

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

29

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms

Audrey

C

NICKNAME

LAST

SUFFIX

"TINA"

CANNON

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

9100 MOUNTAIN RIDGE #209
AUSTIN TX 78759☐ change of address5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 922-2511

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Paul

NICKNAME

LAST

SUFFIX

CARVOZ

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

900 CONGRESS AVE #900
AUSTIN TX 787018 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 814-0250

9 REPORT TYPE

☐ January 15☐ 30th day before election☐ Runoff☐ 15th day after campaign
treasurer appointment
(officeholder only)☒ July 15☐ 8th day before election☐ Exceeded \$500
limit☐ Final report (Attach C/OH - FR)10 PERIOD
COVERED

Month Day Year

05 / 08 / 2014

THROUGH

Month Day Year

04 / 30 / 14

11 ELECTION

ELECTION DATE

Month Day Year

11 / 04 / 14

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

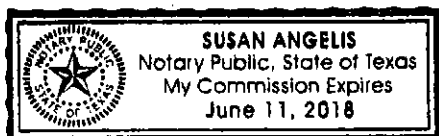
AUSTIN City Council
DISTRICT 10

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 ACCOUNT # (Ethics Commission Filers)	
		AUDREY "TINA" CANNON	
16 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
<input type="checkbox"/> additional pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,716.66
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$	8,370.82
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	2,738.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

18 AFFIDAVIT

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

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Audrey "Tina" Cannon, this the 10th day of July, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

SUSAN ANGELIS
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

AUDREY "TINA" CANNON

3 ACCOUNT # (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 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

200

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

350

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

350

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

\$250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

AUDREY "TINA" CANNON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/31

5 Full name of contributor

☐ out-of-state PAC (ID#)

DINK GOSDA

6 Contributor address; City; State; Zip Code

PO BOX 6 ASPEN, CO 81612-7407

7 Amount of contribution (\$)

\$350

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

PRESIDENT

10 Employer (See Instructions)

SUNRISE COMPANY

Date

5/31

Full name of contributor

☐ out-of-state PAC (ID#)

LAWRIE GOSDA

Contributor address; City; State; Zip Code

PO BOX 6 ASPEN, CO 81612-7407

Amount of contribution (\$)

\$350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

SELF

Date

5/19

Full name of contributor

☐ out-of-state PAC (ID#)

TIM SONNELS

Contributor address; City; State; Zip Code

4707 OAK MEADOW AUSTIN TX 78731

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

TUGGAY CARRIAGE LLP

Date

5/13

Full name of contributor

☐ out-of-state PAC (ID#)

RUSSEY IRONS

Contributor address; City; State; Zip Code

2607 STARY LANE UNIT B
AUSTIN TX 78704

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PROPERTY MGT

Employer (See Instructions)

SELF

Date

5/10

Full name of contributor

☐ out-of-state PAC (ID#)

SUNSHINE VANOVER

Contributor address; City; State; Zip Code

211 OLD HOLLOW #907
SPRING TX 77388

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RIGHT OF WAY MGR

Employer (See Instructions)

OK COLAN

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEPHANIE ERWIN	7 Amount of contribution (\$) \$ 25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9201 BLODIE # 1703 AUSTIN TX 78748		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) REVERSE MGR		10 Employer (See Instructions) NCA CORP	
Date 5/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KRISTEN CANNON	Amount of contribution (\$) \$ 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5014 BARTON AUSTIN TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CO-FOUNDER		Employer (See Instructions) CUBIT LLC	
Date 5/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARIA BELTRAN	Amount of contribution (\$) \$ 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8101 RESEARCH # 2203 THE WOODLANDS TX 77382		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ADMIN		Employer (See Instructions) OR COLAN	
Date 5/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) TIMOTHY TUGGLEY	Amount of contribution (\$) \$ 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1209 COMETA ST AUSTIN TX 78721		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) TUGGLEY CALVOZ	
Date 5/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ALLEN BLENKE	Amount of contribution (\$) \$ 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2807 TRAIL of MADRID AUSTIN TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) TUGGLEY CALVOZ	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

