

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

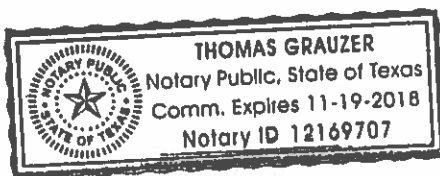
FORM C/OH
COVER SHEET PG 2

| | |
|--------------------------------------|--|
| 14 C/OH NAME <i>Avini, Mitrah</i> | 15 Filer ID (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 | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | 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 | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3775.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 114.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 548.59 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2551.41 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

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.

Mitrah Elizabeth Avini
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mitrah Elizabeth Avini, this the 9th day of October, 20 18, to certify which, witness my hand and seal of office.

| | | |
|---|--|-------------------------------------|
| <i>Thomas A. Grauzer</i> | <i>Thomas A. Grauzer</i> | <i>notary public</i> |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***AVINI, MITRAH***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

| | | |
|-----|---|------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3100.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 675.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 548.59 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

AVINI, MITRAH

3 Filer ID (Ethics Commission Filers)

4 Date

8/10/2018

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

MOSTAFA AVINI

7 Amount of contribution (\$)

\$ 125.00

6 Contributor address;

City; State; Zip Code

2708 DUNBARTON DR, AUSTIN, TX 78723

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

8/16/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

TERESA AVINI

Amount of contribution (\$)

\$ 350.00

Contributor address;

City; State; Zip Code

2708 DUNBARTON DR. AUSTIN, TX 78723

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/25/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JACK JONES

Amount of contribution (\$)

\$ 350.00

Contributor address;

City; State; Zip Code

515 TOMAHAWK Trail S.A., TX 78232

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/30/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MOSTAFA AVINI

Amount of contribution (\$)

\$ 225.00

Contributor address;

City; State; Zip Code

2708 DUNBARTON DR, AUSTIN, TX 78723

Principal occupation / Job title (See Instructions)

Retired

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **AVINI, MITRAH**

3 Filer ID (Ethics Commission Filers)

4 Date
9/5/18

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

EUGENE VOCE

7 Amount of contribution (\$)

\$ 350.00

6 Contributor address; City; State; Zip Code

**3857 Palos Verdes Dr. North
Palos Verdes Estate, CA 90274**

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

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

9/5/18

ERIN VOCE

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

**3857 Palos Verdes Dr. North
Palos Verdes Estates, CA 90274**

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Date

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

9/8/18

MAJEED AVINI

Amount of contribution (\$)

\$ 350.00

Contributor address; City; State; Zip Code

**2100 DRY TORTUGAS TRL
AUSTIN, TX 78747**

Principal occupation / Job title (See Instructions)

AQUATICS OFFICE MANAGER AUSTIN PARKS & RECREATION

Employer (See Instructions)

Date

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

9/18/18

MICHELLE HUNGERFORD

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

**14320 TANDEM BLVD # 3308
AUSTIN, TX 78728**

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Aviní, Mitrah

3 Filer ID (Ethics Commission Filers)

4 Date

9/19/18

5 Full name of contributor

Morgan Miller

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 350

6 Contributor address;

City; State; Zip Code

97703

64 NW McKay Ave, Bend, OR

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/20/18

Full name of contributor

Bruce Miller

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 350

Contributor address;

City; State; Zip Code

78735

7624 Tecoma Circle Austin, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/18

Full name of contributor

Cynthia Miller

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 350

Contributor address;

City; State; Zip Code

SA, TX

515 Tomahawk Trail 76232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME <i>AVINI, MITRAH</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <i>0.00</i> | |
| 5 Date <i>8/15/18</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DUNCAN LOFLIN</i> | 8 Amount of Contribution \$ <i>\$350.00</i> | 9 In-kind contribution description <i>Graphic Design</i> |
| 7 Contributor address; City: State: Zip Code <i>6812 WILLAMETTE, AUSTIN, TX 78723</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Artist</i> | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>SELF</i> | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|---|---|---|--|
| Date <i>8/20/18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Victor Mutai</i> | Amount of Contribution \$ <i>\$150.00</i> | In-kind contribution description <i>Website TECH Help</i> |
| Contributor address; City: State: Zip Code <i>130 Winchester Ave New Haven, CT 06511</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>SOFTWARE DEVELOPER</i> | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME <i>Avini, Mitrah</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date <i>9/6/18</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CHRISTA FRENCH</i> | 8 Amount of Contribution \$ <i>\$100.00</i> | 9 In-kind contribution description <i>GRAPHIC DESIGN/EDITING</i> |
| 7 Contributor address; City; State; Zip Code <i>9213 Southwick DR AUSTIN TX 78724</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date <i>9/15/18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Timothy Colpitts</i> | Amount of Contribution \$ <i>\$75.00</i> | In-kind contribution description <i>Squarespace help</i> |
| Contributor address; City; State; Zip Code <i>6010 Tributary Ridge Court AUSTIN TX 78759</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|---|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Avini, Mitrah | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9/7/18 | | 5 Payee name Vistago Print SIGN SHOP | | | |
| 6 Amount (\$) 434.59 | | 7 Payee address; City; State; Zip Code 7301 BARK RANCH RD LABO VISTA, TX 78645 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SCREENPRINT SIGNS | |
| 9 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED