CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

10,0						
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS AUDREY NICKNAME LAST "TINA" CANNON	MI C SUFFIX	OFFICE USE ONLY Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; 9100 MOWNTAIN REDGE #2. AUSTIN THE 78759 AREA CODE PHONE NUMBER		Date Hand-delivered Post Makes Receipt # P Anium Y C			
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	(512) 922 - 2511 MS/MRS/MR FIRST MR. RAPL NICKNAME LAST CALVO Z	MI 	Date Imaged O			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # 900 Congress Ave # 900 Austin 74 78701	·	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 814 - 6250	EXTENSION				
9 REPORT TYPE	January 15 30th day before election July 15 Bth day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year US / 68 / 2014 THROUGH	Month Day 94 / 30 /	Year 14			
11 ELECTION	Month Day Year ELECTION DATE North Day Year Primary	Runoff P	General Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Austin City (District 10	DUNCIL			
	GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	AUDREY "	TIMA" CAMMON	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN S S	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,716.66	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8,370.82	
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST RTING PERIOD	DAY \$ 2,738.54	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT	_		1	
		I swear, or affirm, under penalty of	of perjury, that the accompanying report	
			Il information required to be reported by	
Notar	SUSAN ANGELIS y Public, State of Te	me under Title 15, Election Code		
	Commission Expire			
Manning.	June 11, 2018			
		Signature of Car	ndidate or Officeholder	
AFFIX NOTARY STAME	P / SEAL ABOVE		,	
Sworn to and subs	cribed before r	ne, by the said AUCRES TINA	CANON, this the	
_ 10th day	1 Ath			
	A	values	my hand and sear or onice.	
Signature of officer admir	Angein and	SUSAN AUGUS Printed name of officer administering path	NotaryPublic	
- 0 :=:::::		. Titled harne of officer administrating pain	Title of officer administering oath	

SCHEDULE A

			. <u> </u>	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	AUDREY "TIMA" CANNON	-	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor 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 occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	-
Date	Full name of contributor out-of-state PAC (ID#_ NOTE: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/08	2620 VALPARANO LAS VEJAS I		700	
				f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_):	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/09	Contributor address; City; State; Zip Code 3361 CHenny Lave Austin To	c 787.3	350	•
				of Texas, complete Schedule T)
	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)
Sog	Contributor address; City; State; Zip Code 3301 Chang Land August	TE 71743	350	
Principal coour	pation /, Job title (See Instructions)			Texas, complete Schedule T)
Atoro		Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/18	Contributor address; City; State; Zip Code 1114 REAGN TENACE Au		\$ 210	
Principal occur	Pation / Job title (See Instructions)	7874/ Employer (See I	netructione\	f Texas, complete Schedule T)
	Honey	JACKSUL	WALKET L	LP

SCHEDULE A

				<u> </u>
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	AUDROY "TINA" CAMPOR		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/31	6 Contributor address; City; State; Zip Code PO BOX G ASPEN, CD 810	42-7407	1350	
O Deimeiro I				of Texas, complete Schedule T)
	pation / Job title (See Instructions) ルビいない	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/32	Contributor address; City; State; Zip Code		\$350	[
	PO BOX 6 Appal Co 81612-	-7407		
Principal occur	ordion / the title (Coe Instructions)	E		of Texas, complete Schedule T)
- micipal occuj	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Tim Sonnels		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/9	Contributor address; City; State; Zip Code 4767 OAK MD AWTIJ	T4 78731	5v	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See)	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/3	Contributor address; City; State; Zip Code 267 Stazy LAWE UNIT B		100	
	Arutis Tx. 7874		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) PMPEMY MS +	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/10	Contributor address: City: State: Zip Code 2111 DLD Hollw #907 Spensy Tx 77388	. ,	350	
<u></u>				of Texas, complete Schedule T)_
	ation / Job title (See Instructions) 219HT of Wry My	Employer (See I.		·

SCHEDULE A

			<u> </u>		
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:	
2	FILER NAME	Ausney "TINA" CAM	w.	3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	5/10	6 Contributor address; City; State; Zip Code 9201 Bross # 1703		\$ 25	
		AUSTIN TE 78748		(If travel outside	of Texas, complete Schedule T)
9	Principal occup	Pation / Job title (See Instructions)	10 Employer (See I	_	
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	sla	Contributor address; City; State; Zip Code Solf Barter		\$25	
		AUSTIN TY 78745			of Texas, complete Schedule T)
	Principal occup	cation / 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)
	5/12	Contributor address; City; State; Zip Code 8101 Reserved # 22.3		\$ 310	
		THE WOODLANDS TO 77382		(If travel outside	of Texas, complete Schedule T)
	Principal occur	Pation / Job title (See Instructions) Aom IN	Employer (See I		
	Date	Full name of contributor out-of-state PAC (ID#_ TIME 7/14 TUGGEY Contributor address; City; State, Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/12	1209 CONETA St-		\$ 350	
		Austin 74 78721			of Texas, complete Schedule T)
	Principal occup	PARTNEY	TUGGEY	•	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	5/12	Contributor address; City; State; Zip Code 7887 TAATL of M ADMINED		\$350	
	Principal occur	AUSTIN 7 78746 Pation / Job title (See Instructions)	Employer (See Id		of Texas, complete Schedule T)
		Attorney	Tusje		
		,	,	•	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	AUSRA "TINA" CAN 5 Full name of contributorout-of-state PAC (ID#:_	n	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/12	6 Contributor address; City; State; Zip Code 2711 BARTON # 1013 Austin 74 78735		\$25	 -
9 Principal occu	pation / Job title (See Instructions) VICE PAESIOE AT	10 Employes (See	Instructions)	of Texas, complete Schedule T)
		ו זעקיי ול	<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
5/13	1604 RANDOLF RIDGE Trail		F/00	
	AUTIN TE 78746		(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
	Horney	KERAIL ME	NOT	·
Date	Full name of contributor		Amount of	In-kind contribution
	Sylvia NEWMAN		contribution (\$)	description (if applicable)
. 1	Contributor address; City; State; Zip Code			!
5/13	9405 Lyttwoon		\$50	t
	AUSTIN TO FETHER		(If traval nutside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scrientie 17
,	unumplayes			
Date	Full name of contributor Out-of-state PAC (ID#	1	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	FIGHTITA WADE			
5/16	Contributor address; City; State; Zip Code		8350	
2/13	ACATHA WADE Contributor address; City; State; Zip Code 5343 FLEDELL CUBING RJ		ן ינכי	
	Son Antonio Tx 71739			
Dringing occur	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	of Texas, complete Schedule T)
Fillicipal occup	Afformer			102 LLP
				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	CHRUE MAHEWS Contributor address; City; State; Zip Code		, , ,	, , , , , , , , , , , , , , , , , , , ,
- 1-			\$-7-	
3/17	7529 HARLOW		2,	
•	AUTIN TY 78739		I	
	/ 			f Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See II	A	
	LOUNDER	LIEBU IN	MITURT	
				İ
	ATTACH ADDITIONAL COPIES O	FTHIS SCHEDULE	AS NEEDED	
If c	ontributor is out-of-state PAC, please see instru	uction guide foradd	itional reporting	requirements.

