \$65,000.00	
6. Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8. Lender address: City State ZIP Code 3313 Lake Cliff Ct Austin, TX 78746-4676	10. Interest rate 0.00%	
		11. Maturity date	
12. Principal occupation / Job title (See Instructions) Attorney		13. Employer (See Instructions) Barron & Adler, LLP	
14. Description of Collateral <input checked="" type="checkbox"/> none		15. Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16. GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17. Name of guarantor 18. Guarantor address: City State ZIP Code	19. Amount Guaranteed	
20. Principal Occupation (See Instructions)		21. Employer (See Instructions)	
5. Date of loan 12/31/2014	7. Name of lender Stephen I. Adler <input type="checkbox"/> out-of-state PAC _____	9. Loan Amount \$16,238.57	
6. Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8. Lender address: City State ZIP Code 3313 Lake Cliff Ct Austin, TX 78746-4676	10. Interest rate 0.00%	
		11. Maturity date	
12. Principal occupation / Job title (See Instructions) Attorney		13. Employer (See Instructions) Barron & Adler, LLP	
14. Description of Collateral <input checked="" type="checkbox"/> none		15. Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16. GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17. Name of guarantor 18. Guarantor address: City State ZIP Code	19. Amount Guaranteed	
20. Principal Occupation (See Instructions)		21. Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/15/2014	5 Payee name Nathan G. Armentrout	
6 Amount \$1,411.13	7 Payee address: City: State: Zip Code 3625 S 1st St Apt 115 Austin, TX 78704-7053	
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) Salary <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
4 Date 12/23/2014	5 Payee name Nathan G. Armentrout	
6 Amount \$1,584.00	7 Payee address: City: State: Zip Code 3625 S 1st St Apt 115 Austin, TX 78704-7053	
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) Salary <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
4 Date 12/17/2014	5 Payee name AT&T Mobility	
6 Amount \$136.76	7 Payee address: City: State: Zip Code PO Box 6463 Carol Stream, IL 60197-6463	
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) Cell Phone <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/26/2014	5 Payee name AT&T Mobility	
6 Amount \$49.49	7 Payee address: City: State: Zip Code PO Box 6463 Carol Stream, IL 60197-6463	
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) Cell phone <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
4 Date 12/13/2014	5 Payee name Barton Springs Center, Ltd.	
6 Amount \$1,180.12	7 Payee address: City: State: Zip Code 501 S Congress Ave Ste 400 Austin, TX 78704-1731	
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) Office Utilities <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
4 Date 12/19/2014	5 Payee name David Butts	
6 Amount \$2,000.00	7 Payee address: City: State: Zip Code 1914 Patton Ln Austin, TX 78723-1236	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Political Strategy Consultant <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/15/2014	5 Payee name James A. Cannon	
6 Amount \$831.50	7 Payee address: City: State: Zip Code 2704 Rio Grande St Austin, TX 78705-4041	
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) Salary <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
4 Date 12/23/2014	5 Payee name James A. Cannon	
6 Amount \$831.50	7 Payee address: City: State: Zip Code 2704 Rio Grande St Austin, TX 78705-4041	
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) Salary <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
4 Date 12/10/2014	5 Payee name CheckMark Typesetting	
6 Amount \$4,822.33	7 Payee address: City: State: Zip Code 3217 N Interstate 35 Austin, TX 78722-2203	
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 Signs <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/15/2014	5 Payee name Andrew Coulter	
6 Amount \$379.57	7 Payee address: City: State: Zip Code 302 W 38th St Apt 117 Austin, TX 78705-1403	
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) Salary <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
4 Date 12/23/2014	5 Payee name Andrew Coulter	
6 Amount \$379.57	7 Payee address: City: State: Zip Code 302 W 38th St Apt 117 Austin, TX 78705-1403	
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) Salary <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
4 Date 12/15/2014	5 Payee name Colin J. Dearwater	
6 Amount \$855.50	7 Payee address: City: State: Zip Code 2609 Salado St Austin, TX 78705-3911	
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)	
4 Date 12/23/2014	5 Payee name Colin J. Dearwater		
6 Amount \$855.50	7 Payee address: 2609 Salado St Austin, TX 78705-3911	City:	State: Zip Code
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) Salary <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
4 Date 12/15/2014	5 Payee name Kolby Duhon		
6 Amount \$806.50	7 Payee address: 600 S 1st St Apt 108 Austin, TX 78704-1101	City:	State: Zip Code
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) Salary <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
4 Date 12/23/2014	5 Payee name Kolby Duhon		
6 Amount \$806.50	7 Payee address: 600 S 1st St Apt 108 Austin, TX 78704-1101	City:	State: Zip Code
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/18/2014	5 Payee name Edward M. Shack	
6 Amount \$14,360.00	7 Payee address: City: State: Zip Code 221 E 9th St Ste 202 Austin, TX 78701-2510	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Legal Services	(b) Description (If travel outside of Texas, complete Schedule T) Legal services <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
4 Date 12/16/2014	5 Payee name FLS Connect	
6 Amount \$300.00	7 Payee address: City: State: Zip Code 7300 Hudson Blvd N Ste 270 Saint Paul, MN 55128-7143	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Phone Calls <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
4 Date 12/08/2014	5 Payee name Frost Bank	
6 Amount \$4.00	7 Payee address: City: State: Zip Code 2425 Exposition Blvd Austin, TX 78703-2270	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Returned Check Fee <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/31/2014	5 Payee name Frost Bank	
6 Amount \$15.00	7 Payee address: City: State: Zip Code 2425 Exposition Blvd Austin, TX 78703-2270	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Service Fee <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
4 Date 12/15/2014	5 Payee name Craig S. Garrison	
6 Amount \$888.76	7 Payee address: City: State: Zip Code 1517 Hether St Austin, TX 78704-3311	
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) Salary <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
4 Date 12/23/2014	5 Payee name Craig S. Garrison	
6 Amount \$888.76	7 Payee address: City: State: Zip Code 1517 Hether St Austin, TX 78704-3311	
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/18/2014	5 Payee name GNI Consulting, LLC	
6 Amount \$10,522.06	7 Payee address: City: State: Zip Code PO Box 685008 Austin, TX 78768-5008	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Communication Consulting <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
4 Date 12/19/2014	5 Payee name GNI Consulting, LLC	
6 Amount \$3,000.00	7 Payee address: City: State: Zip Code PO Box 685008 Austin, TX 78768-5008	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Communication Consulting <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
4 Date 12/15/2014	5 Payee name Laura N Hernandez	
6 Amount \$1,920.75	7 Payee address: City: State: Zip Code 2408 Manor Rd 108 Austin, TX 78722	
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)	
4 Date 12/23/2014	5 Payee name Laura N Hernandez		
6 Amount \$8,176.75	7 Payee address: 2408 Manor Rd 108 Austin, TX 78722	City:	State: Zip Code
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) Salary <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
4 Date 12/12/2014	5 Payee name Andrew Homer		
6 Amount \$2,150.00	7 Payee address: 7200 Duval St Apt 207 Austin, TX 78752-2506	City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Advertising mural <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