AUSNEY "TINA" Cannon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

AUCIA Cannon

6 Contributor address; City; State; Zip Code

2714 BARTON # 1012
AUSTIN TX 787357 Amount of
contribution (\$)

\$25

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

VICE PRESIDENT

10 Employer (See Instructions)

CABOT

Date

5/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

LOU AGNESE

Contributor address; City; State; Zip Code

1604 RANDOLF RIDGE TRAIL
AUSTIN TX 78746Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

DETAIL ME NOT

Date

5/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

SYLVIA NEWMAN

Contributor address; City; State; Zip Code

9405 LUTHERWOOD
AUSTIN TX 78748Amount of
contribution (\$)

\$50

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

UNEMPLOYED

Employer (See Instructions)

Date

5/16

Full name of contributor

☐ out-of-state PAC (ID# _____)

ACATITA WADE

Contributor address; City; State; Zip Code

5343 FREDERICKS RD
SAN ANTONIO TX 78739Amount of
contribution (\$)

\$350

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TUSSEY CARVOZ LLP

Date

5/17

Full name of contributor

☐ out-of-state PAC (ID# _____)

CHARIE MATTHEWS

Contributor address; City; State; Zip Code

7529 HARLOW
AUSTIN TX 78739Amount of
contribution (\$)

\$25

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

FOUNDER

Employer (See Instructions)

HEAL IN CONDUCT

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

AUDREY "TINA" CANNON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

RAUL RODRIGUEZ

6 Contributor address; City; State; Zip Code

101 W Eagle
THE HILLS TX 787357 Amount of
contribution (\$)

\$350

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

5/17

Full name of contributor

☐ out-of-state PAC (ID#)

MONICA REDA

Contributor address; City; State; Zip Code

12812 APPALOOSA CHASE
AUSTIN TX 78732Amount of
contribution (\$)

\$350

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

SENIOR MGR

Employer (See Instructions)

NATIONAL INSTRUMENT

Date

5/17

Full name of contributor

☐ out-of-state PAC (ID#)

IHAB REDA

Contributor address; City; State; Zip Code

12812 APPALOOSA CHASE
AUSTIN TX 78732Amount of
contribution (\$)

\$350

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

SELF-INVESTOR

Employer (See Instructions)

SELF

Date

5/18

Full name of contributor

☐ out-of-state PAC (ID#)

ROSS WILLIAM RUMFREY

Contributor address; City; State; Zip Code

8714 TOWANA
AUSTIN TX 78734Amount of
contribution (\$)

\$50

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

ENVIRONMENT PROG. DIRECTOR

Employer (See Instructions)

UNIVERSITY OF TEXAS

Date

5/18

Full name of contributor

☐ out-of-state PAC (ID#)

DALE GLOVER

Contributor address; City; State; Zip Code

111 SANANA MURKIN
AUSTIN TX 78736Amount of
contribution (\$)

\$50

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

REAL ESTATE BROKER

Employer (See Instructions)

Alchemy

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

Audrey "Tina" Cannon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

SATISH KODAKUR

6 Contributor address; City; State; Zip Code

16417 BROADWAY

AUSTIN TX 78717

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

SOFTWARE CONSULTANT

10 Employer (See Instructions)

SELF

Date

5/22

Full name of contributor

☐ out-of-state PAC (ID# _____)

SAMANTHA NEEDHAM

Contributor address; City; State; Zip Code

2402 HAVENSIDE DR.

AUSTIN TX 78704

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

SYNERGY SERVICES

Date

5/26

Full name of contributor

☐ out-of-state PAC (ID# _____)

SUSAN ANGELIS

Contributor address; City; State; Zip Code

4825 DAVIS LANE #1913

AUSTIN TX 78749

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ADMIN

Employer (See Instructions)

TUGGEE CALVOZ LLP

Date

5/29

Full name of contributor

☐ out-of-state PAC (ID# _____)

