

# 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) 00010009	2 PAGE # 1 of 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Chris		<b>OFFICE USE ONLY</b> Date Received 2009 JUL 15 AM 8 07 POSTING DATE / TIME AUSTIN CITY CLERK Date Hand-delivered for Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Riley		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1310 San Antonio #1 Austin, TX 78701		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Catherine		
	NICKNAME LAST SUFFIX Mauzy		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 700 Lavaca, Ste. 1150 Austin, TX 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 474-1493		
8 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 04/30/2009    06/30/2009		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05/10/2009		
11 OFFICE	OFFICE HELD (if any) City Council, Place 1		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

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

**14 C/OH NAME** Riley, Chris

**15 ACCOUNT #** (Ethics Commission filers)  
00010009

**16 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**

**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

\$

0.00

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

\$

10,239.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

107.46

4. TOTAL POLITICAL EXPENDITURES

\$

35,192.26

**CONTRIBUTION  
BALANCE**

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

\$

0.00

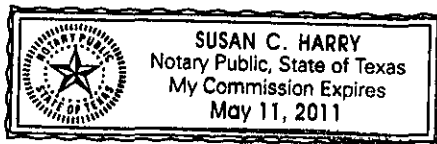
**OUTSTANDING  
LOAN TOTALS**

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.

*Chris Riley*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chris Riley, this the 14<sup>th</sup> day of July, 2009, to certify which, witness my hand and seal of office.

*Susan C. Harry*  
Signature of officer administering oath

Susan C. Harry  
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: 1/14 Report: 3/32

2 FILER NAME Riley, Chris

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date

05/04/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Anderson, Tammi

6 Contributor address; City; State; Zip Code  
3600 N. Capital of Texas Highway  
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)

10 Employer (See Instructions)  
Homemaker

Date

05/01/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Byers, Julie

Contributor address; City; State; Zip Code  
4516 Balcones Dr.  
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

05/08/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Casias, Michael

Contributor address; City; State; Zip Code  
2113 Riverview  
Austin, TX 78702

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

04/30/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cheaney, Shelia Enid

Contributor address; City; State; Zip Code  
6016 Mount Bonnell Cove  
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)

Date

05/01/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cheaney, Shelia Enid

Contributor address; City; State; Zip Code  
6016 Mount Bonnell Cove  
Austin, TX 78731-3515

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: 2/14 Report: 4/32	
2 FILER NAME Riley, Chris		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  05/03/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cravey, Emma  6 Contributor address; City; State; Zip Code 2103A La Casa Dr. Austin, TX 78704	7 Amount of contribution (\$)  \$25.00	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  05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Mark  Contributor address; City; State; Zip Code 4000 Table Rock Austin, TX 78731	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  05/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, Michelle Angelique  Contributor address; City; State; Zip Code 3103 Canter Lane Austin, TX 78759	Amount of contribution (\$)  \$10.00	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  05/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fitzpatrick, John  Contributor address; City; State; Zip Code 1706 Nickerson Street Austin, TX 78704	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  04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gayle, Dewitt  Contributor address; City; State; Zip Code 1609 Scenic Drive Austin, TX 78703	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) Architect		Employer (See Instructions) RTG Partners	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 3/14 Report: 5/32

**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)

00010009

**4** Date

05/03/2009

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Ghahremani, Kay**6** Contributor address; City; State; Zip Code  
3036 Thrushwood Dr.  
Austin, TX 78757**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

04/30/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Graham, AlanContributor address; City; State; Zip Code  
1408 Redbud Trail  
Austin, TX 78746Amount 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

05/01/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Griebel, ThomasContributor address; City; State; Zip Code  
8332 La Plata Loop  
Austin, TX 78737Amount 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

05/05/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gutierrez, JeniceContributor address; City; State; Zip Code  
360 Nueces #1008  
Austin, TX 78701Amount 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