SCHEDULE A

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	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	redule A:
2	FILER NAME	Ausney "Tima" Cam	on	3 ACCOUNT # (E	Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	5/17	RAUL RODIGUEZ 6 Contributor address; City; State; Zip Code 101 W Eagle		\$ 350	1
		THE HILLS TX 78735		(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor out-of-state PAC (ID#: Mont of REDA)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	5/17	Contributor address; City; State; Zip Code 12812 APPHIOLSA CLASE		\$ 350	
		AUTTIN 74 78732		(If travel outside o	of Texas, complete Schedule T)
	Principal occur	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)
	5/17	Contributor address; City; State; Zip Code 12812 Appril 2014 CHASE		4350	<u> </u>
		AUSTIN TX 78732		(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See)	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	5/18	Contributor address; City; State; Zip Cdde 8714 Towawa		\$50	,
		AUSTIN TY 78734		(If travel outside o	of Texas, complete Schedule T)
		Option / Job title (See Instructions)	Employer (See I	nstructions)	
_	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	5/18	Contributor address; City; State; Zip Code		\$50	
		AUSTIN 74 78736		/If trough putpide a	of Toyon complete Schoolule To
	Principal occup	pation / Job title (See Instructions) In Estate Bruker	Employer (See II		of Texas, complete Schedule T)

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Ausray "Tira" Cana	or.	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/21	6 Contributor address; City; State; Zip Code 16 417 BADAPBAY		9/00] }
	AUSTIN TK 78717		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	Software Consultant	10 Employer (See	nstructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
5/22	SAMANTHA NEFLYAM Contributor address; City: State; Zip Code 2402 HAVENSIDES &.		contribution (\$)	description (if applicable)
	Austin Tr 78704			1
Dein eine tenen		<u> </u>		of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions) CONSULTANT	Employer (See i	nstructions) 4 SEANC	:= ₹
		-71-5-7	7 ILVIC	<u>دع </u>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Susan Angelis		(0)	Cooking to the cookin
l _	Contributor address; City; State; Zip Code 4875 DAVIS LAWE #1913		٧_	1
5/24			450	
	Austen 74 78749	٠	(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
	HOMIN	14666	y CALVOZ	LLP
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	CHARLES JORDON		contribution (\$)	description (if applicable)
5/25	Contributor address; City: State: Zip Code		٠.	
7/21	1662 BALMON		\$25	
	ROUND ROLL TX 78664			
Principal occur	pation / Job title (See Instructions)	Franks as /Co. 1		of Texas, complete Schedule T)
Fincipal occup	Afranti	Employer (See I	nstructions)	
		Т		
Date	Full name of contributor out-of-state PAC (ID# MICHAR WITBACK)	Amount of contribution (\$)	In-kind contribution description (if applicable)
-1	Contributor address; City; State; Zip Code	,	ا	
5/29	3911 WALNUT		A 25	
	AUSTIN TY 78731		(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Comp	uter Scientist	cycoep 11	v C	
	ATTACU ADDITIONAL CODING		40 MESOS	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sci	hedule A:
2 FILER NAME	^		3 ACCOUNT # (E	Ethics Commission Filers)
	Ausney "Tima" Can	100		
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
ام	RICK HOLMSERC		contribution (\$)	description (if applicable)
5/29	6 Contributor address; City; State; Zip Code		d	
	6 Contributor address; City; State; Zip Code 7462 GATESH		9/50	
	Austin TR 78745	•	/If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		or rexus, complete ochedole 1)
	<u> </u>	SOLAR	2001	
Date	Full name of contributor)	Amount of	In-kind contribution
	CLAUDE BAUDOIN		contribution (\$)	description (if applicable)
5/30	Contributor address; City, State, Zip Code		a	
	7118 LAS VENTANAS		\$100	·
	AUSTIN TK 7873			
Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)
	ow NA-	Employer (See I	nstructions) E IT	
Date	Full name of contributor out-of-state PAC (ID#:_	1	Amount of	In-kind contribution
•	Kimstery Norton Contributor address; City; State; Zip Code 162 Coyate (ANT		contribution (\$)	description (if applicable)
5/3/	Contributor address: City; State; Zip Code		\$	
			725	
	LASVELAS NV 89012		(If travel outside o	 of Texas, complete Schedule T)
Principal occup	Pation / Job title (See Instructions)	Employer (See I	nstructions)	
		REFUSII	e SENVIL	<u>F3</u>
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	MANCY LUNSFOLD			description (ii applicable)
6/2	Contributor address; City; State; Zip Code		ا	
	7503 MEA		8/00	
	AMTN 74 78731		, , , , , , , , , , , , , , , , , , ,	
Principal occup	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
	Paines		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Brigette DUNLAP		contribution (\$)	description (if applicable)
1/2	Contributor address; City: State: Zip Code		a l	
01-	507 Calles # 109		9 350	
	Austin 76 78702		i	
Principal necus:	ation / Job title (See Instructions)			f Texas, complete Schedule T)
· ·····spar occopi	SMAN BIY OWNER	Employer (See Ir		
			• -	

