

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|   |   |   |                             |
|---|---|---|-----------------------------|
| The C/OH Instruction Guide explains how to complete this form.                                  |   | <b>1 ACCOUNT #</b><br>(Ethics Commission Filers)  | <b>2 Total pages filed:</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR: Ms.      FIRST: Patsy      MI: Woods<br>NICKNAME:      LAST: Martin      SUFFIX:   | <b>OFFICE USE ONLY</b><br>Date Received: 2014 JAN 15 PM 4 44<br>Date Hand-delivered or Postmarked:      RECEIVED<br>Receipt #:      AMOUNT:      AUSTIN CITY CLERK<br>Date Processed:      4 44<br>Date Imaged: |                             |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> change of address | ADDRESS / PO BOX: PO Box 5543      APT / SUITE #:      CITY: Austin, TX      STATE:      ZIP CODE: 78763  |   |                             |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE: (512)      PHONE NUMBER: 633-3232      EXTENSION:  |   |                             |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR: Ms.      FIRST: Patsy      MI: Woods<br>NICKNAME:      LAST: Martin      SUFFIX:   |   |                             |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(residence or business)                                  | STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE:  |   |                             |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE: (512)      PHONE NUMBER: 633-3232      EXTENSION:  |   |                             |
| <b>9 REPORT TYPE</b>  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><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) |   |                             |
| <b>10 PERIOD COVERED</b>  | Month Day Year: 11 / 18 / 2013      THROUGH      Month Day Year: 12 / 31 / 2013   |   |                             |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month Day Year: 11 / 04 / 2014   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special  |                             |
| <b>12 OFFICE</b>  | OFFICE HELD (if any):   | <b>13 OFFICE SOUGHT (if known)</b><br>Mayor of Austin   |                             |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Patsy Woods Martin 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

|                         |   |           |
|-------------------------|---|-----------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ -0-    |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ -0-    |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ -0-    |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 50,375 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ -0-    |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ -0-    |

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Patsy Woods Martin  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Janet Rivera Signature of officer administering oath  
 Janet Rivera Printed name of officer administering oath  
 Notary Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |                           |
|---|---------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A: |
|---|---------------------------|

|  |  |
|--|--|
| 2 FILER NAME <b>Patsy Woods Martin</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|--|--|

|   |   |                               |  |
|---|---|-------------------------------|--|
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|   | 6 Contributor address; City; State; Zip Code                                      |                               |  |
| (If travel outside of Texas, complete Schedule T) |   |                               |  |

|   |                                |
|---|--------------------------------|
| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|--------------------------------|

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

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

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

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

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

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

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

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

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

2 FILER NAME Patsy Woods Martin 3 ACCOUNT # (Ethics Commission Filers)

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

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

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

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

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

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

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

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

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

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

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

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

*Patsy Woods Martin*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender                       out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y    N

8 Lender address;    City;    State;    Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral  
 none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION  
 not applicable

17 Name of guarantor  
  
18 Guarantor address;    City;    State;    Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender                       out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial institution?  
Y    N

Lender address;    City;    State;    Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
 none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
  
Guarantor address;    City;    State;    Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                           |  |  |
|---------------------------|--|--|
| 1 Total pages Schedule F: | 2 FILER NAME <b>Patsy Woods Martin</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                           |   |  |
|---------------------------|---|--|
| 1 Total pages Schedule G: | 2 FILER NAME<br><i>Patsy Woods Martin</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

|                           |  |
|---------------------------|--|
| 4 Date<br><i>11-20-13</i> | 5 Payee name<br><i>Thompson &amp; Knight LLP</i> |
|---------------------------|--|

|  |   |
|--|---|
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$2,500</i> | 7 Payee address; City: State: Zip Code<br><i>98 San Jacinto, Ste 1900, Austin, TX 78701</i> |
|--|---|

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

|                         |   |
|-------------------------|---|
| Date<br><i>11-22-13</i> | Payee name<br><i>Gragert Jones Research</i> |
|-------------------------|---|

|  |   |
|--|---|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$2,500</i> | Payee address; City: State: Zip Code<br><i>222 W. Ontario, Ste 500 Chicago, IL. 60654</i> |
|--|---|

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

|                        |  |
|------------------------|--|
| Date<br><i>12-4-13</i> | Payee name<br><i>Baselice &amp; Associates</i> |
|------------------------|--|

|   |  |
|---|--|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$41,675</i> | Payee address; City: State: Zip Code<br><i>4131 Spicewood Springs Rd., Austin, TX. 78759</i> |
|---|--|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Date<br><i>12-20-13</i> | Payee name<br><i>GNI Strategies</i> |
|-------------------------|-------------------------------------|

|  |  |
|--|--|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$3,700</i> | Payee address; City: State: Zip Code<br><i>902 E. 5th, Ste 205, Austin, TX 78702</i> |
|--|--|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**EXEMPTION STATEMENT**

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

2014 JAN 16 PM 3 22  
AUSTIN CITY CLERK  
RECEIVED

**NAME OF CANDIDATE OR COMMITTEE:**

Martin, Patsy Woods  
(Last) (First) (Middle)

**ADDRESS:** 3003-C W. 35<sup>TH</sup>, Austin, TX. 78703

**DATE OF FILING:** January 15<sup>TH</sup> 2014

**STATEMENT**

I/we, Patsy Woods Martin (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of November 18, 2013 through December 31, 2013. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.

Patsy Woods Martin  
Signed by Candidate or Campaign Committee

1/15/14  
Date

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