4 Date 12/15/2014	5 Payee name William Hughes		
6 Amount \$1,024.37	7 Payee address: 1009 Hillside Oaks Dr Austin, TX 78745-5571	City:	State: Zip Code
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/23/2014	5 Payee name William Hughes	
6 Amount \$1,024.38	7 Payee address: City: State: Zip Code 1009 Hillside Oaks Dr Austin, TX 78745-5571	
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) Salary <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
4 Date 12/12/2014	5 Payee name Intuit Payroll	
6 Amount \$44.35	7 Payee address: City: State: Zip Code 2632 Marine Way 2632 Marine Way Mountain View, CA 94043-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Payroll fee <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
4 Date 12/22/2014	5 Payee name Intuit Payroll	
6 Amount \$46.05	7 Payee address: City: State: Zip Code 2632 Marine Way 2632 Marine Way Mountain View, CA 94043-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Payroll fee <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/15/2014	5 Payee name Austin Jacobs	
6 Amount \$831.50	7 Payee address: City: State: Zip Code 115 Sandra Muraida Way Apt 222 Austin, TX 78703-4740	
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) Salary <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
4 Date 12/23/2014	5 Payee name Austin Jacobs	
6 Amount \$831.50	7 Payee address: City: State: Zip Code 115 Sandra Muraida Way Apt 222 Austin, TX 78703-4740	
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) Salary <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
4 Date 12/15/2014	5 Payee name Micah King	
6 Amount \$273.05	7 Payee address: City: State: Zip Code 4504 Ruiz St Austin, TX 78723-3331	
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/23/2014	5 Payee name Micah King	
6 Amount \$273.05	7 Payee address: City: State: Zip Code 4504 Ruiz St Austin, TX 78723-3331	
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) Salary <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
4 Date 12/15/2014	5 Payee name Tiana Lopez	
6 Amount \$729.15	7 Payee address: City: State: Zip Code 8312 Hathaway Dr Austin, TX 78757-7731	
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) Salary <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
4 Date 12/23/2014	5 Payee name Tiana Lopez	
6 Amount \$729.15	7 Payee address: City: State: Zip Code 8312 Hathaway Dr Austin, TX 78757-7731	
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/15/2014	5 Payee name Jessica Loyola	
6 Amount \$806.50	7 Payee address: City: State: Zip Code 2505B Teri Rd Austin, TX 78744-2963	
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) Salary <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
4 Date 12/23/2014	5 Payee name Jessica Loyola	
6 Amount \$1,375.12	7 Payee address: City: State: Zip Code 2505B Teri Rd Austin, TX 78744-2963	
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) Salary <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
4 Date 12/15/2014	5 Payee name Patrick J McDonald	
6 Amount \$942.11	7 Payee address: City: State: Zip Code 507 Strawberry Cv Austin, TX 78745-6425	
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/23/2014	5 Payee name Patrick J McDonald	
6 Amount \$1,997.37	7 Payee address: City: State: Zip Code 507 Strawberry Cv Austin, TX 78745-6425	
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) Salary <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
4 Date 12/15/2014	5 Payee name James McKinney	
6 Amount \$375.00	7 Payee address: City: State: Zip Code 6917 Langston Dr Austin, TX 78723-2219	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Community Outreach <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
4 Date 12/19/2014	5 Payee name James McKinney	
6 Amount \$1,000.00	7 Payee address: City: State: Zip Code 6917 Langston Dr Austin, TX 78723-2219	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Community Outreach <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/15/2014	5 Payee name Jennifer E Mendoza	
6 Amount \$573.67	7 Payee address: City: State: Zip Code 1609 Poppy Seed Ln Austin, TX 78741-7514	
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) Salary <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
4 Date 12/23/2014	5 Payee name Jennifer E Mendoza	
6 Amount \$573.67	7 Payee address: City: State: Zip Code 1609 Poppy Seed Ln Austin, TX 78741-7514	
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) Salary <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
4 Date 12/15/2014	5 Payee name Midway Monarchs	
6 Amount \$1,500.00	7 Payee address: City: State: Zip Code 2015 E Riverside Dr Austin, TX 78741-1338	
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) Deposit for event <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/16/2014	5 Payee name Midway Monarchs	
6 Amount \$3,800.83	7 Payee address: City: State: Zip Code 2015 E Riverside Dr Austin, TX 78741-1338	
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) Election Night Event <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
4 Date 12/16/2014	5 Payee name Kayleen Nelson	
6 Amount \$450.00	7 Payee address: City: State: Zip Code 906 E 5th St Ste 104B Austin, TX 78702-3858	
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) Disc Jockey <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
4 Date 12/20/2014	5 Payee name New Partners Consulting, Inc.	
6 Amount \$20,160.21	7 Payee address: City: State: Zip Code 1250 I St NW Ste 200 Washington, DC 20005-5994	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Branding Consulting <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/15/2014	5 Payee name NGP VAN, INC	
6 Amount \$1,350.00	7 Payee address: City: State: Zip Code 1101 15th St NW Ste 500 Washington, DC 20005-5006	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Credit Card Processing Fees <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
4 Date 12/12/2014	5 Payee name Office Depot	
6 Amount \$697.11	7 Payee address: City: State: Zip Code 500 E Ben White Blvd Austin, TX 78704-7470	
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) Supplies <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
4 Date 12/12/2014	5 Payee name Office Max Austin	
6 Amount \$168.84	7 Payee address: City: State: Zip Code 907 W 5th St Austin, TX 78703-5426	
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) Office Supplies <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/19/2014	5 Payee name Oliveira Public Communications	
6 Amount \$6,000.00	7 Payee address: City: State: Zip Code 4315 Guadalupe St Ste 303 Austin, TX 78751-3795	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Communications consulting services <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
4 Date 12/13/2014	5 Payee name Opinion Analysts, Inc.	
6 Amount \$1,066.67	7 Payee address: City: State: Zip Code 906 Rio Grande St Austin, TX 78701-2222	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Data analytics consulting <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
4 Date 12/19/2014	5 Payee name Opinion Analysts, Inc.	
6 Amount \$3,000.00	7 Payee address: City: State: Zip Code 906 Rio Grande St Austin, TX 78701-2222	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Data Analytics consulting <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/15/2014	5 Payee name Marco A Orrantia	
6 Amount \$1,584.00	7 Payee address: City: State: Zip Code 7200 Easy Wind Dr Unit 1029 Austin, TX 78752-0003	
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) Salary <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
4 Date 12/23/2014	5 Payee name Marco A Orrantia	
6 Amount \$4,861.50	7 Payee address: City: State: Zip Code 7200 Easy Wind Dr Unit 1029 Austin, TX 78752-0003	
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) Salary <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
4 Date 12/15/2014	5 Payee name Jovita Pardo	
6 Amount \$1,049.38	7 Payee address: City: State: Zip Code 404 W Milton St Austin, TX 78704-3020	
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) Salary <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

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: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/23/2014	5 Payee name Jovita Pardo	
6 Amount \$2,467.37	7 Payee address: City: State: Zip Code 404 W Milton St Austin, TX 78704-3020	
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) Salary <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
4 Date 12/23/2014	5 Payee name Chelsea E. Phelps	
6 Amount \$214.87	7 Payee address: City: State: Zip Code 7117 Wood Hollow Dr Apt 722 Austin, TX 78731-2551	
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) Salary <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
4 Date 12/15/2014	5 Payee name Rene A Prieto-Polymeris	
6 Amount \$864.26	7 Payee address: City: State: Zip Code 2215 Town Lake Cir Austin, TX 78741-3079	
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/23/2014	5 Payee name Rene A Prieto-Polymeris	
6 Amount \$2,003.75	7 Payee address: City: State: Zip Code 2215 Town Lake Cir Austin, TX 78741-3079	
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) Salary <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
4 Date 12/16/2014	5 Payee name Progressive Waste Solutions of TX, Inc.	
6 Amount \$233.83	7 Payee address: City: State: Zip Code PO Box 17608 Austin, TX 78760-7608	
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) Trash Removal Services <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
4 Date 12/12/2014	5 Payee name Rindy & Associates	
6 Amount \$1,755.74	7 Payee address: City: State: Zip Code 2401 E 6th St Apt 1007 Austin, TX 78702-3975	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Mail Advertising <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

