

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 7									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Travis R NICKNAME LAST SUFFIX Duncan		OFFICE USE ONLY <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Date Received OCC RECEIVED AT OCT 9 '18 PM 4:16 </div> Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>			Receipt #	Amount \$	Date Processed		Date Imaged			
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Date Processed													
Date Imaged													
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 41013 Austin TX 78704											
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 572.0273												
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Karen NICKNAME LAST SUFFIX Donsbach		Receipt # Amount \$ Date Processed Date Imaged										
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1201 Taulbee Austin TX 78757												
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 468.0430												
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input type="checkbox"/> January 15	<input checked="" 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)
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month Day Year</td> <td></td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">July / 01 / 2018</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">October / 09 / 2018</td> </tr> </table>					Month Day Year		Month Day Year	July / 01 / 2018	THROUGH	October / 09 / 2018		
Month Day Year		Month Day Year											
July / 01 / 2018	THROUGH	October / 09 / 2018											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year 11 / 06 / 2018 </td> <td style="width:60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>					ELECTION DATE Month Day Year 11 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 11 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special												
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Mayor of Austin, Texas										

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

15 Filer ID (Ethics Commission Filers)

☐ Additional Pages

\$

Revised 9/8/2015

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Travis Duncan		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 370.17	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 500	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **2****2** FILER NAME **Travis Duncan****3** Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS**\$ 370.17****5** Date**July 9,
2018****6** Full name of contributor ☐ out-of-state PAC (ID# _____)**Denise Prokop Vecchio****7** Contributor address; City; State; Zip Code**2617 Monarch Drive Austin, TX 78748****8** Amount of Contribution \$**\$86.59****9** In-kind contribution description**Flyers**☐ Check if travel outside of Texas. Complete Schedule T.**10** Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Small Business Owner**11** Employer (FOR NON-JUDICIAL) (See Instructions)
Self**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

**September
14, 2018**Full name of contributor ☐ out-of-state PAC (ID# _____)**Denise Prokop Vecchio**

Contributor address; City; State; Zip Code

2617 Monarch Drive Austin, TX 78748

Amount of Contribution \$

\$103.58

In-kind contribution description

Flyers☐ Check if travel outside of Texas. Complete Schedule T.Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Small Business OwnerEmployer (FOR NON-JUDICIAL) (See Instructions)
Self

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	
2 FILER NAME Travis Duncan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date September 28, 2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rita Rancken	8 Amount of Contribution \$ \$120	9 In-kind contribution description Flyers
7 Contributor address; City; State; Zip Code 5518 Helen Street #102 Austin, Texas 78751		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Office Manager		11 Employer (FOR NON-JUDICIAL) (See Instructions) Dispute Resolution Center	
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 September 28, 2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jennifer Hilman	Amount of Contribution \$ \$60	In-kind contribution description Flyers
Contributor address; City; State; Zip Code 6205 Berkett Cove Austin, Texas 78745		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Online Yoga Instructor		Employer (FOR NON-JUDICIAL) (See Instructions) Self	
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 PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Travis Duncan	3 Filer ID (Ethics Commission Filers)
4 Date July 31, 2018	5 Payee name City of Austin, Texas	
6 Amount (\$) \$500 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 301 West 2nd Street. Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Travis Duncan	Office sought Mayor of Austin, Texas Office held

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)	(b) 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 (\$) <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)	(b) 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

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

Travis Duncan

2 Filer ID (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