# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

		···	
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST	MI E SUFFIX	Date Received USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	Ed English  ADDRESS / POBOX; APT / SUITE#; CITY;  12704 EUROPA LN, AUSTIN,	STATE: ZIPCODE	Date Hand-delivered or Postfield kelt
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 835-0000	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  NIR. Edwin  NICKNAME LAST  Ed English	MI E SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	Ed English  STREET ADDRESS (NO POBOX PLEASE): APT/SUITE#:  12704 EUROPA LANE, AU.		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 835-0000	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 fimit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Morith Day Year  2 / 12 / 14  THROUGH	Month Day 4 /30 /	Year 14
11 ELECTION	ELECTION DATE Month Day Year    1	Runoff V	General Special
12 OFFICE	OFFICE HELD (d any)	Austin City C	Pouncil-District 7
	GO TO PA	GE 2	

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

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

		· · · · · · · · · · · · · · · · · · ·			
14 C/OH NAME Ed	Win E.	English	5 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	16 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE POLITICAL CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE	COMMITTEE NAME			
•	GENERAL	· · · · · · · · · · · · · · · · · · ·			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	s -o-		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3245.00		
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	* - 0 -		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4452.93		
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 10,595.69		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 10,000.00		
18 AFFIDAVIT					
	BRADLEY C LUT Notary Public STATE OF TEXA	is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by		
N VANAMEN	Comm. Exp. 6-2	N	h		
To an area or a construction of the constructi	<del>&gt;&gt;&gt;</del>	Signature d/Candi	idate or Officeholder		
AFFIX NOTARY STAM					
Sworn to and subs	scribed before r	ne, by the said Foliain English	, this the		
day	of July	, 20 <u>17</u> , to certify which, witness m	y hand and seal of office.		
		Brodley (Lutt	Notary Public		
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering path		

### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A:
2 FILER NAME		<del></del> .	3 ACCOUNT # (E	thics Commission Filers)
	Edwin E. English		(-	,
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
5/9/14	TAMES AllEN 6 Contributor address; City; State; Zip Code		200.00	
	11405 Dosshills Dr. Austin	Tx 78750	(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	··· <del>-</del> ··
· · · · · · · · · · · · · · · · · · ·	N/A	Ke+i @	Ed	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/9/14	My RA BARIN Contributor address; City; State; Zip Code		350.00	
	1804 EHON LN, AUSTIN, T	× 78103	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		reale, complete considere
PROPER.	ty Management	ERB	LNC.	
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution
5/10/14	ARTHUR Olbert Contributor address; City; State; Zip Code		350.00	description (if applicable)
į	1601 P. L. L. A. T. A. T.	70-02		
Principal occur	1906 RALEIGH AVE, AUSTIN	Employer (See I	(If travel outside	of Texas, complete Schedule T)
	2 RAMMER	FIEX SISI	nstructions)	
	<i></i>			
Date	Full name of contributor   out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/17/14	Robert DANNElley Contributor address; City; State; Zip Code		( <b>-</b> ,	
			350,00	
	232 Spuglass Rd, MCOVEEN	E4. TX 18123	(If travel outside o	of Texas, complete Schedule T)
Principal occup		Employer (See I		
	NIA	Retired		
Date	Full name of contributor   out-of-state PAC (ID#:	\ \	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
5/18/14	Contributor address; City; State; Zip Code		100.00	 
	udolo Bould-al y Auto Ti	70126		<u> </u>
Principal occur	11406 Boulder L. N. Hustin, TX pation / Job title (See Instructions)			of Texas, complete Schedule T)
r inicipal occup	N A	Employer (See II	1 '	
<del></del>	17-111	Ve 11106	<u>. C</u>	
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	AS NEEDED	

### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)	
E.	Juliu F Fuelish			
4 Date	JUIN E. ENGLISH  5 Full name of contributor Dout-of-state PAC(IDS:		7 Amount of	a lu kind santribution
7 546			contribution (\$)	8 In-kind contribution to description (if applicable)
-1.1.	Patrick Mc Donald			
5/13/14	6 Contributor address; City; State; Zip Code		5.00	] 
	1905 Chalk Rock Cove, Austin,	T4 78735	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	Quality Francis		contribution (\$)	description (if applicable)
5/16/14	Gobin English Contributor address; City; State; Zip Code			
3110117	Contributor address; City; State; Zip Code		5.00	
			7100	
	12704 EUROPA LN, AVSTIN, TY	19727		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	netructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution
5/19/14	RUBIN ENGLISH Contributor address; A City; State; Zip Code		contribution (\$)	description (if applicable)
~	Contributor address, ** City, State; Zip Code		5.00	
			~:•	<u> </u>
	12704 EUROPA LN, AUSTIN, T		······································	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor	)	Amount of	In-kind contribution
1 1	Howard Brunson		contribution (\$)	description (if applicable)
5/19/14	Contributor address; City; State; Zip Code			
	, 200, 2000		100.00	
ļ			,02,00	
<b> </b>	3600 LAS ColinAS, Austin, TX	78731	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		, semples conserved by
	N I A	KETIREC	}	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	DAVID DETAKE			¦
5/22/14	Contributor address; City; State; Zip Code		16.00	<u> </u>
			15.00	
1	5007 Co	70111	1	
Dringing!	5007 GANUMEDE, AUSTIN TY			of Texas, complete Schedule T)
гинара оссир	Paper: , 200 pric (266 lueringioue)	Employer (See I	nstructions)	
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### SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
,	Edwin E English			
4 Date	Edwin E. English  5 Full name of contributor Daut-of-state PAC(Da:_		7 Amount of	8 In-kind contribution
- Baic			contribution (\$)	description (if applicable)
1.1.1.	Debby McKnight			!
5/23/14	6 Contributor address; City; State; Zip Code			
			100.00	i
				1
	8003 Ash Valley Dr, Spring, T	7 77379	<u> </u>	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_		Amount of	In-kind contribution
	A Rodanie	;	contribution (\$)	description (if applicable)
5/21/14	BRIAN RODGERS			
9.4	Contributor address; City; State; Zip Code		350,00	
			000,00	
	was war kin Aut To	10102		
Principal accur	1112 W.9th St, Austin TY pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	tate development	Rodgers AN	a Reichle	= Two
		KUGGER JAN		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/22/14	HARRIET HARROW			Coonputer (ii applicatio)
5126117	Contributor address; City; State; Zip Code			
			100.00	t
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	' 
	8230 Summer Place Dr. Austin	TX 78759	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Knace home		contribution (\$)	description (if applicable)
5/25/14	Sherry Dueche Contributor address; City; State; Zip Code			i
21221.1	Contributor address; City; State; Zip Code			
			100.00	
	1210 OAKWOOD BIND, ROUND RUC	K. TX 78681		<u>                                     </u>
Principal occur	pation / Job title (See Instructions)	Employer (See )		of Texas, complete Schedule T)
	saudit / Cob and (Cob mondonalis)	Employer (occ )	nadaciona)	
Date	Full name of centributes		A	In this at a second second
Date	Full name of contributor out-of-state PAC (ID#:	ا رــــــــــا	Amount of contribution (\$)	In-kind contribution description (if applicable)
= 102 111	Helly YARK			
5/23/14	Contributor address; City; State; Zip Code		4	
			100.00	
				ı
	404 Kelly DR, Victoria, TX	77904	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
		<del></del>		

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P.O. Box 12070

### SCHEDULE A

		····		
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)	
F	durin F English			
4 Date	dwin E English  5 Full name of contributor □out-of-state PAC(ID#		7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
	Shelley Bueche  6 Contributor address; City; State; Zip Code			1
5/22/14	6 Contributor address; City; State; Zip Code		100.00	
, , , , , , , , , , , , , , , , , , , ,			100.00	
	210 1 0 100 0 KI HIDIO O 11 -	ا بيده مديا		
A Dringing age	210 LAVACA St. #1902, Austin, 7	14 78701		of Texas, complete Schedule T)
a Funcipal occup	pation / Job title (See Instructions)	• Employer (See I	nstructions)	
Data				
Date	Full name of contributor  out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
الما ساس	JASON LUNA			,
5/30/14	Contributor address; City; State; Zip Code		20 1	
			35,00	
		ا ا	į	
	9111 OSAGE VALLEY, SAN ANTONIO,	74 78251		of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11.	Bob McGoldrick		Contanodadir (c)	description (ii applicable)
6/2/14	Contributor address; City; State; Zip Code		_	
			50.00	1
	10303 TREASURE ISLAND, Austin	V. TX 78730	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution
	KAREN EASTERling		CONTIDUCTION (4)	description (if applicable)
6/5/14	Contributor address; City; State; Zip Code			
			350.00	
1			i	<u> </u>
	2711 W. Anderson LN, Austin, - pation / Job title (See Instructions)	TX 18757	(If travel outside o	of Texas, complete Schedule T)
OWNER- IN	SURANCE AGENCY; INSURANCE SALES	State 1	ARM	
Date	Full name of contributor   out-of-state PAC (ID#:		Amount of	In-kind contribution
, la lui	Edward Burke		contribution (\$)	description (if applicable)
6/3/14	Contributor address; City; State; Zip Code		1	
			100.00	
			, i	
	11311 Fickfair DR Austin, TX	18150	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		
		<del></del> -		

P.O. Box 12070

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
EY	WIN E English			
4 Date	win E English  5 Full name of contributor   Dout-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
6/12/14	MARTY Schoen  6 Contributor address; City; State; Zip Code		60.00	
	12707 EUROPA LN, AUSTIN, TY	78727	(If travel outside o	f Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	<del></del>	,
	1.0.00			
Date	Full name of contributor   out-of-state PAC (ID#:_		Amount of	In-kind contribution
, ,	Vielly Butler		contribution (\$)	description (if applicable)
6/19/14	Contributor address; City; State; Zip Code			
			100.00	
	Bear Min . A	10757		
Principal occur	8504 Millway, Austin, TY -	Employer (See I		of Texas, complete Schedule T)
· mapar oods	addition by	Employer (See )	nau dedonay	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
, ,	KAHF, CARbONE		contribution (\$)	description (if applicable)
6/17/14	Contributor address; City; State; Zip Code			]
			50.00	]
	22 1) 1/2/1/ 1/2 1/2	<b></b>		· 
Principal secur	2710 W. 49 /R St, Austin, TX	7973	•	of Texas, complete Schedule T)
Filiapai occup	raudit / 300 title (See Instructions)	Employer (See I	nstrucuons)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
	David Orshalich		contribution (\$)	description (if applicable)
6/17/14	Contributor address; City; State; Zip Code			
-	,		50.00	
	an and the A to the			
Principal occur	2710 W. 49/2 St, Austin, Tx	18131		of Texas, complete Schedule T)
Finiapai occup	www. , sop and foce instructions)	Employer (See I	astructions)	
Date	Full name of contributor out-of-state PAC (ID#:	,	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
6/19/14	OUS ANA HIEMAN  Contributor address; City; State; Zip Code		ا م	
W			25.00	
-		الميار		•
Dinai	2012 CASTIE VIEW DR. AUSTIN,			of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
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### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

			<u>.i.,</u>	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	redule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Edv	NIN E English			
4 Date	uin E English  5 Full name of contributor □out-of-state PAC (ID#:_	)	7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
1.1.	Ed HEIMlich			
6/19/14	6 Contributor address; City; State; Zip Code		50.00	
	8522 Woodstone DR, Austin	Tx 78757	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
·				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_		Amount of	In-kind contribution
, , ,	TOMAS ALEMAN		contribution (\$)	description (if applicable)
6/21/14	Contributor address; City; State; Zip Code			
			40.00	
	100000	, , , , , , , , , , , , , , , , , , ,		
Dein sie al	12705 EURODA LN, AUSTIN, Totalion / Job title (See Instructions)	¥ 18727	(If travel outside o	of Texas, complete Schedule T)
Principal occup	bation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
	<u> </u>		contribution (\$)	description (if applicable)
6/26/14	PATRICK MC DONALD  Contributor address; City; State; Zip Code			<u>'</u>
Q124111	Contributor address, City, State; Zip Code		5.00	' !
			~	] i
	1905 Chalk Rock Cove, Austin, Ty	178735	(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	·····	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
			CONTRIBUTION (\$)	description (ii applicable)
	Contributor address; City; State; Zip Code			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
			,	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City, State; Zip Code			<u> </u>
	Community address, Only, State, 21p Code			' 
				, ,
			(If travel outside o	] of Texas, ∞mplete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
		· · · · · · · · · · · · · · · · · · ·		