CHARLES JORDON

Contributor address; City; State; Zip Code

1662 BALMOR

ROUND ROCK TX 78664

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

5/29

Full name of contributor

☐ out-of-state PAC (ID# _____)

MICHAEL WITBROCK

Contributor address; City; State; Zip Code

3911 WALNUT

AUSTIN TX 78731

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

COMPUTER SCIENTIST

Employer (See Instructions)

CYCOP INC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

AUNDREY "TINA" CANNON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/24

5 Full name of contributor

☐ out-of-state PAC (ID#)

RICK HOLMSEAC

6 Contributor address; City; State; Zip Code

2402 GATESH
AUSTIN TX 787457 Amount of
contribution (\$)

\$150

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

IT

10 Employer (See Instructions)

SOLAR WINDS

Date

5/30

Full name of contributor

☐ out-of-state PAC (ID#)

CLAUDE BAUDOUIN

Contributor address; City; State; Zip Code

7118 LAS VENTANAS
AUSTIN TX 7873Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

CCE IT

Date

5/31

Full name of contributor

☐ out-of-state PAC (ID#)

KIMBERLY NORTON

Contributor address; City; State; Zip Code

162 COYOTE LANE
LAS VEGAS NV 89012Amount of
contribution (\$)

\$25

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

REPUBLIC SERVICES

Date

6/2

Full name of contributor

☐ out-of-state PAC (ID#)

NANCY LUNSFOLD

Contributor address; City; State; Zip Code

7503 MEX
AUSTIN TX 78731Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

6/2

Full name of contributor

☐ out-of-state PAC (ID#)

BRIGGIE DUNLAP

Contributor address; City; State; Zip Code

507 CALLES #109
AUSTIN TX 78702Amount of
contribution (\$)

\$350

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SMALL BIZ OWNER

Employer (See Instructions)

DUNLAP ATX

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

AUNDREY "TINA" CANNON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/2

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

AIDAN POVEDANO

6 Contributor address; City; State; Zip Code

1900 NEWTON ST # A

AUSTIN TX 78704

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

SELF-INVESTOR

10 Employer (See Instructions)

SELF

Date

6/2

Full name of contributor

☐ out-of-state PAC (ID# _____)

LOTTA SMAGULA

Contributor address; City; State; Zip Code

6203 LINDA LANE

AUSTIN TX

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

MILITARY

Employer (See Instructions)

TEXAS ARMY NATIONAL GUARD

Date

6/2

Full name of contributor

☐ out-of-state PAC (ID# _____)

CAMILLE GAINES

Contributor address; City; State; Zip Code

8004 LONG CYN

AUSTIN TX 78730

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

MARKETING

Employer (See Instructions)

SELF

Date

6/2

Full name of contributor

☐ out-of-state PAC (ID# _____)

PHILIP WRIGHT

Contributor address; City; State; Zip Code

3715 S. 1ST #577

AUSTIN TX 78704

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

FINANCE

Employer (See Instructions)

AMERICAN BANK

Date

6/3

Full name of contributor

☐ out-of-state PAC (ID# _____)

STEVEN SAUCEDO

Contributor address; City; State; Zip Code

3711 WILLIAM PENN

SAN ANTONIO TX 78230

Amount of contribution (\$)

\$58

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

LGBS LLP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 15

2 FILER NAME

AUSLEY "TINA" CANNON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/4

5 Full name of contributor

☐ out-of-state PAC (ID#)

HARVEY FINE

6 Contributor address; City; State; Zip Code

66 Pascal
Austin TX 787467 Amount of
contribution (\$)

\$350

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Investor

10 Employer (See Instructions)

SELF

Date

6/10

Full name of contributor

☐ out-of-state PAC (ID#)

LESLIE SHOA

Contributor address; City; State; Zip Code

208117 BELLEN
Pflugerville TX 78660Amount of
contribution (\$)

\$25

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

City BEBC

Date

6/11

Full name of contributor

☐ out-of-state PAC (ID#)