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: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/15/2014	5 Payee name Erik A Salinas	
6 Amount \$831.50	7 Payee address: City: State: Zip Code 5008 Hauna Ln Dickinson, TX 77539-5491	
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) Salary <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
4 Date 12/23/2014	5 Payee name Erik A Salinas	
6 Amount \$1,411.12	7 Payee address: City: State: Zip Code 5008 Hauna Ln Dickinson, TX 77539-5491	
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) Salary <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
4 Date 12/15/2014	5 Payee name David M. Siefken	
6 Amount \$396.57	7 Payee address: City: State: Zip Code 7704 Kiva Dr Austin, TX 78749-2916	
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/23/2014	5 Payee name David M. Siefken	
6 Amount \$754.15	7 Payee address: City: State: Zip Code 7704 Kiva Dr Austin, TX 78749-2916	
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) Salary <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
4 Date 12/15/2014	5 Payee name Christian P Smith	
6 Amount \$991.11	7 Payee address: City: State: Zip Code 2810 Salado St Apt 129 Austin, TX 78705-3629	
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) Salary <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
4 Date 12/23/2014	5 Payee name Christian P Smith	
6 Amount \$2,080.37	7 Payee address: City: State: Zip Code 2810 Salado St Apt 129 Austin, TX 78705-3629	
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/15/2014	5 Payee name Rayborn R. Stephenson	
6 Amount \$776.15	7 Payee address: City: State: Zip Code 3604 Brownwood Dr Austin, TX 78759-8912	
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) Salary <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
4 Date 12/23/2014	5 Payee name Rayborn R. Stephenson	
6 Amount \$776.15	7 Payee address: City: State: Zip Code 3604 Brownwood Dr Austin, TX 78759-8912	
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) Salary <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
4 Date 12/15/2014	5 Payee name Jason S Stinnett	
6 Amount \$793.15	7 Payee address: City: State: Zip Code 1907 1/2 E 16th Street Austin, TX 78702-1217	
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)	
4 Date 12/23/2014	5 Payee name Jason S Stinnett		
6 Amount \$1,391.78	7 Payee address: 1907 1/2 E 16th Street Austin, TX 78702-1217	City:	State: Zip Code
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) Salary <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
4 Date 12/09/2014	5 Payee name The Austin Chronicle		
6 Amount \$1,845.00	7 Payee address: 4000 N Interstate 35 Austin, TX 78751-4801	City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Print Advertising <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
4 Date 12/11/2014	5 Payee name The Austin Villager		
6 Amount \$1,008.00	7 Payee address: 4132 E 12th St Austin, TX 78721-1905	City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Print Advertising <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/26/2014	5 Payee name Time Warner Cable	
6 Amount \$433.97	7 Payee address: City: State: Zip Code PO Box 60074 City Of Industry, CA 91716-0074	
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) Internet <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
4 Date 12/12/2014	5 Payee name United States Treasury	
6 Amount \$13,507.38	7 Payee address: City: State: Zip Code Eftps 1111 Constitution Ave Washington, DC 20224-0001	
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) Payroll Taxes <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
4 Date 12/15/2014	5 Payee name Nicholas L Van Zandt	
6 Amount \$1,242.25	7 Payee address: City: State: Zip Code 3001 Bonnie Rd Austin, TX 78703-2807	
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/23/2014	5 Payee name Nicholas L Van Zandt	
6 Amount \$3,298.75	7 Payee address: City: State: Zip Code 3001 Bonnie Rd Austin, TX 78703-2807	
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) Salary <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
4 Date 12/19/2014	5 Payee name Elizabeth Whitlow	
6 Amount \$250.00	7 Payee address: City: State: Zip Code PO Box 300846 Austin, TX 78703-0015	
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) Salary <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
4 Date 12/15/2014	5 Payee name Jim A Wick	
6 Amount \$2,822.25	7 Payee address: City: State: Zip Code 2611 Ektom Dr Apt D Austin, TX 78745-2629	
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) Salary <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