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
Fd	N E. English		
4			
	L OF UNITEMIZED LOANS:	\$ \$ <b>\$</b> \$ \$	\$
5 Date of loan		out-of-state PAC (ID#:	) 9 Loan Amount (\$)
5/5/14	Edwin E. English	<b></b>	# 3000.00
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y (N)	12704 EUROPA LN. Austin	Tx 78727-5131	11 Maturity date 12 /31 /14
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
	ıla	Retired	
14 Description of Col	lateral	15 Check if personal funds were	e deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor	<del></del>	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of fender	] out-of-state PAC (ID#:	Loan Amount (\$)
6/30/14	Edwin E. English		\$ 7000.00
Islender		Zip Code	Interest rate
a financial Institution?			-0-
Y N	a-de a and Addin	7, 70707 7.21	Maturity date
	12704 EURODA LN, AUSTIN on / Job title (See Instructions)	Employer (See Instructions)	12/31/14
.1	In		
Description of Call	/M ateral	Check if personal funds were	deposited into political account
none		M	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupat	on (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEE uction guide for additional rep	

P.O. Box 12070

<u></u>					
	EXPENDITURE	CATEGORIES FO	R BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contra		oan Repayment/Rei	mbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising			ment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donatio	
Event Expense Fees	Polling Expense	Travel Out Of District			older/Political Committee
rees	Printing Expense	Office Overhead/Rent	•		gory not listed above)
	The Instruction Guide	explains how to con	npiete this form	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
4	Edwin E. En	alish			
4 Date	5 Payee name	<del></del>			
5/5/1	Austin Hour CA	0.16			
6 Amount (\$)		にひつ ate; Zip Code	<del></del>	<del></del>	
o Allount (9)	r ayee audices, City, Sti	are, Zip Code			
	<u> </u>				
91.47	TAIN BURNET KI	Ances	TX 787:	57	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)		travel outside of Texas,	complete Schedute T
OF	( Coo categoriae maied at the tol	(D	, cescription (II	HATEL VALSIUS OF 18XES,	oumprote suredute 1)
EXPENDITURE	PRINTING EXPENSI		BUSINE	ss CARds	
9 Complete ONLY if direct	Candidate / Office holder name	¥ 1	Office sought	MUJ	Office held
expenditure to benefit C/C			Since sought		Smed neid
			<u>.</u>		
Date	Payee name				
5/5/14	Ace Printing				
Amount (\$)	Payee address: Ctv St	ate; Zip Code			
		, <b></b> p =000			
			_		
314.68	7807 DONCASTE	R. Hustin.	Tx 78-	145	
PURPOSE	Category (See categories listed at the top		· · · · · · · · · · · · · · · · · · ·	travel outside of Texas,	complete Schedule T
OF		, c. tille actionatio)	>escription (ii	HATEL CUIDING OF TEXES,	rombiers acrisorie ()
EXPENDITURE	PRINTING EXPENSE	:	YARA 4	iank	
Complete ONLY if direct	Candidate Officeholder name		Office sought	2	Office held
expenditure to benefit C/C	н		<b>5</b>		<u>, —</u>
Date / / .	Payee name				
516/14	COM Modia				
Amount (\$)	Payee address; City; Sta	ate; Zip Code		- · · · · · · · · · · · · · · · · · · ·	
		, ,		,	
	, a	•			
443.02	919 CONGRESS #250.	Austin -	TY 191	01	
PURPOSE	Category (See categories listed at the top	of this achedule)	Description (f	travel outside of Texas,	complete Schedule T)
OF	, , , , , , , , , , , , , , , , , , , ,	·   .			·
EXPENDITURE	SNARTES/WAGES/CONT	ract Laborle	RSOUNT ASS	t. And Camp	aign Infrastucture
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	н		-		
D-1-	<b>B</b>				
Date / L	Payee name	. 1			
5/9/14	WATERIOD Ice	HOUSE			
Amount (\$)	Payee address; City; Sta	ate; Zip Code			·· ·· ··
110	a. 0	、 <i>)</i>			
15.80	8600 BURNEY Rd. W	Hustin TX	18157		
PURPOSE	Category (See categories listed at the top	of this schedule)		fravel outside of Texas,	complete Schedule T)
OF	_				<b>b</b> .
EXPENDITURE	Event Expense		AMPAIGN	Kickoft	Food
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C	ЭН				}
<del> </del>	ATTACH ADDITIONAL O	ODIES OF THIS SOL	JEDIU E ACAS	EDED	
	ATTACH ADDITIONAL C	ories or This SCF	TEDULE AS NI	EUEU	i