05/08/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hahn, JeffreyContributor address; City; State; Zip Code  
6700 Hot Springs Dr.  
Austin, TX 78749Amount 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: 4/14 Report: 6/32

2 FILER NAME Riley, Chris

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date

05/01/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Handcox, Berl6 Contributor address; City; State; Zip Code  
5202 Rambling Range  
Austin, TX 787277 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)  
Retired10 Employer (See Instructions)  
None

Date

05/09/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Harris, LisaContributor address; City; State; Zip Code  
4522 Avenue F  
Austin, TX 78751Amount 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

05/06/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Heidrick, ClarkeContributor address; City; State; Zip Code  
3702 Eastledge Dr.  
Austin, TX 78731Amount 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

05/03/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Herndon, BenjaminContributor address; City; State; Zip Code  
1111 West 12th St.  
#111  
Austin, TX 78703Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
Research AssistantEmployer (See Instructions)  
UT Austin

Date

05/07/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hightower, SusanContributor address; City; State; Zip Code  
2214 Alta Vista Ave.  
Austin, TX 78704Amount 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: 5/14 Report: 7/32

2 FILER NAME Riley, Chris

3 ACCOUNT # (Ethics Commission filers)

00010009

4 Date

05/04/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hill, Richard

6 Contributor address; City; State; Zip Code  
2303 Windsor Rd.  
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)  
Partner

10 Employer (See Instructions)  
Hill Partners, Inc.

Date

05/06/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hogan, Bill

Contributor address; City; State; Zip Code  
719 W. 6th St.  
Austin, TX 78701

Amount of  
contribution (\$)

\$22.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/03/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Holland, Sarah

Contributor address; City; State; Zip Code  
1707 Wethersfield Rd.  
Austin, TX 78703

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

05/08/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hornaday, Walter & Raina

Contributor address; City; State; Zip Code  
908 West 18th St.  
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)  
Wind Farmer / Generation Operator

Employer (See Instructions)  
Cielo Wind Services / Cielo Wind Services

Date

05/02/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hornburg, Kernan

Contributor address; City; State; Zip Code  
12105 Scribe Dr.  
Austin, TX 78759

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: 6/14 Report: 8/32

2 FILER NAME Riley, Chris

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date

05/04/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Jaikumar, Arjun Kent

6 Contributor address; City; State; Zip Code  
2161 42nd St.  
Astoria, NY 11105

7 Amount of  
contribution (\$)

\$25.00

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

05/03/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Johnson, Matthew

Contributor address; City; State; Zip Code  
611 Oakland Ave.  
Austin, TX 78703

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

05/01/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Kennedy, Peter

Contributor address; City; State; Zip Code  
4401 Avenue H  
Austin, TX 78751

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

05/06/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Klein, Michael

Contributor address; City; State; Zip Code  
119 E. 6th St. Ste. 304  
Austin, TX 78701

Amount of  
contribution (\$)

\$22.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/08/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Laine, Samuel

Contributor address; City; State; Zip Code  
5421 Hitcher Bnd.  
Austin, TX 78749

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)  
Riverside Resources

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/14 Report: 9/32

2 FILER NAME Riley, Chris

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date

05/05/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lance, Kent Jr.

6 Contributor address; City; State; Zip Code  
3600 N Capital of TX Hwy  
Bldg B Ste 250  
Austin, TX 78746

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)  
Associate

10 Employer (See Instructions)  
Hill Partners

Date

05/01/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Law Office of Jimmy Nassour

Contributor address; City; State; Zip Code  
3839 Bee Cave Rd.  
Ste. 200  
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)

Employer (See Instructions)

Date

05/01/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lowerre, Richard

Contributor address; City; State; Zip Code  
725 Patterson  
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)

Date

05/06/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Marvin, Flora

Contributor address; City; State; Zip Code  
2708 Westlake Dr.  
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

05/01/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Mayo Clark, Pamela

Contributor address; City; State; Zip Code  
4100 Bluffridge Dr.  
Austin, TX 78759

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: 8/14 Report: 10/32

2 FILER NAME Riley, Chris

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date

05/01/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Moore, Catherine

6 Contributor address; City; State; Zip Code  
3802 Avenue H,  
Austin, TX 78751

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

05/07/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Moss, Ron

Contributor address; City; State; Zip Code  
7705 Stonehaven Circle  
Austin, TX 78731

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)  
attorney

Employer (See Instructions)  
Graves Dougherty Hearon & Moody, P.C.