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 15
2 FILER NAME	Ausrey "TINA" Car	1101	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_AIDAN POVEDAN)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/2	6 Contributor address; City; State; Zip Code 1900 NEWTON ST # A		100	
	AUSTIN TK 78704		(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions) タルドーエルル部でル	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Lotta Smacu a	j	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2	Contributor address; City; State; Zip Code		\$100	
	Aurin 74		(If travel outside o	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions) MIUTAM	Employer (See)	Instructions) MY MITION	u Guans
Date /	Full name of contributor oul-of-state PAC (ID#_ OAMILLE GAINES)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2	CAMILLE GAINES Contributor address; City; State: Zip Code 8004 Long Cyn		\$100	<u> </u>
	AUSTIN TY 78730		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) MANKETING	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: PHILIS WuGHT)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2	Contributor address; City: State: Zip Code 37 15 S. (17 #577		\$25	
	Austin To 78704		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) FINANCE	Employer (See I	•	
Date	Full name of contributor out-of-state PAC (1D#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4 /3	Contributor address; City: State; Zip Code 3711 WILLIAM AENN SAN ANTONIO TY 7+230		35%	
Principal occur	patign, / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	Afficus	LGBS U	•	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

SCHEDULE A

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	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME	AUSREM "TINA" CANNO	٠,٨	3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6/4	HANNEY FING 6 Contributor address; City; State; Zip Code 14 PASCAL		350	
	•	AUSTIN TE 78746		(If travel outside	 of Texas, complete Schedule T)
9	Principal occu	pation / Job title (See Instructions) THE TOWN	10 Employer (See SEL F	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	1	Leslie Stran		contribution (\$)	description (if applicable)
	6/10	Contributor address; City; State; Zip Code		a	
	1.	208117 BELEA		\$ 25	1
		Pflugerville 7 78660			of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) CEO	City BeBC	nstructions)	
	Date	Full name of contributor		Amount of	In-kind contribution
u	6/11	Paymond Pooriguet Contributor address; City, State; Zip Code	: 	contribution (\$)	description (if applicable)
		221 LOUISIMENT AVE			
		Corpus Character Tre 78404			of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) INVESTMENT ADVISUR	Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	6//	Contributor address City; State; Zip Code 771 LOW STANA AVE		\$350	
	/	Corpus Charsto # 78404		(If travel outside	of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See I		
	Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	,	MASS Mc Counsek		COMMEDIATION (C)	. description (ii applicable)
	6/11	Contributor address; City; State; Zip Code 2104 ELTON LN		£350	
	ſ	AUSTIN 74 78713		-	!
_	<u> </u>				of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) VP DEVELOPMENT	Employer (See I	nstructiong) EEK HUME	2
		AL MERCOLINGIAL	/ / / / / / / /	00,000	·

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

	<u> </u>			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Ausrey "TiNA" CAM	~	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/12	6 Contributor address; City; State; Zip Code 2369 FALCON		450	
	Austin TX 78745		(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 contribution (\$)	In-kind contribution description (if applicable)
4/14	TEXAS DEMOCRATIC PALTY Contributor address; City; State; Zip Code 4818 E. BEN WHITE # 104		, ,	VAN ACCESS
4/14	Austin TR 787			of Toyon complete School to Ti
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/17	NICK TERZO Contributor address; City; State; Zip Code San Francis CA 94107		\$100	
	277 GOLDEN GATE AVE #3	×5	(If travel outside of	of Texas, complete Schedule T)
Principal occup	CONSULTANT	Employer (See I	nstructions)	
Date /	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State: Zip Code		\$ 250	
	HUSTIN A		(If travel outside o	of Texas, complete Schedule T)
Principal occup	Dusines Systems My	Employer (See I	nstructions)	-n Suctor
Date /	Full name of contributor out-of-state PAC (ID#_ PATTY ABINE		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20	Contributor address; City; State; Zip Code 9415 MCNELL 7575		725	
	HUSTIN OF TO 150		(If travel outside o	f Texas, complete Schedule T)
Principal occup	EVE nd (See Instructions)	Employer (See li		
	ATTACU ADDITIONAL CODICO	. T. 110 00 UED: " =		