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ntract Labor	Loan Repayment/Re	imbursement
Accounting/Banking	Legal Services	Solicitation/Fundrai	sing Expense	Transportation Equip	ment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	-:-4	Contributions/Donation	ons Made By iolder/Political Committee
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Distr Office Overhead/R			gory not listed above)
	The Instruction Guide		•	•	sgory flot itsted above)
1 Total pages Schedule F:	2 FILER NAME		<del></del>	3 ACCOUNT #	(Ethics Commission Filers)
4	Edwin E. Engl	ich			(,
4 Date	5 Payee name		<del></del>		<del>-</del>
5/9/11	11 ( Parala) Z	e frice			
6 Amount (\$)	7 Payee address: City: St	ate: Zip Code			<u>-</u>
	1000 13 0 11 0	Λ		۸ سه	
77.00	1822 W. BRAKER				
8 PURPOSE OF	(a) Category (See categories listed at the to	o of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
EXPENDITURE	FEE		4.0. k	box fee	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough		Office held
expenditure to benefit C/O	н				
Date ,	Payee name		<del> </del>		
5/20/14					ŀ
Amount (\$)		ate; Zip Code			
		, - <b>,</b>			:
2		. Δ.	. ر .	0	
31.03	1601 W. PARMER				
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
EXPENDITURE	Accounting Banki		Chank	printing to	
Complete ONLY if direct	Candidate / Officeholder name	n g	Office sough	DRINAING -41	Office held
expenditure to benefit C/O		<i>C</i>	Cimos soug.		Cinco tiala
Date _ / _ / _	Payee name				
5/25/14	Payee address; City; St	gits		<del></del>	
Amount (\$)	Payee address; City; St	£fe; Zip Code			-
1000.00	1802 ANN ARbo	R. Austin	, 45 7	8704	
PURPOSE	Category (See categories listed at the top		<del></del>	(If travel outside of Texas,	complete Schedule T)
OF	D.	,	$\alpha$		,
EXPENDITURE	PRINTING EXDENS	i€	Tush o	CARds	
Complete ONLY if direct	Candidate / Officeholder name		Office sough	ht	Office held
expenditure to benefit C/O	n C			<u> </u>	
Date	Payee name			· · · <u> · · · · · · · · · · · · ·</u>	
5/27/14	COM MEdia				
Amount (\$)	Payee address; City; Str	ate; Zip Code		<del></del>	· <del>-</del>
•	, ,	. •			
0 45				c) ·	
250,56	919 CONGRESS # 2	50, Hust		78701	
PURPOSE OF	Category (See categories listed at the top	of this schedule)		(If travel outside of Texas,	complete Schedule T)
EXPENDITURE	Salaries Wages Contr	act Labor 1	PERSONAl A.	64. And Campa	ON INTRASTRUCTURE
Complete ONLY if direct	Candidate / Office holder name	<u></u>	Office sough		Office held
expenditure to benefit C/C	эн		_		
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS	NEEDED	