Date

05/04/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Neal, Erin Lee

Contributor address; City; State; Zip Code  
1345 East Whitten Place  
Chandler, AZ 85225

Amount of  
contribution (\$)

\$40.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/09/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Pedersen, Craig

Contributor address; City; State; Zip Code  
4703 Trail Crest Circle  
Austin, TX 78735

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 - Water Resources - Texas

Employer (See Instructions)  
URS

Date

05/05/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Penn, Walter

Contributor address; City; State; Zip Code  
1109 Kennan Rd.  
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)  
Financial Advisor

Employer (See Instructions)  
Raymond James

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/14 Report: 11/32

2 FILER NAME Riley, Chris

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date

05/09/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Phillips, Gregory

6 Contributor address; City; State; Zip Code  
4100 Michael Neill Dr.  
Austin, TX 78730

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

04/30/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rankin, Susan

Contributor address; City; State; Zip Code  
3216 Harris Park  
Austin, TX 78705

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

05/08/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Reese, Andrew

Contributor address; City; State; Zip Code  
2914 Regents Park  
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)  
Homemaker

Employer (See Instructions)  
n/a

Date

05/08/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Reese, Donald

Contributor address; City; State; Zip Code  
100 Congress Ave., Ste. 780  
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)  
Founder

Employer (See Instructions)  
Riverside Resources

Date

05/06/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Reese, Gina

Contributor address; City; State; Zip Code  
2914 Regents Park  
Austin, TX 78746

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)  
Ironwood Real Estate

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/14 Report: 12/32

2 FILER NAME Riley, Chris

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rhode, Brett

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

05/07/2009

6 Contributor address; City; State; Zip Code  
808 Dawson  
Austin, TX 78704

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Architect

10 Employer (See Instructions)  
Rhode Partners

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rieck, Peter

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

05/09/2009

Contributor address; City; State; Zip Code  
6805 Vallecito Dr.  
Austin, TX 78759

\$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# \_\_\_\_\_)  
Rostami, Amir

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

05/01/2009

Contributor address; City; State; Zip Code  
5729 N. Scout Island Cir.  
Austin, TX 78731

\$22.00

(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# \_\_\_\_\_)  
Schenkkan, Phyllis

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

05/06/2009

Contributor address; City; State; Zip Code  
3505 Mount Bonnell Rd.  
Austin, TX 78731

\$50.00

(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# \_\_\_\_\_)  
Scherer, Bradley

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

05/06/2009

Contributor address; City; State; Zip Code  
2 Bank St. Apt. 16  
New York, NY 10014

\$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: 11/14 Report: 13/32

2 FILER NAME Riley, Chris

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date

05/04/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Sherman, Max

6 Contributor address; City; State; Zip Code  
3505 Greenway  
Austin, TX 78705

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

05/07/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Smith, Craig

Contributor address; City; State; Zip Code  
1908 Barton Parkway  
Austin, TX 78704

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

05/05/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Smitheal, Jeremy

Contributor address; City; State; Zip Code  
100 Congress Ave., Ste. 780  
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)  
Principal

Employer (See Instructions)  
Riverside Resources

Date

05/03/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Souhami, Gloria

Contributor address; City; State; Zip Code  
802 Norwalk Ln.  
Austin, TX 78703

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

05/05/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Stack, David

Contributor address; City; State; Zip Code  
1525 E. Candlestick Dr.  
Tempe, AZ 85283