RAYMOND RODRIGUEZ

Contributor address; City; State; Zip Code

221 LOUISIANA AVE
Corpus Christi TX 78404Amount of
contribution (\$)

\$350

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

INVESTMENT ADVISOR

Employer (See Instructions)

SELF

Date

6/11

Full name of contributor

☐ out-of-state PAC (ID#)

JOA AREGO

Contributor address; City; State; Zip Code

221 LOUISIANA AVE
Corpus Christi TX 78404Amount of
contribution (\$)

\$350

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

INVESTOR

Employer (See Instructions)

SELF

Date

6/11

Full name of contributor

☐ out-of-state PAC (ID#)

MATT MCCORMACK

Contributor address; City; State; Zip Code

2104 ELTON LN
Austin TX 78713Amount of
contribution (\$)

\$350

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

VP DEVELOPMENT

Employer (See Instructions)

ASH CREEK HOMES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

AUDREY "TINA" CANNON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

DK FUNZI

6 Contributor address; City; State; Zip Code

2309 FALCON
AUSTIN TX 78745

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ATTORNEY

10 Employer (See Instructions)

TX COUNTY

Date

6/16

Full name of contributor

☐ out-of-state PAC (ID# _____)

TEXAS DEMOCRATIC PARTY

Contributor address; City; State; Zip Code

4818 E. BEN WHITE #104
AUSTIN TX 787

Amount of contribution (\$)

\$350

In-kind contribution description (if applicable)

VAN ACCESS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

VAN ACCESS

Date

6/17

Full name of contributor

☐ out-of-state PAC (ID# _____)

NICK TERZO

Contributor address; City; State; Zip Code

SAN FRANCISCO CA 94102
277 GOLDEN GATE AVE #35

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

SELF

Date

6/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

ANNAND ROSE

Contributor address; City; State; Zip Code

6203 LINDA LANE
AUSTIN TX

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BUSINESS SYSTEMS Mgr

Employer (See Instructions)

RENEWABLE ENERGY SYSTEMS

Date

4/20

Full name of contributor

☐ out-of-state PAC (ID# _____)

PATTY LABLANE

Contributor address; City; State; Zip Code

9415 MCNEIL #525
AUSTIN TX 78750

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

EVENT COORDINATOR

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

3 ACCOUNT # (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)

6/20

PATRICIA PARKITNEY

6 Contributor address; City; State; Zip Code

6201 SNEED COV #160

AUSTIN TX 78744

\$25

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Physical therapist

10 Employer (See Instructions)

SETON

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/20

ANGELA BRINKLEY

Contributor address; City; State; Zip Code

2100 MOUNTAIN ROAD #209

AUSTIN TX 78759

\$50

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SELF-OWNER

Employer (See Instructions)

SOBER MONKEY INC

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/21

SHANNA WHITMAN

Contributor address; City; State; Zip Code

6636 W. WILLIAM CANNON #1638

AUSTIN TX 78735

\$25

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

grant planner

Employer (See Instructions)

SELF

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/21

MARY HASKETT

Contributor address; City; State; Zip Code

56043 CREEK ST

AUSTIN TX 78731

\$100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

TACTICAL INFO SYSTEM

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/21

LOUI CABRA

Contributor address; City; State; Zip Code

1741 LAURE DR

CANYON LAKE TX 78733

\$25

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

TECHNICAL

Employer (See Instructions)

SLUC ISA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 15

2 FILER NAME

ANDREY "TINA" CAMON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/23

5 Full name of contributor

☐ out-of-state PAC (ID#)

FRED BRINKLEY

6 Contributor address; City; State; Zip Code

4557 GOLF VISTA
AUSTIN TX 78730

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

6/23

Full name of contributor

☐ out-of-state PAC (ID#)

DEBRA SMAGULA

Contributor address; City; State; Zip Code

6205 LINDA LN
AUSTIN TX 78723

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

EVENT PLANNER

Employer (See Instructions)

EMERSON

Date

6/24

Full name of contributor

☐ out-of-state PAC (ID#)