P.O. Box 12070

	<del></del>	<del></del>		
	EXPENDITUR	E CATEGORIES F	OR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor		oan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundrais		ransportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Distri		Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re		THER (enter a category not listed above)
, , , ,	•			· • • • • • • • • • • • • • • • • • • •
	The Instruction Guid	ie explains now to c	omplete this form	l•
1 Total pages Schedule F:	2 FILER NAME	<del>.</del>	·	3 ACCOUNT # (Ethics Commission Filers)
4		leas.		
4 -	Edwin E. Eng	<u>115Y1                                  </u>		
4 Date	5 Payee name	•		
5/31/14	1 Par Dal			
	7 Payee address; City; S			· · · · · · · · · · · · · · · · · · ·
6 Amount (\$)	/ Payee/address, City; S	itate; Zip Code		
0 2 4	00000	/ -		_
8.07	2211 N. FIRS+ St.	JAN LOSE	CA 95	131
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description (f	travel outside of Texas, complete Schedule T)
OF		,		,
EXPENDITURE	Fee		Zeeu:	a shaear
····			~ E FAIC	C Charge Office held
9 Complete ONLY if direct	Candidate / Officeholder name	e	Office sought	C Office held
expenditure to benefit C/OH				
Date ,	Payee name			
6/3/14	COM Media			
Amount (\$)		State; Zip Code		
Amount (\$)	Payee address, City, S	state, Zip Code		
	•			
0.0	ا ملا ما	Λ		_
227.22	1919 CONGRESS # 25	O. Hustin.	14 7870	{
PURPOSE	919 CongRESS #25	op of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF	J ,		_	
EXPENDITURE	SALARTES/WAGES CONFA	C+ LABOR	Pressun I Alex	+. And Compaign Infrastructure
Complete ONLY if direct	Candidate / Officeholder name	C I MANOON I	Office sought	Office hold
expenditure to benefit C/C		•	Omco sought	Onice field
	·			
Date	Payee name		<del></del>	
	1 (7)			i
6/12/14	10K-E-705			
Amount (\$)	Payee address; City; S	tate; Zip Code		:
	1	•		
		_		
21.87	2121 W. PARMER	$A \sim A \sim 10^{-6}$	TJ 707	2 77
	NINI W, IHRITER	rn, Hustin	14 101	27 travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description (it	travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Ĭ	•	
	EVENT EXPENSE	<u> </u>	WEA VM	d Greet Food
Complete <u>QNLY</u> if direct	Candidate / Officeholder name	e	Office sought	Office held
expenditure to benefit C/C	OH .			
Date ,	Payee name			
6/18/14	FACE BOOK			
				<del></del>
Amount (\$)	Payee address; City; S	tate; Zip Code		
		. A . A		<u>,</u> ,
25.24	1601 Willow Kon	id. New Y	ack CAC	14025
PURPOSE	Category (See categories listed at the to			travel outside of Texas, complete Schedule T)
OF	Ι Δ.		<b>, (</b> '	
EXPENDITURE	Adding diame En as	: 6=	FACELLA	K DAGE DROMOTION
	Candidate / Office product name	- 1	PACE boo Office sought	H PRAC DECLICATION
Complete ONLY if direct		9	Omce sought	← Uπice held
expenditure to benefit C/	Un			<b>\</b>
	<del> </del>	<del></del>		
	ATTACH ADDITIONAL (	CUDIES VE THIS S	CMEDINE ve ru	EENEN '