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: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)
4 Date 12/23/2014	5 Payee name Jim A Wick	
6 Amount \$14,819.25	7 Payee address: City: State: Zip Code 2611 Ektom Dr Apt D Austin, TX 78745-2629	
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) Salary <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
4 Date 12/15/2014	5 Payee name Michelle S Willoughby	
6 Amount \$942.11	7 Payee address: City: State: Zip Code 2704 Rio Grande St Apt 617 Austin, TX 78705-4282	
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) Salary <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
4 Date 12/23/2014	5 Payee name Michelle S Willoughby	
6 Amount \$1,997.37	7 Payee address: City: State: Zip Code 2704 Rio Grande St Apt 617 Austin, TX 78705-4282	
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 29	2. FILER NAME Stephen Adler	3. ACCOUNT # (Ethics Commission Filers)	
4 Date 12/15/2014	5 Payee name Calvin R Wright		
6 Amount \$806.50	7 Payee address: City: State: Zip Code 1919 Willow Creek Dr Austin, TX 78741-4440		
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) Salary <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
4 Date 12/23/2014	5 Payee name Calvin R Wright		
6 Amount \$1,375.12	7 Payee address: City: State: Zip Code 1919 Willow Creek Dr Austin, TX 78741-4440		
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) Salary <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: Stephen Adler

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: 432,481.63

Enter the following information on all campaign debt existing as of December 31 of the reporting year
 (Note: Campaign debts under \$50 may be reported as an aggregate under (c), below):

(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:

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:

Creditor/Vendor	Principal amount owed
Bank of America Mastercard	\$5,499.69
Payroll Taxes	\$39,106.04
Stephen Adler	\$387,238.57
Total of outstanding checks	\$40,749.81

(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.

BANK RECONCILIATION

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

Name of candidate, officeholder or campaign committee: Stephen Adler

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: Frost Bank

Type of account: Checking

The beginning balance: 0

The ending balance: 40,112.48

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

Date	Payee	Amount
12/2/14	Laura Hernandez	34.60
12/18/14	Edward M. Shack	14,360.00
12/19/14	Oliveira Public Communications	6,000.00
12/20/14	New Partners Consulting, Inc.	20,160.21
10/29/14	Gregory A. Copp, Inc.	175.00
11/26/14	Nathan Armentrout	20.00

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

Date of receipt	Contributor	Amount
12/2/14	Thomas Blodgett Jr. and Christina Blodgett	700.00

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

Amount of interest or dividends earned: 0

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

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
None		

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

Date of receipt	Contributor	Amount
None		