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: 12/14 Report: 14/32

2 FILER NAME Riley, Chris

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date

04/30/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Stumberg, Eric

6 Contributor address; City; State; Zip Code  
3911 Avenue G  
Austin, TX 78751

7 Amount of  
contribution (\$)

\$250.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
CEO

10 Employer (See Instructions)  
TengolInternet, Inc.

Date

05/07/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Taylor, Beau

Contributor address; City; State; Zip Code  
11208 Hidden Bluff Dr.  
Austin, TX 78754

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

05/07/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Tilney, William Angus

Contributor address; City; State; Zip Code  
5516 Avenue G.  
Austin, TX 78751

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

05/01/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Vandelden, Jeffrey

Contributor address; City; State; Zip Code  
5809 Painted Valley Rd.  
Austin, TX 78759

Amount of  
contribution (\$)

\$22.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/06/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Vita, Brian

Contributor address; City; State; Zip Code  
1007 S. Congress Ave. Apt. 432  
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)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/14 Report: 15/32

2 FILER NAME Riley, Chris

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date

05/01/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Waterloo Brothers LLC

6 Contributor address; City; State; Zip Code  
705 W. Lynn St.  
Austin, TX 78703

7 Amount of  
contribution (\$)

\$210.00

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

05/06/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Whatley, Melba

Contributor address; City; State; Zip Code  
2909 W. 35th St.  
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)  
investments

Employer (See Instructions)  
clarite holdings

Date

05/02/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Williams, Clayton

Contributor address; City; State; Zip Code  
6 Desta Drive  
Ste. 6500  
Midland, TX 79705

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)  
investments

Employer (See Instructions)  
Self

Date

05/02/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Williams, Modesta Jr.

Contributor address; City; State; Zip Code  
6 Desta Drive  
Ste. 6500  
Midland, TX 79705

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)  
CWEI

Date

05/06/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Winetroub, Jerald

Contributor address; City; State; Zip Code  
515 Congress Avenue, Suite 2230  
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)  
President

Employer (See Instructions)  
Jerald Winetroub Companies

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 14/14 Report: 16/32

**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)  
00010009**4** Date

05/06/2009

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Womack, Brad**6** Contributor address; City; State; Zip Code  
719 W. 6th St.  
Austin, TX 78701**7** Amount of  
contribution (\$)

\$22.00

**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

05/06/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Woody, BobContributor address; City; State; Zip Code  
807 Brazos St. #311  
Austin, TX 78701Amount of  
contribution (\$)

\$22.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/06/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Yassine, MikeContributor address; City; State; Zip Code  
213 W. 4th St.  
Ste. 200  
Austin, TX 78701Amount of  
contribution (\$)

\$22.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/11 Report: 17/32**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)  
00010009**4** Date  
  
05/22/2009**5** Payee name  
Constant Contact**7** Amount  
(\$)  
  
\$85.00**6** Payee address; City; State; Zip Code  
1601 Trapelo Rd., Ste. 329  
Waltham, MA 2451**8** Purpose of payment (See instructions regarding type of information required.)  
Email List Management**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:**Date**  
  
06/22/2009**Payee name**  
Constant contact**Amount**  
(\$)  
  
\$50.00**Payee address; City; State; Zip Code**  
1601 Trapelo Rd., Ste. 329  
Waltham, MA 02451**Purpose of payment** (See instructions regarding type of information required.)  
email service**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:**Date**  
  
05/18/2009**Payee name**  
Eastside Café**Amount**  
(\$)  
  
\$50.14**Payee address; City; State; Zip Code**  
2113 Manor Rd.  
Austin, TX 78722**Purpose of payment** (See instructions regarding type of information required.)  
Meals**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:**Date**  
  
05/11/2009**Payee name**  
Elysium**Amount**  
(\$)  
  
\$104.99**Payee address; City; State; Zip Code**  
705 Red River  
Austin, TX 78701**Purpose of payment** (See instructions regarding type of information required.)  
Intern appreciation party**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/11 Report: 18/32**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)  
00010009