P.O. Box 12070

	EXPENDITURE	CATEGORIES FO	R BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement			Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundraising	g Expense Tran	sportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Travel In District		tributions/Donations Made By	
Event Expense Fees	Polling Expense	Travel Out Of District		Candidate/Officeholder/Political Committee	
rees	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	explains now to con	Aprete dila lotti.	3 ACCOUNT # (Ethics Commission Filers)	
4		1-71-		3 ACCOUNT # (Euros Commission Frenc)	
4 Date	5 Payee name	<u> 115 m</u>			
4/0/11	Office Deput				
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code		·	
· · · · · · · · · · · · · · · · · · ·	1 / 1,400 100,000; Oity, Oit	, <b></b>			
V 40	$A \rightarrow A$	Δ.			
16.22		<del></del>	in, Ty 76		
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b)	) Description (If trav	rel outside of Texas, complete Schedule T)	
EXPENDITURE	Other-office s	unalies	Receipt b	ook s	
9 Complete ONLY if direct	Candidate / Officeholder name	- <del>/ / / / / / / / / / / / / / / / / / /</del>	Office sought	Office held	
expenditure to benefit C/O	Н				
Date .	Payee name		<del></del>		
la la lus	WATER 100 ICE	11000			
Amount (\$)		rte: Zip Code	<u> </u>		
(4)	5.0y, 5.0	, <u>_</u> p			
	n. 1 . 1		, .	_	
62.58	8600 BURNET K		TX 1015	7	
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If Irav	rel outside of Texas, complete Schedule T)	
EXPENDITURE	Fugura Eu Guide		March And	GLEET FOOD	
Complete ONLY if direct	EVENT EX DEN SE  Candidate / Officeholder name		Office sought	Office held	
expenditure to benefit C/O					
D-4-	D-v				
Date /	Payee name				
6124114	FACEBOOK				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
		^			
46.99	MOOL Willow Rd. 1	Menlo Park.	CA 9402	~	
PURPOSE	Category (See categories listed at the top	of this schedule)		el outside of Texas, complete Schedule T)	
OF EXPENDITURE	N1 . 11		٠, , ,		
	Advertising Exper	) SE	FACE book	ANDE DEDWOTION	
Complete ONLY if direct Candidate / Office bolder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
6/29/14	FACEBOOK				
Amount (\$)	Payee address; City; Star	te; Zip Code			
23.49	1601 Willow Bo	ad Marila	PARK, CAG	74n25	
PURPOSE	Category (See categories listed at the top			el outside of Texas, complete Schedule T)	
OF	•	·			
EXPENDITURE	Candidate / Officeriolder name	15E   F		age Opomotion	
Complete ONLY if direct	Candidate / Office folder name		Office sought	Office held	
expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

P.O. Box 12070

### SCHEDULE G

	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement				
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By				
Event Expense	Polling Expense Travel Out Of Dist	rict Candidate/Officeholder/Political Committee			
Fees	Printing Expense Office Overhead/R	,			
	The Instruction Guide explains how to	· · · · · · · · · · · · · · · · · · ·			
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
<u> </u>	Edwin E. English				
4 Date	5 Payee name				
4/4/14	COM Media				
6 Amount (\$) 412.56	7 Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	919 Congress #250, Austin Th 78701				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (if travel outside of Texas, complete Schedule T)				
EXPENDITURE	60000 111000 10000 1000	0. 10.4.10. TD.			
	SALACIES / WAZES / CONTEACT LABOR	PERSONA   ASST. AND CAMPAIGN LN-TRASTRUCTURE			
Date	Payee name				
419 14	The Bumper Sticker Payee address; City; State; Zip Code				
Amount (\$)	Payee address; City; State; Zip Code				
123.41					
Reimbursement from political contributions					
intended	612 W. 34th, Austin, Tx 18705				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	Printing Expense	Stickers			
Date	Payee name				
41-13	1				
4   11   14 Amount (\$)	Hustin Java				
31.55	Payee address; City; State; Zip Code				
Reimbursement from					
,	301 W. 2nd. Austin Tx	79701			
Reimbursement from political contributions intended	301 W. 2Nd, Austin, TY Category (See categories listed at the top of this schedule)	7970   Description (If travel outside of Texas, complete Schedule T)			
Reimbursement from political contributions brianded		The state of the s			
Reimbursement from political contributions inflanded  PURPOSE  OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Reimbursement from political confributions intended  PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Food /Bevelage	Description (If travel outside of Texas, complete Schedule T)			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Food /Bevelage	Description (If travel outside of Texas, complete Schedule T)			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date  4/11/14  Amount (\$)	Category (See categories listed at the top of this schedule)  Food Beverage  Payee name  Office Depot  Payee address; City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T)  LUNCK FOR STATE			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date  4/11/14  Amount (\$)  I Q 4/1  Reimbursement from political contributions intended  PURPOSE	Category (See categories listed at the top of this schedule)  Food /Beverage  Payee name  Office Depot  Payee address; City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T)  LUNCK FOR STATE			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date  4/11/14  Arnount (\$) 19.47  Reimbursement from political contributions intended	Category (See categories listed at the top of this schedule)  Food Beverage  Payee name  Office Depot  Payee address; City; State; Zip Code  4501 W. Braker Ln, Aug  Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  LUNCK FOR SHAFF  SHIW, TY 787.59  Description (If travel outside of Texas, complete Schedule T)			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date  4/11/14  Amount (\$)  19.47  Reimbursement from political contributions intended  PURPOSE OF	Category (See categories listed at the top of this schedule)  Food Beverage  Payee name  Office Depot  Payee address; City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T)  LUNCK for Staff  Stin, Ty 78759  Description (If travel outside of Texas, complete Schedule T)  City Wide District Map			