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: (5
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#_ PATMICIA PARKITNEY 6 Contributor address; City; State; Zip Code (24 SMEED Cov #16)	,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Ausza 7 7844		(If travel outside	for Texas, complete Schedule T)
9 Principal occu Phy	pation / Job title (See Instructions) SLCAL CHUMP ()	10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#_ ANGELA BANKEY Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20	400 MOUNTAIN RIDER #209		\$50	
	Austed TK 78759	····	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions) JKG TWC	
Date	Full name of contributor out-of-state PAC (ID#:_	j	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/21	Contributor address; City: State; Zip Code	C 38	\$75	
	Ausein TO 78735	·-		of Texas, complete Schedule T)
Principat occup	g vant p Annar	Employer (See SC F	Instructions)	
Date C/U	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 56043 Creak Stm Anstin & 787-31		\$100 	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
MANA	· · · · · · · · · · · · · · · · · · ·	TABLICAL		7Ent
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/21	Contributor address; City: State; Zip Code 1741 LAUME Dr		42C	description (ii applicable)
Principal occur	cation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	Crease (See Instructions)	SEVC	ISD	
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: げ
2 FILER NAME	AUDREY "TINA" PA	mon	3 ACCOUNT # (E	ithics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/23	FRED BAINLAY 6 Contributor address; City; State; Zip Code 4557 GOLF VISTA		\$100	
	AUSTIN TO 78730		(If travel outside o	I of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions) RETILED	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
	DEBNA SMAGULA		contribution (\$)	description (if applicable)
6/73	Contributor address; City; State; Zip Code 6205 LINDA LN		\$ 25	
	Auser 7 78723			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) EVENT PIMAR—	Employer (See どれと/Sの		
		C-12/30A	·	
Date	Full name of contributor out-of-state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)
4124	Contributor address: City: State: Zip Code 811 W. Stanghfur #1103		\$ 75	[
	Austin TX 78748		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/24	Contributor address; City; State; Zip Code 9/11 poll-1/1/2 FL #/60		125	
	Austin 74 78789		(If traval outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		r rexas, complete schedule 1)
	UNDER TECH CONPANY	TERH RANCI	(· · · · // · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/24	Contributor address; City; State; Zip Code 1673 WIE MAASH VALLEY WA	Z/L	\$300	
	AUSTIN TX 78744	·	fif tenual acceptance	d Taylor - complete Collegiste To
Principal occur	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	hedule A:
2	FILER NAME	AUDREY "TINA" (20101	3 ACCOUNT # (E	Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#	•	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	416	Kim Shipman 6 Contributor address; City; State; Zip Code 4604 Vi A MEDIA		\$ 750	
		Auszin Tx 78746		(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions) MGT	
	Date	Full name of contributor out-of-state PAC (ID#:_ BandH Shipmay		Amount of contribution (\$)	In-kind contribution description (if applicable)
	0/25	Contributor address; City; State; Zip Code	,	\$ 250	
l		Austin TX 7874C	1	(If travel outside	of Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions) CONSなどでかりて	Employer (See I	Instructions)	7 101001
	Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	4/24	MARCOS CANCHOLA— Contributor address; City; State; Zip Code 5300 MARSH AUSTIN THE 78757		35%	description (in applicable)
	Principal occup	pation / Job title (See Instructions) SEF Somme 817 Owner	Employer (See II		7 Tonio, 00117111111111111111111111111111111111
	Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
İ	4/24	THERESA CANCITOLA Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
•	4107	5300 Marsit		150	
		HUSTIN TX 78789			I of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) SRF - W (FC	Employer (See In	nstructions)	
_	Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	,	StepHANIE LAMBELT		contribution (\$)	description (if applicable)
	4/24	Contributor address; City; State; Zip Code	J	· '	<u>.</u>
	,	109 RALEY	J	25	!
		Can Pane Tx 78613		 (if <u>travel outside c</u>	of Texas, complete Schedule T)
_		pation / Job title (See Instructions)	Employer (See In		<u> </u>
	<u> 151</u> /	MNESS DEPENDENT	30057	·····	
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SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A: 15
2 FILER NAME	Ausrey "Tima" (ΑΛΛοΛ	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#	V - V		T
			7 Amount of contribution (\$)	8 In-kind contribution
	JOIGE GUTIFALEZ		Contribution (\$)	description (if applicable)
1		, , , , , ,	<u>.</u>	F
6/27	JOIGE GUTIFRIEZ 6 Contributor address; City: State; Zip Code PD BOX 12492 Austral Text 2821		\$100	1
	Auston TR 78711		(If travel outside	i of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
	Afformay	SELF		
 -		000		
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of	In-kind contribution
		, <u> </u>	contribution (\$)	description (if applicable)
	NICOLE GIA		``` لما	, , ,,
. 1	NICULE ZIN- Contributor address; City: State; Zip Code 1608 RIVENSLOF DA. (EAST)		\$	
6/22	List Control of the c		100	
- (0)	1600 KIVENSLOF DR. (FART)		·	
	l •			
	Austin or 78741			l _
Principal conv	Option / Joh Hills (Con Instructions)			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
	WNA	<u> Rocket</u>	FLETHICS	INC
Date	Full name of contributor out-of-state PAC (ID#_	1	Amount of	to kind pental pution
			contribution (\$)	In-kind contribution description (if applicable)
,	CECILIA GLATIAS Contributor address; City; State; Zip Code		351K115411611 (4)	description (ir applicable)
. /	Contributor address: City State: 7to Code			1
6/28	Commoditor address, City, State, Zip Code		700	
- 120	9912 Mongo Curr		125	
	. <i>1</i>	j		
	ANOTON TH 78717		(10 400.00)1-1-1	.
Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)
	_	Employer (See II ららん	nstructions)	
	ONTWEEN	35.67		
Date	Full name of contributor Dul-of-state PAC (ID#.	1	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
,	BRIAN ROSERS		,,,,	
1/20	Contributor address; City; State; Zip Code		. 1	
المسلم) م			\$ 350	
- ,	1112 W. 911-st			i
l	AUSTIN 74 78703		ı	
_ *	TUSTIN TO TOTO		(If traval outside a	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See II		riexas, complete scriedule 1)
REAL	ESTATE INVESTUR	Palace	Reichle	1
7,0-7,10		NOU SELLO 8	70 25 - 51 - 5	1 tra
Date	Full name of contributor out-of-state PAC (ID#	,	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
,	DAWNA HUSCUT		(4)	======================================
11/22	Contributor address; City, State, Zip Code		I	İ
Y(2"			\$ 25	
ĺ	1811 PRSNO		T 69	
	01-0- 7-20		· I	ì
	WINNO THE TODAY		 	Tayon complete Cabi I a
Principal occup	ation / Job title (See Instructions)	Employer (See 1-		f Texas, complete Schedule T)
por occup	1/0	Employer (See In		ا
	V <i>T</i>	INTERNATION	1 (18) (1)	<u> </u>
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SCHEDULE A