<b>4</b> Date  05/01/2009	<b>5</b> Payee name Enviromedia  <b>6</b> Payee address; City; State; Zip Code 1717 W. 6th St. Ste. 400 Austin, TX 78703	<b>7</b> Amount (\$)  \$8,670.00
---------------------------------	---	---

**8** Purpose of payment (See instructions regarding type of information required.)  
Television Advertising**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  05/05/2009	Payee name Enviromedia  Payee address; City; State; Zip Code 1717 W. 6th St. Ste. 400 Austin, TX 78703	Amount (\$)  \$1,035.00
------------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Television Advertising\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  05/02/2009	Payee name Facebook  Payee address; City; State; Zip Code 156 University Ave. Palo Alto, CA 94301	Amount (\$)  \$39.99
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Advertising\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  05/04/2009	Payee name Facebook  Payee address; City; State; Zip Code 156 University Ave. Palo Alto, CA 94301	Amount (\$)  \$40.00
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Advertising\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/11 Report: 19/32**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)  
00010009

<b>4</b> Date  05/05/2009	<b>5</b> Payee name Facebook  <b>6</b> Payee address; City; State; Zip Code 156 University Ave. Palo Alto, CA 94301	<b>7</b> Amount (\$)  \$40.00
---------------------------------	--	--

**8** Purpose of payment (See instructions regarding type of information required.)  
Advertising**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  05/06/2009	Payee name Facebook  Payee address; City; State; Zip Code 156 University Ave. Palo Alto, CA 94301	Amount (\$)  \$29.99
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Advertising\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  05/08/2009	Payee name Facebook  Payee address; City; State; Zip Code 156 University Ave. Palo Alto, CA 94301	Amount (\$)  \$30.00
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Advertising\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  05/08/2009	Payee name Facebook  Payee address; City; State; Zip Code 156 University Ave. Palo Alto, CA 94301	Amount (\$)  \$30.00
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Advertising\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/11 Report: 20/32**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)  
00010009**4** Date  
  
05/09/2009**5** Payee name  
Facebook**6** Payee address; City; State; Zip Code  
156 University Ave.  
Palo Alto, CA 94301**7** Amount  
(\$)  
  
\$30.00**8** Purpose of payment (See instructions regarding type of information required.)  
Advertising**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
05/10/2009Payee name  
FacebookPayee address; City; State; Zip Code  
156 University Ave.  
Palo Alto, CA 94301Amount  
(\$)  
  
\$45.00Purpose of payment (See instructions regarding type of information required.)  
Advertising\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
05/10/2009Payee name  
FacebookPayee address; City; State; Zip Code  
156 University Ave.  
Palo Alto, CA 94301Amount  
(\$)  
  
\$45.00Purpose of payment (See instructions regarding type of information required.)  
Advertising\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
05/13/2009Payee name  
FacebookPayee address; City; State; Zip Code  
156 University Ave.  
Palo Alto, CA 94301Amount  
(\$)  
  
\$44.99Purpose of payment (See instructions regarding type of information required.)  
Advertising\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/11 Report: 21/32**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)  
00010009**4** Date  
  
05/13/2009**5** Payee name  
Facebook  
  
**6** Payee address; City; State; Zip Code  
156 University Ave.  
Palo Alto, CA 94301**7** Amount  
(\$)  
  
\$44.96**8** Purpose of payment (See instructions regarding type of information required.)  
Advertising**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Garrett, HallAmount  
(\$)

05/13/2009

Payee address; City; State; Zip Code  
2509 Peachtree  
Mckinney, TX 78070

\$250.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Salary: Intern

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Goss, DelwinAmount  
(\$)

05/05/2009

Payee address; City; State; Zip Code  
6410 Ponca St.  
Austin, TX 78741

\$120.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor-Yard Signs

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Haenschen, KatherineAmount  
(\$)