BRIAN ERICKSON

Contributor address; City; State; Zip Code

811 W. SLAUGHTER #1103
AUSTIN TX 78748

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SELF / READER

Employer (See Instructions)

SELF

Date

6/24

Full name of contributor

☐ out-of-state PAC (ID#)

KEVIN KOYM

Contributor address; City; State; Zip Code

911 Jollyville Rd #100
AUSTIN TX 78759

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

FOUNDER TECH COMPANY

Employer (See Instructions)

TECH RANCH AUSTIN

Date

6/24

Full name of contributor

☐ out-of-state PAC (ID#)

LANNIE RADCIK

Contributor address; City; State; Zip Code

4673 WIE MARSH VALLEY WALK
AUSTIN TX 78744

Amount of contribution (\$)

\$300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

MARKETING

Employer (See Instructions)

RADCIK MKTY

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

Audrey "Tina" Cannon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/25

5 Full name of contributor

☐ out-of-state PAC (ID#)

Kim Shipman

6 Contributor address; City; State; Zip Code

4606 VIA MEDIA

AUSTIN TX 78746

7 Amount of contribution (\$)

\$ 250

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

CFO

10 Employer (See Instructions)

ENSO MET

Date

6/25

Full name of contributor

☐ out-of-state PAC (ID#)

Barrett Shipman

Contributor address; City; State; Zip Code

4606 VIA MEDIA

AUSTIN TX 78746

Amount of contribution (\$)

\$ 250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

PWC

Date

6/24

Full name of contributor

☐ out-of-state PAC (ID#)

MARCOS CANCHALA

Contributor address; City; State; Zip Code

5300 MARSH

AUSTIN TX 78751

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SELF / SMALL BIZ OWNER

Employer (See Instructions)

SELF

Date

6/24

Full name of contributor

☐ out-of-state PAC (ID#)

THERESA CANCHALA

Contributor address; City; State; Zip Code

5300 MARSH

AUSTIN TX 78759

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SELF - WIFE

Employer (See Instructions)

SELF

Date

6/24

Full name of contributor

☐ out-of-state PAC (ID#)

STEPHANIE LAMBERT

Contributor address; City; State; Zip Code

109 RALEY

CEDAR PARK TX 78613

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BUSINESS DEVELOPMENT

Employer (See Instructions)

BOOST

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/27	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JORGE GUTIERREZ	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 12492 Austin TX 78711		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions) SELF	
Date 6/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) NICOLE ZINN	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1608 RIVERSIDE DR. (EAST) AUSTIN TX 78741		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) ROCKET ELECTRICS INC	
Date 6/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CECILIA GLATIAS	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9912 MONGAN CREEK AUSTIN TX 78717		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) SELF	
Date 6/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BACAN ROGERS	Amount of contribution (\$) \$350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1112 W. 9TH ST AUSTIN TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		Employer (See Instructions) ROGERS & REICHEL, Inc	
Date 6/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DAWNA HUSCH	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1811 FAESND PLANO TX 78054		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) INTERNATIONAL MED-CARE	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 15

2 FILER NAME

AUDREY "TINA" CANNON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/30

5 Full name of contributor

☐ out-of-state PAC (ID#)

EDGAR GIELBOINI

6 Contributor address; City; State; Zip Code

467 W. 18th ST #15
AUSTIN TX 78704

7 Amount of contribution (\$)

\$16.66

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

DIRECTOR

10 Employer (See Instructions)

CARE COMMUNITIES

Date

6/30

Full name of contributor

☐ out-of-state PAC (ID#)

KATHY VALE

Contributor address; City; State; Zip Code

2702 DUPONT CV
AUSTIN TX 78748

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ANQUIMBY Grant mgr

Employer (See Instructions)

TCEQ

Date

6/30

Full name of contributor

☐ out-of-state PAC (ID#)

ANGEL BURGESS

Contributor address; City; State; Zip Code

20905 RONDUR TRAIL
LAGO VISTA TX 78645

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SALES MGR

Employer (See Instructions)