			4 Total pages Sr.	hadula A.
	The Instruction Guide explains how to complete this	s form.	1 Total pages Sch	chedule A:
2 FILER NA	HUDRY "TINA"	CANNIN	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/30	ED GAR GIELBOUN; 6 Contributor address; City: State; Zip Code 407 W. 18th 5t + 115	,	\$16.66	<u>.</u>
	Austor TX 7870		(If travel outside	of Texas, complete Schedule T)
9 Principal of	DIUCTUL (See Instructions)	10 Employer (See I		
Date /	Full name of contributor ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/30	Contributor address; City; State; Zip Code 2767 DufordY CV	· · · · · · · · · · · · · · · · · · ·	\$50	i I
<u></u>	Austr 7+ 78748	<u> </u>	(If travel outside	of Texas, complete Schedule T)
Principal or	ALM QUANTY GRANT MG(Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:_ ANGEL BURGESS		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30	Contributor address; City; State; Zip Code Jows Rond of Franc		\$ 25	<u> </u>
	LAYO VISTA TX 78 CUS		(If travel outside	of Texas, complete Schedule T)
Principal oc	ccupation / Job title (See Instructions) SAUS MCM	Employer (See II	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/08	Contributor address; City, State; Zip Code		\$ 350	House Panty Supplier
	Austin 74 78750		(If travel outside c	of Texas, complete Schedule T)
Principal oc	ccupation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/18	Contributor address; City; State; Zip Code ZG22 E. CBA- CHANEZ		\$350	11 -0-6 500
	Austin To		J	Hower Pronty Fous
Principal oc	Coupation / Job title (See Instructions) PLAN GRAVE (NVBCov) DEV	Employer (See In		of Texas, complete Schedule T)