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

P.O. Box 12070

### SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	oan Repayment/Reimbursement			
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense			Transportation Equipment & Related Expense Contributions/Donations Made By		
Event Expense	Polling Expense	Travel Out Of Distr	ict	Candidate/Officeholder/Political Committee		
Fees	Printing Expense The Instruction Guide	Office Overhead/Re		OTHER (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME	———		3 ACCOUNT # (Ethics Commission Filers)		
7		. l.		(211100 03111110013111111013)		
4 Date	5 Payee name					
4/18/14	COM Nledia					
6 Amount (\$) /013.04	7 Payee address; City; State; Zip Code					
Reimbursement from political contributions intended	919 CONSRESS#250, AUSTIN, TX 78701					
8 PURPOSE	919 Cons 6555 #250,	<del></del>		f travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	,	·	` `	, ,		
EAPERDITURE	SALARIES/WAGES/CONTRACT	LABOR	PERSONAL ASS	t, Aud Campaign Infrastructure		
Date	Payee name	, · - <u>,</u> · -	······			
4/28/14	TEXANS FOR ACCOUNT	NTABLE GO	vernment	_		
Amount (\$)	Payee address; City; State; Zip Code					
10.00						
Reimbursement from political contributions						
intended	1306 BARONETS TO	eail Husti	N. TT 78	153		
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (	f travel outside of Texas, complete Schedule T)		
EXPENDITURE	DONATION MADE by CA	nd; date	Donat	rion		
Date	Payee name					
5/2/14	BURN+ ORANGE	Bennet				
Amount (\$)	BURN+ ORANGE Payee address; City; Sta	ate; Zip Code				
25.00						
Reimbursement from political contributions intended	501 N. IH-35, F	Justin TX	78702			
PURPOSE	Category (See categories listed at the top	•		f travel outside of Texas, comptete Schedule T)		
OF EXPENDITURE	Donation made by CA	ndida <del>de</del>	Ticket-tof	INNIVERSARY EVENT		
Date	Payee name	<del>- , , , , , , , , , , , , , , , , , , ,</del>		C		
5/8/14	VER' ZON					
Amount (\$) 27.56	Payee address; City; Sta	ite; Zip Code				
Reimbursement from political contributions			S			
intended	140 West St, New		YORK 1	0007		
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (	f travel outside of Texas, complete Schedule T)		
EXPENDITURE	FEE		CEIL PH	ONE MINUTES		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a)  Giff/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this for		ntract Labor Loc ling Expense Ti Cc ct Intal Expense O	oan Repayment/Reimbursement ransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
1 total pages ochedule G.		, ,		3 ACCOONT # (Ethics Commission Filers)	
<u> </u>	Edwin E. Eng	lish			
4 Date	5 Payee name	<del>}</del>			
5/18/14	Bruce Elfant				
6 Amount (\$)  15.00	7 Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	5501 Airport Blud, Austin, Tt 78751				
8 PURPOSE OF	(a) Category (See categories listed at the top		(b) Description (if	travel outside of Texas, complete Schedule T)	
EXPENDITURE	DONATION made by CAL	didate	Ice Cre	am Social	
Date	Payee name				
5/28/14	Diaspora Vote				
Amount (\$) (00.00	Payee address; City; Sta	te; Zip Code			
Reimbursement from political contributions intended	916 Rochester Cas	He Wau. f	Alugervill	1=, Tx 78660	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (II	travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	FEE		DUES		
Date	Payee name				
Amount (\$)	Payee address; City; Sta	te: Zip Code			
Relimbursement from political contributions intended	-				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (II	fravel outside of Texas, complete Schedule T)	
OF EXPENDITURE					
Date	Payee name				
Amount (\$)	Payee address; City; Sta	te; Zip Code	•	<u>,, , , , , , , , , , , , , , , , , , ,</u>	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedula)	Description (II	travel outside of Texus, complete Schedule T)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					