OFFICE DEPOT

Date

6/08

Full name of contributor

☐ out-of-state PAC (ID#)

TRAY CROSBY

Contributor address; City; State; Zip Code

6500 CHAMPION WAY
AUSTIN TX 78750

Amount of contribution (\$)

\$350

In-kind contribution description (if applicable)

House Party Supplies

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

5/18

Full name of contributor

☐ out-of-state PAC (ID#)

JESSE LUNSFOLD

Contributor address; City; State; Zip Code

2922 E. CARM CHASE
AUSTIN TX

Amount of contribution (\$)

\$350

In-kind contribution description (if applicable)

House Party Funs

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

REAL ESTATE INVESTOR/DEV

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8		2 FILER NAME AUDREY "TINA" CAMON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/13		5 Payee name Tom Guillian			
6 Amount (\$) 100		7 Payee address; City; State; Zip Code 2215 TOWN LAKE CIRCLE #201 AUSTIN TX 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SAL/WAGES/CONTRACT LABOR		(b) Description (If travel outside of Texas, complete Schedule T) FIELD DIRECTOR	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/14		Payee name MINUTE MAN PRESS			
Amount (\$) \$167.24		Payee address; City; State; Zip Code 1221 WEST 6th Street AUSTIN TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING SERVICES		Description (If travel outside of Texas, complete Schedule T) HANDOUTS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/14		Payee name Tom Guillian			
Amount (\$) \$800		Payee address; City; State; Zip Code 2215 TOWN LAKE CIRCLE #201 AUSTIN TX 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SAL/WAGES/CONTRACT SERVICES		Description (If travel outside of Texas, complete Schedule T) FIELD DIRECTOR	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/19		Payee name STAPLES			
Amount (\$) 32.23		Payee address; City; State; Zip Code 1701 BARBARA JORDAN BLVD #700 AUSTIN TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OTHER - OFFICE SUPPLIES		Description (If travel outside of Texas, complete Schedule T) PENS/NOTEPAPERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME AUSLEY "TINA" CAMON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/27	5 Payee name TEXAS DEMOCRATIC PARTY	
6 Amount (\$) 550	7 Payee address; City; State; Zip Code 4818 E. Ben White #104 Austin TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FUNDRAISING EXP	(b) Description (If travel outside of Texas, complete Schedule T) VOTER BUILDER (VAN) ACCESS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/28	Payee name FANTAZIA UNION PRO	
Amount (\$) \$570	Payee address; City; State; Zip Code 1-B PRINCETON ROAD FITCHBURG MA 01420	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXP	Description (If travel outside of Texas, complete Schedule T) FLAMINGO'S
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/28	Payee name USPS	
Amount (\$) \$220	Payee address; City; State; Zip Code 4514 Burleson Road Austin TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other - ADVERTISING	Description (If travel outside of Texas, complete Schedule T) MAIL / POSTAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/28	Payee name USPS	
Amount (\$) \$300	Payee address; City; State; Zip Code 4514 Burleson Road Austin TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other	Description (If travel outside of Texas, complete Schedule T) MAIL / POSTAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9		2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/30		5 Payee name MINUTEMAN PRESS			
6 Amount (\$) 167.24		7 Payee address; City; State; Zip Code 1221 W. 6th St Austin TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING SERVICES		(b) Description (If travel outside of Texas, complete Schedule T) HANDBILLS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/30		Payee name BUILD-A-Sign			
Amount (\$) 293.88		Payee address; City; State; Zip Code 11525A Stonet Hollow Dr Austin TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING SERVICES		Description (If travel outside of Texas, complete Schedule T) yard signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/5		Payee name Event Bntr / Capital Factory			
Amount (\$) \$22.09		Payee address; City; State; Zip Code 7th Bldg Austin TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/BEV		Description (If travel outside of Texas, complete Schedule T) Women in Tech meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/5		Payee name City of Austin			
Amount (\$) 35		Payee address; City; State; Zip Code 309 W. 2nd St Austin TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/BEV		Description (If travel outside of Texas, complete Schedule T) Women's Annual Luncheon	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9		2 FILER NAME AUSLEY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/4		5 Payee name Austin Bm Association			
6 Amount (\$) \$15		7 Payee address; City; State; Zip Code 816 Congress #700 Austin TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD/BEV		(b) Description (If travel outside of Texas, complete Schedule T) Lunch	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/9		Payee name El Mercado South			