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	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense	· · · · · · · · · · · · · · · · · · ·	s/Contract Labor Loa	n Repayment/Reimbursement
Accounting/Banking			nsportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of		ntributions/Donations Made By Candidate/Officeholder/Political Committee
Fees			HER (enter a category not listed above)
•	The Instruction Guide explains how	•	TEN (enter a category not asied above)
1 Total pages Schedule F:	2 FILER NAME	······································	3 ACCOUNT # (Ethics Commission Filers)
8	AUDREY "IM" CAME	n	2 ACCOUNT # (Eurica Commission Friers)
4 Date	5 Payee name		
5/13	Tom Guilliam		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
100	2215 TOWN LASE CON #	201	
100	AUSTIN TX 78741		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	ivel outside of Texas, complete Schedule T)
OF			· · · · · · · · · · · · · · · · · · ·
EXPENDITURE	SA WACKS (CONTINET LABOR	TIED SILCE	
9 Complete ONLY if direct	/Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH .	*	
Date	Payee name		
5/14	Minute man Press		
Amount (\$)	Payee address; City; State; Zip Code	<u></u>	
	1221 WET LA Street		,
\$167.24	l 1 '		
	Augr. N To 78713		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	PRINTING SONICES	و بنجور دو	
·		HANDRIUS	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
5			
Date	Tom Guillam		
- 11Y	16M Guillam		
Amount (\$)	Payee address; City, State; Zip Code 7715 Town LALE CIN	Δ.	
\$ 800	2215 TOWN LANGE CON 3	اعلا	
000	AUSTIN TX 78741		
DUDDOCE		Description ///re	vol auteida of Toyar, complete Cohodula Ti
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (in tra	vel outside of Texas, complete Schedule T)
EXPENDITURE	Sor ward Contract Sources	HAD DIRE	سمرة
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH		
Date	Payee name		
5/19	STAPLES		·
Amount (\$)	Payee address; City; State; Zip Code		
	1701 Bansana Jondon BI	nd # Zw	ľ
32.23	(Sansana god	7,70	
	Austen TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra-	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	John - W - Suraline	Touching	
EXPENDITURE	of the outlier	PEKS NETEROO	<i>\\</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
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	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense	ALL ALL ALL ALL ALL ALL ALL ALL ALL ALL		oan Repayment/Reimbursement
Accounting/Banking			ransportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In 1		Contributions/Donations Made By
Event Expense Fees	-	t Of District	Candidate/Officeholder/Political Committee
	Printing Expense Office Ove		OTHER (enter a category not listed above)
1 Total pages Schedule F:	· · · · · · · · · · · · · · · · · · ·		1 -
4	AWNEY "TIM" CAMON		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
5/27	TEYAS DEMOCRATIC PARTY 7 Payee address; City: State: Zip C		
6 Amount (\$)			
ر مہ	4818 8. Ben White # 104		
550	Austin TK		
8 PURPOSE	(a) Category (See categories listed at the top of this schedul	ile) (b) Description (if	travel outside of Texas, complete Schedule T)
OF			()
EXPENDITURE	FUNDAMISING FRE	VOTOBULLDE	FA (VAN) ACCESS
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	H. · · · · · · · · · · · · · · · · · · ·		
Date	Payee name		
5128	FANTAZIA UNION Pro	,	
Amount (\$)	Payee address; City; State; Zip C	ode	
	1-B PRINCETON RUAD		
\$570	<u> </u>		
	FITCHBURG MA 01420		
PURPOSE	Category (See categories listed at the top of this schedu	le) Description (If	travel outside of Texes, complete Schedule T)
OF EXPENDITURE	ADVELTISING EXP	- · · ·	
	<u> </u>	FLAM IN a DS	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/28	115 <i>P</i> S		•
Amount (\$)	Payee address; City; State; Zip Co	ode	
<u>.</u>	4514 Burleyu- ROAD		
\$ 220	YK		
	HUSTEN TX		
PURPOSE	Category (See categories listed at the top of this schedu	le) Description (if	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	other - DOVERTISING	ma. 10.	TAGE
		1. 1,110//	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	·	
5/28	VSPS		
Amount (\$)	, Payee address; City; State; Zip Co	ode	
J	Payee address; City: State: Zip Co		
\$ 300	Λ		
	TUSTIN TE		
PURPOSE	Category (See categories listed at the top of this schedu	le) Description (if	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	otten	m. / pa	A
			ACF CONTRACTOR
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		
Accounting/Banking	Legal Services Solicitation/Fundra		se
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dis		
Fees	Printing Expense Office Overhead/	, , , , , , , , , , , , , , , , , , , ,	
4 Total Carro Basedon P.	The Instruction Guide explains how to		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission File	iers)
<u> </u>	AUDREY "TINA" (ANNON		
4 Date	5 Payee name		
5/30	MINLUTENAN PACS		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1 /	1221 W- 612 SJ		
167.24	1 1		
	HUSTIN TX 78703		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	PRINTING SERVICES		
EXPENDITURE		Hanories	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	/H 		
Date	Payee name		
5/30	Toyce hame		
	BUILD-A-dign		
Amount (\$)	Payee name Bullo - A - Star- Payee address; City; State; Zip Code		
EV	11525A StoneHollow Dr		
293.88			
	AUSTIN 7x 78758		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	S	1 A A = f .	
EXPENDITURE	PMNTING DERVICES	ymd ggvs	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O	H		
5-1-			
Date	Payee name		
6/2	Event Bute / CAPTIAL FA	return	
Amount (\$)	Payee address; City; State; Zip Code		-
	7. Dames		
97709	ful BNAZOS		
1001	Auxun Te 78701		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EVENDITURE	T. 10-1	lace and a series and	
EXPENDITURE	FULD BEV	WOMEN IN TERH MESTING	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	_
expenditure to benefit C/O	н		
Date (Payee name		
415	CITY OF HUSTN		
Amount (\$)	Payee address; City; State; Zip Code		
,,,	369 W. 2md St		
76	769 W - Ama 1		
35	Austin to 78701		
DIMPOSE	Category (See categories listed at the top of this schedule)	Department (March) a tride of Toyan and (at Cabadula T)	
PURPOSE OF	_ 1	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	FOOD BEV	Women's Annual luchoum	
Complete DANY is disper	Candidate / Officeholder name		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office held	
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	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense		Vages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking		n/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel in		Contributions/Donations Made By
Event Expense Fees		it Of District	Candidate/Officeholder/Political Committee
	Printing Expense Office Ov The Instruction Guide explains	erhead/Rental Expense	OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	now to complete this for	3 ACCOUNT # (Ethics Commission Filers)
9	GUDARY "TINA" CANN	ک م د	3 ACCOUNT # (Ethics continission Filers)
4 Data	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4 Date	5 Payee name		
6/9	Austin Bon Association	2	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
a a	Sto Congres \$ 700		
4 15	Ι Λ ί		
12	HUSTIN TR 78701		
8 PURPOSE	(a) Category (See categories listed at the top of this sched	ule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF	120	1	
EXPENDITURE	FOUD BEV	unetan	_
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	l Office held
expenditure to benefit C/C	OH .		
D-4-	B		
Date / /a	Payee name		
417	El Mercaso Sente		
Amount (\$)	Payee address; City; State; Zip (Code	
	1302 Soute 17		
12.74	A		
(2.7)	Austin Tix		
PURPOSE	Category (See categories listed at the top of this sched	ule) Description (If travel outside of Texas, complete Schedule T)
OF	F1.0/BEV		
EXPENDITURE	1 - 1 0 1 1 5 2 1	GNVINOMEN	tal Dans Mity
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н		
Date ,	Payee name		
6/10	ا ــــــــ		
- 11.	TACEBOOK.	···	
Amount (\$)	Payee address; City; State; Zip C	ode	İ
	1 HACKER WAY		
4/0	Menco Pana Ca 94625	•	
	1110100 111000	·	
PURPOSE	Category (See categories listed at the top of this schedu	ule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Anony	م کیم	اء
EN CHOTORE	ADVENTISING	mun Ac) >
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H		
Date	Payee name		
Date	Payee name		
9110	Home Depot		
Amount (\$)	Payee address; City; State; Zip C	ode	
	1095 N. MOPAL		
33.41	, · ·		
	Austin 74 78759		
PURPOSE	Category (See categories listed at the top of this schedu	ule) Description (I	If travel outside of Texas, complete Schedule T)
OF			·
EXPENDITURE	07Her - ADVERTISM	SIGH SUPPLLIED	5
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH .	•	
 	ATTAGULABBITIONAL CONTOCO	TING 661 TO 1	
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P.O. Box 12070