04/30/2009

Payee address; City; State; Zip Code  
4505 Duval St. Apt. 229  
Austin, TX 78751

\$3,000.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Manager Salary

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/11 Report: 22/32
<b>2</b> FILER NAME Riley, Chris		<b>3</b> ACCOUNT # (Ethics Commission filers) 00010009
<b>4</b> Date  05/08/2009	<b>5</b> Payee name Harry, Susan  ..... <b>6</b> Payee address; City; State; Zip Code 2520 Longview St. Ste. 211 Austin, TX 78705	<b>7</b> Amount (\$)  \$3,000.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Salary: Finance Manager  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/04/2009	Payee name Kelly Graphics  ..... Payee address; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746	Amount (\$)  \$2,918.32
Purpose of payment (See instructions regarding type of information required.) Printing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/04/2009	Payee name Kelly Graphics  ..... Payee address; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746	Amount (\$)  \$489.76
Purpose of payment (See instructions regarding type of information required.) Printing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/13/2009	Payee name Ledesma, Chris  ..... Payee address; City; State; Zip Code 4415 Avenue A Austin, TX 78751	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Campaign Salary: Intern  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 7/11 Report: 23/32**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)  
00010009**4** Date  
  
05/04/2009**5** Payee name  
McKinley, Warren**6** Payee address; City; State; Zip Code  
45 Lovegrass Lane  
Austin, TX 78745**7** Amount  
(\$)  
  
\$100.00**8** Purpose of payment (See instructions regarding type of information required.)  
Event Expense**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:**Date**  
  
05/14/2009**Payee name**  
Nokoa**Payee address; City; State; Zip Code**  
1223 Rosewood Ave.  
Austin, TX 78702**Amount**  
(\$)  
  
\$920.00**Purpose of payment** (See instructions regarding type of information required.)  
Advertising**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:**Date**  
  
05/05/2009**Payee name**  
Office Max**Payee address; City; State; Zip Code**  
907 W. 5th St.  
Austin, TX 78701**Amount**  
(\$)  
  
\$62.76**Purpose of payment** (See instructions regarding type of information required.)  
Office Supplies**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:**Date**  
  
05/13/2009**Payee name**  
Parikh, Ishanee**Payee address; City; State; Zip Code**  
742 Annies Way  
Sugarland, TX 77479**Amount**  
(\$)  
  
\$250.00**Purpose of payment** (See instructions regarding type of information required.)  
Campaign Salary: Intern**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 8/11 Report: 24/32**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)  
00010009**4** Date  
  
05/10/2009**5** Payee name  
Pirya  
  
**6** Payee address; City; State; Zip Code  
401 W. 15th St. Ste. 520  
Austin, TX 78701**7** Amount  
(\$)  
  
\$193.34**8** Purpose of payment (See instructions regarding type of information required.)  
Credit card processing fees**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
05/07/2009Payee name  
Political Calling  
  
Payee address; City; State; Zip Code  
712 5th St. Ste.,E  
Davis, CA 95616Amount  
(\$)  
  
\$1,051.75Purpose of payment (See instructions regarding type of information required.)  
Robocall**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
05/13/2009Payee name  
Puryear, Veronica  
  
Payee address; City; State; Zip Code  
1301 W Lynn St Apt 310  
Austin, TX 78703Amount  
(\$)  
  
\$500.00Purpose of payment (See instructions regarding type of information required.)  
Campaign Salary: Intern**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
05/09/2009Payee name  
Scholz Bier Garten  
  
Payee address; City; State; Zip Code  
1607 San Jacinto  
Austin, TX 78701Amount  
(\$)  
  
\$935.92Purpose of payment (See instructions regarding type of information required.)  
Election Night Party**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 9/11 Report: 25/32**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)  
00010009**4** Date  
  
05/13/2009**5** Payee name  
Shea, Philip**7** Amount  
(\$)  
  