Amount (\$) 12.74		Payee address; City; State; Zip Code 1302 South 127 Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEV		Description (If travel outside of Texas, complete Schedule T) Environmental items Mtg	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/10		Payee name FACEBOOK			
Amount (\$) \$10		Payee address; City; State; Zip Code 1 HACKER WAY Menlo Park CA 94025			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) online ADS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/12		Payee name Home Depot			
Amount (\$) 33.49		Payee address; City; State; Zip Code 1095 N. Mopac Austin TX 78759			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OTHER - ADVERTISING		Description (If travel outside of Texas, complete Schedule T) Sign suppliers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8		2 FILER NAME ANDREW "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/30/14		5 Payee name Tom Guillian			
6 Amount (\$) \$900		7 Payee address; City; State; Zip Code 2215 TOWN LAKE CIR #204 AUSTIN TX 78721			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SAL/WAGE/Contract		(b) Description (If travel outside of Texas, complete Schedule T) FIELD DIRECTOR	
9 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 4/30/14		Payee name KELLEY GRAPHICS			
Amount (\$) \$246.58		Payee address; City; State; Zip Code 1409 QUAKER RIDGE AUSTIN TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) LABEL STICKERS	
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 4/13		Payee name FANTASIA UNION PRO			
Amount (\$) \$570		Payee address; City; State; Zip Code 7-B PRINCETON RD FITCHBURG MA 01420			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXP		Description (If travel outside of Texas, complete Schedule T) FLAMINGOS	
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 4/22		Payee name THE HOME DEPOT			
Amount (\$) \$246.81		Payee address; City; State; Zip Code 10515 N. MOORE AUSTIN TX 78759			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) WOOD YARD STAKES	
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>8</u>		2 FILER NAME <u>ANDREY "TINA" CANNON</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>6/13</u>		5 Payee name <u>TOM GUILLIAN</u>			
6 Amount (\$) <u>900</u>		7 Payee address; City; State; Zip Code <u>2205 TOWN LAKE C. - #201</u> <u>AUSTIN TX 78741</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>SALARIES/WAGES/Contract labor</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>FIELD STAFF</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <u>6/09</u>		Payee name <u>FACEBOOK</u>			
Amount (\$) <u>\$25.01</u>		Payee address; City; State; Zip Code <u>1 HADLER WAY</u> <u>MENLO PARK CA 94025</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>ADVERTISING EXP</u>		Description (If travel outside of Texas, complete Schedule T) <u>ONLINE ADS</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <u>6/8/14</u>		Payee name <u>JOAN BRINK Photography</u>			
Amount (\$) <u>\$200</u>		Payee address; City; State; Zip Code <u>5103 LEA CORN</u> <u>AUSTIN TX 78731</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contract Services</u>		Description (If travel outside of Texas, complete Schedule T) <u>Event photography</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <u>6/11</u>		Payee name <u>DEMOCRACY ENGINEER . com</u>			
Amount (\$) <u>233.55</u>		Payee address; City; State; Zip Code <u>850 QUINCY ST, NW #402</u> <u>WASHINGTON, DC 20011</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>FUNDRAISING EXP</u>		Description (If travel outside of Texas, complete Schedule T) <u>ONLINE MERCH FEES</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing 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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8		2 FILER NAME Ardley "Tina" Cannon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/15		5 Payee name JUAN A MILLON			
6 Amount (\$) \$8.97		7 Payee address; City; State; Zip Code 2300 E. CESAR CHAVEZ AUSTIN TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD/BEV		(b) Description (If travel outside of Texas, complete Schedule T) H.A.B.L.A. MEETING	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/19		Payee name MINUTEMAN PRESS			
Amount (\$) 167.24		Payee address; City; State; Zip Code 1221 W. CH AUSTIN TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXP		Description (If travel outside of Texas, complete Schedule T) HANDBILLS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/25		Payee name TEXAS DEMOCRATIC PARTY			
Amount (\$) 40		Payee address; City; State; Zip Code 4818 EAST BEN WHITE, SUITE 104 AUSTIN TX 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Exp		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN NETWORKING EVENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/30		Payee name MARLIS GRAS SUPPLIES			