Advertising Expense	and the second s	Taries/Wages/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services So	licitation/Fundraising Expense	Transportation Equipment & Related E	Expense
Consulting Expense	•	avel In District	Contributions/Donations Made By	
Event Expense Fees		avel Out Of District fice Overhead/Rental Expense	Candidate/Officeholder/Political C	
,		plains how to complete this fo	OTHER (enter a category not listed a	100ve)
1 Total pages Schedule F:	2 FILER NAME	The state of the s		eia- Cilara)
d	Answey "TINA"	CAMMON	3 ACCOUNT # (Ethics Commiss	sion riiers)
4 Date , /	5 Payee name	Calster		
5/30/14	Tom Guilliam			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
ح مام	7215 TOWN LARE	Cin # Zer		
\$ 900	ANGTIN TE JEZZ	1		
8 PURPOSE	(a) Category (See categories listed at the top of the	is schedule) (b) Description	(If travel outside of Texas, complete Schedule	T)
OF EXPENDITURE	Sac/wace/Contract	FIED DI	netra	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held	1
Date 4 30 14	Payee name KELLEY GRAPHICS			
Amount (\$)	Payee address; City; State;	,		
- 58	1409 QUAKET KISO	,£		
22 lde. 58	AUSTIN TR 7874			
PURPOSE OF	Category (See categories listed at the top of the		I (If travel outside of Texas, complete Schedule	Τ)
EXPENDITURE	Printing Expense	LAPEL S	newerd	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht Office held	
Date	Payee name			
4113	FANTASIA UNION PRI	>	•	
Amount (\$)	Payee address; City; State;			
\$ (20)	7-B PRINCETON Rd			
510	FITCHBURY MA 6	luns	•	
		Sanadiation		
PURPOSE OF	Category (See categories listed at the top of th	is schedule) Description	I (If travel outside of Texas, complete Schedule	Τ)
EXPENDITURE	ADVENTISING EXP	FLAMING	405	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	ht Office held	
Date	Payee name			
4/22	THE HOME DEPOT			
Amount (\$)	1111	Zip Code		
	. J.C. ALABA.	oooo		
5240.81	10513 N. MUPAC			
	AUSTIN TO 78759			
PURPOSE	Category (See categories listed at the top of th	s schedule) Description	(If trave) outside of Texas, complete Schedule	T)
OF EXPENDITURE	ADVENTIMAL EXPONSE	WOOD YAN	o stakes	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ht Office held	
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	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Advertising Expense		s/Contract Labor Lo	an Repayment/Reimbursement
Accounting/Banking			Insportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of		ntributions/Donations Made By
Fees			Candidate/Officeholder/Political Committee
	The Instruction Guide explains how		HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		T 2 4000 NT # (5/5/2 C
8	Award "TIMA" CANNON		3 ACCOUNT # (Ethics Commission Filers)
4 Date /	5 Payee name		
6/13	Tom Guilliam		
6 Amount (\$)	7 Payee address: City; State; Zip Code		-
4.5	226 Tour Love Ci - #	201	
900	AUSTIN TO 78741	•	
	<u> </u>		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tr	avel outside of Texas, complete Schedule T)
EXPENDITURE	Saranies /waces / Contract la	m Flag st	mer
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0		Omoc sough	Office field
Date I	Payee name		
4/09	l ——		
Amount (\$)	TACEBOOK-		
Amount (\$)	Payee address; City; State; Zip Code		
7 25.01	I HACKER WAY	-	
<i>C7</i> .0.	Menlo Pane CA 94026		
PURPOSE	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVENTISIONE TEP		_
Complete ONLY if direct	Candidate / Officeholder name	Office sought	··
expenditure to benefit C/C		Office sought	Office held
5			
Date	Payee name)	,
4/8/14	JOAN Brook Photograpo	~	
Amount (\$)	Payee address; City; State; Zfp Code		
4200	5163 LEA Con		
\$200	August 14 78731		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (ttps	vel outside of Texas, complete Schedule T)
OF			s
EXPENDITURE	Constact Services	Event ph	otige apply
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	OH		
Date ,	Payee name 2		
4/11	Democracy Engines. Payee address; City: State; Zip Code	lun	
Amount (\$)	Payee address; City: State: Zip Code		
	850 QUINCY ST, NW #402		
23355	102		
<i>V</i>	WASHINGTON, DC ZUUI		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Kin dance Gree		and coc
	Fundansing 9+p	DURING WE	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
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	ATTACH ADDITIONAL COPIES OF THE	S SUMEDULE AS NEE	נטבט

SCHEDULE F

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	EXPENDITURE (CATEGORIES	FOR BOX 8(a)		
Advertising Expense	G:014	Salaries/Wages/Co		Loan Repayment/	Reimbursement
Accounting/Banking		Solicitation/Fundra			uipment & Related Expense
Consulting Expense		Travel In District	1	Contributions/Don	ations Made By
Event Expense Fees	-	Travel Out Of Dist		Candidate/Office	eholder/Political Committee
		Office Overhead/Rental Expense OTHER (enter a category not listed above			ategory not listed above)
	The Instruction Guide	explains how to	complete this for	m.	
Total pages Schedule F:	2 FILER NAME	C		3 ACCOUNT	# (Ethics Commission Filers)
	AUDLEY "TINA"	CANNON			
Date	5 Payee name	· ·			<u> </u>
6/15	J.VAN A A MILLON				
Amoun (\$)	7 Payee address; City; Stat	e; Zip Code			
)	7300 E. CESAL Ch	•			
1 B 97	K				
	HUSTEN TX 78702	<u></u>			
PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description (If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	T-10-1		1)		•
EXI ENDITORE	TOOO/BEV		H. A.B.L.	A. MEFH	<u>^</u>
 Complete <u>ONLY</u> if direct expenditure to benefit C/O 	Candidate / Officeholder name		Office sought		Office held
			<u>.</u>		
Date ()	Payee name	· · · · · · · · · · · · · · · · · · ·			
6/19	MININTEMAN PLESS				
Amount (\$)	Payee address; City; Stat	e; Zip Code			
	1221 w-ch	s, <u>_</u> p 0000			
167.24					
	Austin Te 78702				
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description (I	f travel outside of Texa	is, complete Schedule T)
OF EXPENDITURE	0.0		1		
EXPENDITURE	ADVENTISING EXT		HANDBILLS		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C					
Date /	Payee name				
6 (25	TERAS DEMOCRATIC P	A		•	
Amount (ft)					
Amount (\$)	Payee address; City; State				
40	4818 EAST BEN WHITE,	SUITE 109	•		ł
. [0	Austin TX 78741	÷			
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (f travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Event Exp				
	<u> </u>		CAMPAICA	N. ELMITH	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
			· · · · · · · · · · · · · · · · · · ·		
Date	Payee name				
6/30	MALAU CAAS SI	UPPLIES			
Amount (\$)	MAMIS GAAS SI Payee address; City; State	Zin Code		<u> </u>	
. , . ,					
34.11	2001 Egot Pass Rimo				
フルリ	GULFFORT MS 3950	7			
PURPOSE	Category (See categories listed at the top of		Description (If	travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	other		Deane G.	un no	Darme
			BEADS FOR	my /pry	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	* (Office held