\$500.00**6** Payee address; City; State; Zip Code  
c/o 621 West 7th St.  
Austin, TX 78701**8** Purpose of payment (See instructions regarding type of information required.)  
Campaign Salary: Intern**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
05/04/2009Payee name  
Telgoogle (ADWORDS)Amount  
(\$)  
  
\$50.90Payee address; City; State; Zip Code  
1600 Amphitheatre Parkway  
Mountain View, CA 94043Purpose of payment (See instructions regarding type of information required.)  
Advertising\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
05/08/2009Payee name  
Telgoogle (ADWORDS)Amount  
(\$)  
  
\$23.74Payee address; City; State; Zip Code  
1600 Amphitheatre Parkway  
Mountain View, CA 94043Purpose of payment (See instructions regarding type of information required.)  
Advertising\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
05/01/2009Payee name  
USPSAmount  
(\$)  
  
\$28.00Payee address; City; State; Zip Code  
Central Park  
West Station  
Austin, TX 78705Purpose of payment (See instructions regarding type of information required.)  
Postage\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 10/11 Report: 26/32**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)  
00010009**4** Date  
  
05/02/2009**5** Payee name  
USPS  
  
**6** Payee address; City; State; Zip Code  
Central Park  
West Station  
Austin, TX 78705**7** Amount  
(\$)  
  
\$11.20**8** Purpose of payment (See instructions regarding type of information required.)  
Postage**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
06/12/2009Payee name  
USPS  
  
Payee address; City; State; Zip Code  
Central Park  
West Station  
Austin, TX 78705Amount  
(\$)  
  
\$10.00Purpose of payment (See instructions regarding type of information required.)  
Postage\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
06/12/2009Payee name  
USPS  
  
Payee address; City; State; Zip Code  
Downtown Station  
Austin, TX 78701Amount  
(\$)  
  
\$27.00Purpose of payment (See instructions regarding type of information required.)  
postage\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
05/13/2009Payee name  
Wadia, Bahman  
  
Payee address; City; State; Zip Code  
2205 Cliffs Edge Dr.  
Austin, TX 78733Amount  
(\$)  
  
\$500.00Purpose of payment (See instructions regarding type of information required.)  
Campaign Salary: Intern\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 11/11 Report: 27/32**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)  
00010009**4** Date  
  
05/08/2009**5** Payee name  
Worley**6** Payee address; City; State; Zip Code  
3217 N. IH 35  
Austin, TX 78722**7** Amount  
(\$)  
  
\$2,432.38**8** Purpose of payment (See instructions regarding type of information required.)  
Printing**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/3 Report: 28/32

2 FILER NAME Riley, Chris

3 ACCOUNT #

(Ethics Commission filers)

00010009

4 Date	5 Payee name AT&T	8 Amount (\$)
05/15/2009	6 Payee address; City; State; Zip Code PO Box 5001 Carol Stream, IL 60197	\$1,241.40
	7 Purpose of expenditure (See instructions regarding type of information required.) Phone  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Constant Contact	Amount (\$)
06/22/2009	Payee address; City; State; Zip Code 1601 Trapelo Rd., Ste. 329 Waltham, MA 02451	\$35.00
	Purpose of expenditure (See instructions regarding type of information required.) Email List Management  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name David Thomas Photography	Amount (\$)
05/15/2009	Payee address; City; State; Zip Code 2004-E B 9th St. Austin, TX 78702	\$150.00
	Purpose of expenditure (See instructions regarding type of information required.) Photography  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Haenschen, Katherine	Amount (\$)
05/15/2009	Payee address; City; State; Zip Code 4505 Duval St. Apt. 229 Austin, TX 78751	\$1,500.00
	Purpose of expenditure (See instructions regarding type of information required.) Campaign Manager Salary  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Kelly Graphics	Amount (\$)
05/17/2009	Payee address; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746	\$276.46
	Purpose of expenditure (See instructions regarding type of information required.) Printing & mailing services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 2/3 Report: 29/32

2 FILER NAME Riley, Chris

3 ACCOUNT # (Ethics Commission filers)  
00010009

<p>4 Date</p> <p>05/15/2009</p>	<p>5 Payee name Litt, Mike</p> <hr/> <p>6 Payee address; City; State; Zip Code 4415 Avenue A Austin, TX 78751</p> <hr/> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Campaign Salary: Field Director (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$1,050.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>05/22/2009</p>	<p>Payee name NGP</p> <hr/> <p>Payee address; City; State; Zip Code 1225 Eye St., NW Ste. 1225 Washington, DC 20005</p> <hr/> <p>Purpose of expenditure (See instructions regarding type of information required.) Software (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$250.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>05/15/2009</p>	<p>Payee name People Calling People</p> <hr/> <p>Payee address; City; State; Zip Code 3948 Legacy Dr. Ste. 106 PMB 272 Plano, TX 75023</p> <hr/> <p>Purpose of expenditure (See instructions regarding type of information required.) Robocall (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$863.15</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>05/15/2009</p>	<p>Payee name Smart Mail</p> <hr/> <p>Payee address; City; State; Zip Code 2012 Anchor Lane Austin, TX 78723</p> <hr/> <p>Purpose of expenditure (See instructions regarding type of information required.) Mailing services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$737.15</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>05/15/2009</p>	<p>Payee name Smart Mail</p> <hr/> <p>Payee address; City; State; Zip Code 2011 Anchor Lane Austin, TX 78723</p> <hr/> <p>Purpose of expenditure (See instructions regarding type of information required.) Mailing services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$359.55</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 3/3 Report: 30/32

**2** FILER NAME Riley, Chris

**3** ACCOUNT #

(Ethics Commission filers)

00010009

**4** Date

05/15/2009

**5** Payee name

Smart Mail

**6** Payee address;

City; State; Zip Code

2011 Anchor Lane  
Austin, TX 78723

**7** Purpose of expenditure (See instructions regarding type of information required.)  
Mailing services

(If travel outside of Texas, complete Schedule T) ☐

**8** Amount  
(\$)

\$87.70

☒ Reimbursement  
from political  
contributions  
intended

Date

06/15/2009

Payee name

USPS

Payee address;

City; State; Zip Code

Central Park  
West Station  
Austin, TX 78705

Purpose of expenditure (See instructions regarding type of information required.)  
Postage

(If travel outside of Texas, complete Schedule T) ☐

Amount  
(\$)

\$176.00

☒ Reimbursement  
from political  
contributions  
intended

Date

05/15/2009

Payee name

Worley

Payee address;

City; State; Zip Code

3217 North IH 35  
Austin, TX 78722

Purpose of expenditure (See instructions regarding type of information required.)  
Printing

(If travel outside of Texas, complete Schedule T) ☐

Amount  
(\$)

\$318.26

☒ Reimbursement  
from political  
contributions  
intended

**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 31/32**2** FILER NAME Riley, Chris**3** ACCOUNT # (Ethics Commission filers)  
00010009**4** Date

05/14/2009

**5** Payor name  
Arc360 Residential**6** Payor address; City; State; Zip Code  
360 Nueces Street  
Austin, TX 78701**8** Amount  
(\$)

\$300.00

**7** Reason for credit  
deposit return

**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' \*\***

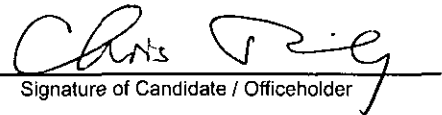
Page 32 of 32

**1 C/OH NAME** Riley, Chris**2 ACCOUNT # (Ethics Commission filers)**

00010009

**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.

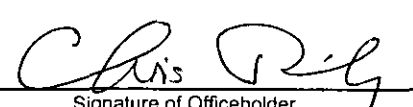
**B. ASSETS**

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, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

  
Signature of Officeholder