Amount (\$) 34.11		Payee address; City; State; Zip Code 2001 EAST PASS ROAD GULFPORT MS 39507			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) other		Description (If travel outside of Texas, complete Schedule T) BEADS FOR 4th July Parade	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing 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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8		2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/30		5 Payee name Tom Guillian			
6 Amount (\$) 900		7 Payee address; City; State; Zip Code 2215 Town Lake #201 Austin TX 78724			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) Field Staff	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing 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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4		2 FILER NAME Audrey "Tina" Cannon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Date 5/2/14		Payee name El Mercado - Santa			
Amount (\$) 13.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1302 South 1st Street Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/BEV		Description (If travel outside of Texas, complete Schedule T) ENVIA Dona Mtg	
Date 5/5/14		Payee name JES CARRASCO			
Amount (\$) 27.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 600 East Riverside Austin TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/BEV		Description (If travel outside of Texas, complete Schedule T) Lis Austin Dona s Mtg	
Date 5/08/14		Payee name SATAY Restaurant			
Amount (\$) 914.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3202 West Anderson Lane Austin TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/BEV		Description (If travel outside of Texas, complete Schedule T) CAAO Mtg	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing 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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4		2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/22		5 Payee name IREM AUSTIN			
6 Amount (\$) \$45.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO BOX 91028 AUSTIN TX 78709-1028			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Ber		(b) Description (If travel outside of Texas, complete Schedule T) meeting / CODENEXT	
Date 5/14		Payee name POST NET			
Amount (\$) \$79.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3571 FAR WEST AUSTIN TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXP		Description (If travel outside of Texas, complete Schedule T) signs	
Date 5/10/14		Payee name Constant Contact			
Amount (\$) 86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1601 TRAPAO RD WALTHAM MA 02451			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising		Description (If travel outside of Texas, complete Schedule T) EMAIL PROVIDER	
Date 6/10/14		Payee name Constant Contact			
Amount (\$) 86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1601 TRAPAO RD WALTHAM MA 02451			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising		Description (If travel outside of Texas, complete Schedule T) EMAIL PROVIDER	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
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Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
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Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4		2 FILER NAME AUDREY "TINA" Cannon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/05/14		5 Payee name NATION BUILDER			
6 Amount (\$) 19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 448 Hill St #200 Los Angeles CA. 90013			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (If travel outside of Texas, complete Schedule T) Website Host	
Date 4/1/14		Payee name NATION BUILDER			
Amount (\$) 19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 448 Hill St #200 L.A. CA. 90013			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Website Host	
Date 4/07		Payee name HULA HUT			
Amount (\$) 81.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3825 LAKE AUSTIN AUSTIN TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bev		Description (If travel outside of Texas, complete Schedule T) Kickoff Party Apps	
Date 4/02		Payee name POSENET			
Amount (\$) 79.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3571 FAN WAY Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Party Exp		Description (If travel outside of Texas, complete Schedule T) Swag	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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Solicitation/Fundraising Expense
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Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4		2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/08		5 Payee name TINA CANNON CAMPAIGN			
6 Amount (\$) 25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 7100 Mountain Ridge Austin TX 78789			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Accty/Banking		(b) Description (If travel outside of Texas, complete Schedule T) TESTING ONLINE PAYMENT SYSTEM	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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