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	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	-
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/	_	payment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fund		ation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	44.11.1441	ons/Donations Made By
Event Expense Fees	Polling Expense Travel Out Of D		date/Officeholder/Political Committee
,			enter a category not listed above)
4 7	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME	3 A	CCOUNT # (Ethics Commission Filers)
 8	ANDREY "TINA" ("A	MONM	
4 Date, L	5 Payee name		
4 129	5 Payee name To M Guillign 7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address: City; State; Zip Code		
	2715 TOWN LANG # 701		
900			
£ -	Austin TK 7874		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel out	side of Texes, complete Schedule T)
OF		<i>I</i> - al	server our place during a server
EXPENDITURE	Contract Lason	LARO STAFF	-
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH .	•	
D.4			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
			•
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outs	ide of Texas, complete Schedule T)
OF		, , , , , , , , , , , , , , , , , , , ,	and an ional, complete database 1,
EXPENDITURE		1	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outsi	ide of Texas, complete Schedule T)
OF			,
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н	-	JJ.
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
· · · · · · · · · · · · · · · · · · ·	ony, diale, hip dode		
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (Marcon)	A ATTORNEY OF THE PROPERTY OF
OF	march of the constitution in the rest of the contraction of the second of the contraction	Description (If travel outside	de of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office hald
expenditure to benefit C/O		Onice sought	Office held
		·	
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SCHEDULE G

EXPENDITUR	E CATEGORIES FOR BOX 8(a)
Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Legal Services Food/Beverage Expense Polling Expense

P.O. Box 12070

Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/	(
4 Tatal ages Sabadula O	The Instruction Guide explains how to	
1 Total pages Schedule G:	AUDROY "TINA" CAME	3 ACCOUNT # (Ethics Commission Filers)
/ J Date		
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	t	
Date	Payee name	
5/2/14	El Mercoso - South	
Amount (\$)	Payee address; City; State; Zip Code	
13.34	1302 South 157 Street	
Reimbursement from political contributions intended	ARISTIN TE.	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	two /BEV	ENVIR DONE MAY
Date	Payee name	
5/5/14	INES CHABSHARIL	T.
Amount (\$)	Payee address; City; State; Zip Code	
27.62	600 EMF LIVERSOF	•
Reimbursement from political contributions intended	Austin 7x 78704	·
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	From BEV	LIB AUSTIN DAMS MY
Date ,	Payee name (
5/08/14	SATAY RESTAURANT	
Amount (\$)	Payee address; City; State; Zip Code	
914.45	3202 WEST ANDFORM (AM	
Reimbursement from political contributions intended	AUGEN 74 48757	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fwo/ser	CAAAO Mtg
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SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Office Overhead The Instruction Guide explains how to	Contract Labor Loa Iraising Expense Tra I Co istrict //Rental Expense OT	an Repayment/Reimbursement insportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule G:	FILER NAME TIMA " (AMAO	^	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/2 2	5 Payee name IREM Austin		
Reimbursement from political contributions inlended	7 Payee address; City; State; Zip Code Po Box 910 2 8 Austin 7x 78 709-1028		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) TOUR /BEV	1	avel outside of Texas, complete Schedule T)
Date 5//4	Payee name Dost MET		
Amount (\$) 4 79.89 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3571 FAR WFST AUXIN 74		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PMMINT Exp	Description (If tra	evel outside of Texas, complete Schedule T)
Date 5 /10/14	Payee name Coustant Contact		
Amount (\$) Reimbursement from political contributions intended	Payee address: City: State: Zip Code [Lol Trapa o Rd UMTHAM MA 6245]		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T}
Date 6/10/14	Payee name Coustant Contact		
Armount (\$) Reimbursement from political contributions intended	Payee address: City; State; Zip Code (601 TAPRO D) WATHER WE 216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundous im	Description (If tra	ovel outside of Texas, complete Schedule T)
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SCHEDULE G

A dun Minin - France	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Ci Legal Services Solicitation/Fundra	to a	
Consulting Expense	Food/Beverage Expense Travel In District	Transportation Equipment & Related Expense Contributions/Donations Made By	
Event Expense Fees	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee		
	The Instruction Guide explains how to	, , , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
<u> </u>	Augrey " Time Con	ion	
4 Date	5 Payee name		
5/05/14	MATION BUILDEN		
6 Amount (\$)	7 Payee address; City: State; Zip Code		
(448 Hill St #200		
Reimbursement from political contributions intended	Los Angeles RA. 90013		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE		1 1 1 2	
	Apventising	WEBSITE Host	
Date / /	Payee name		
4/1/14	MATION BUILDEN		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from	448 the st 4 200		
political contributions intended	L.A. CA. 90013		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	ADVERTISING	WEBSITE HAT	
Date	Payee name		
4107	Hura Hur		
Amount (\$)	Payee address; City; State; Zip Code		
81.23	3875 WANG AUSTA		
Reimbursement from political contributions	Λ.		
intended	Austin of 78703		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)	
EXPENDITURE	tood Bev	Krewell Pront Apps	
Date	Payee name	7	
4160	Pose Net		
Amount (\$)	Payee address; City, State; Zip Code		
79.89	3571 FAM WEST		
Reimbursement from political contributions intended	Austra Tr		
PURPOSE	Category (See categories fisted at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Pronty Exp	SUNS	
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

rees	Printing Expense Office Overhead/ The Instruction Guide explains how to	• • • • • • • • • • • • • • • • • • • •
1 Total pages Schedule G:	2 FILER NAME AUDREY "TINA" CANNON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/08	5 Payee name	
6 Amount (\$)	7 Payee address; City: State: Zip Code 7100 mbutan Re 29	
25	7100 mountan Resige	
Reimbursement from political contributions intended	Austu 74 78789	
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	Acety/Brien	TESTING ONLINE PHYMENT SYSTEM
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED