

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) 20140704 | 2 PAGE # 1 of 20 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Ms. Majorie | | OFFICE USE ONLY Date Received 2014 JUL 14 PM 12:17 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged |
| | NICKNAME LAST SUFFIX Margie Burciaga | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 28366 Austin, TX 78755 | | |
| <input type="checkbox"/> Change of Address | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mindy | | |
| | NICKNAME LAST SUFFIX Montfort | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 100 Guadalupe Austin, TX 78701 | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 651-6375 | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 9 PERIOD COVERED | Month Day Year Month Day Year 03/16/2014 THROUGH 06/30/2014 | | |
| 10 ELECTION | ELECTION DATE Month Day Year 11/04/2014 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Burciaga, Majorie (Ms.)

14 ACCOUNT # (Ethics Commission filers)
2014070415 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages16 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

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

\$ 12,841.03

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 6,065.16

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

17 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Margie Burciaga
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Margie Burciaga, this the 14th day of July, 2014, to certify which, witness my hand and seal of office.

Ann Margaret Franklin
Signature of officer administering oath

Ann Margaret Franklin
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/14 Report: 3/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 06/03/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Maurice (Mrs.) 6 Contributor address; City; State; Zip Code 2516 Wooldridge Austin, TX 78731 | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 06/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adrian, Jan (Mrs.) Contributor address; City; State; Zip Code 2801 Denton Tap Rd Lewisville, TX 75067 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/06/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, Lisa (Mrs.) Contributor address; City; State; Zip Code 1417 Bay Hill Austin, TX 78746 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/30/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amon, Harry and Penny (Mr.) Contributor address; City; State; Zip Code 6454 Hart Lane Austin, TX 78731 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/27/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Russell (Mr.) Contributor address; City; State; Zip Code 3916 Arbor Glen Way Austin, TX 78731 | Amount of contribution (\$) \$150.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/14 Report: 4/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 06/26/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashworth, Stephanie (Ms.) 6 Contributor address; City; State; Zip Code 3713 Eastledge Drive Austin, TX 78731 | 7 Amount of contribution (\$) \$200.00 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) Homemaker | | 10 Employer (See Instructions) N/A | |
| Date 06/20/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barr, Alan (Mr.) Contributor address; City; State; Zip Code 7706 Stoneywood Drive Austin, TX 78701 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/29/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baselice, Julie (Ms.) Contributor address; City; State; Zip Code | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/27/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beck, Frank (Mr.) Contributor address; City; State; Zip Code 8105 Ravello Ridge Cove Austin, TX 78735 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Portfolio Manager | | Employer (See Instructions) Beck Capital Management | |
| Date 06/11/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blanton, Janis (Ms.) Contributor address; City; State; Zip Code 8002 Ceberry Drive Austin, TX 78759 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Property Management | | Employer (See Instructions) Self Employed | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/14 Report: 5/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 05/30/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowers, Corrine (Mrs.) 6 Contributor address; City; State; Zip Code 2620 Spring Lane Austin, TX 78703 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 06/03/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyce, Jim (Mr.) Contributor address; City; State; Zip Code P.O. Box 341596 Austin, TX 78738 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braecklein, Gayle (Ms.) Contributor address; City; State; Zip Code 1704 E. 5th Street Suite 100 Austin, TX 78702 | Amount of contribution (\$) \$332.03 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Yellow Jacket Bar and Grill | |
| Date 06/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braecklein, Gayle (Ms.) Contributor address; City; State; Zip Code 1704 E. 5th Street Suite 100 Austin, TX 78702 | Amount of contribution (\$) \$18.00 | In-kind contribution description (if applicable) Food (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Yellow Jacket Bar and Grill | |
| Date 06/30/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Sheryl (Ms.) Contributor address; City; State; Zip Code 4748 Cat Mountain Drive Austin, TX 78731 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Business | | Employer (See Instructions) Objets Austin Lt. | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 4/14 Report: 6/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 06/25/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Gibert (Mr.) 6 Contributor address; City; State; Zip Code 3734 Hunterwood Point Austin, TX 78746 | 7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Oil and Gas | | 10 Employer (See Instructions) Accent Mgmt | |
| Date 06/01/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Kevin (Mr.) Contributor address; City; State; Zip Code 29213 Harbour Vista Circle ST Augustine, FL 32080 | Amount of contribution (\$) \$15.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Rick (Mr.) Contributor address; City; State; Zip Code 1910 Clear Creek Weatherford, TX 78608 | Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Executive | | Employer (See Instructions) Chase Bank | |
| Date 06/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Virginia (Ms.) Contributor address; City; State; Zip Code 3734 Hunterwood Point Austin, TX 78746 | Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Housewife | | Employer (See Instructions) N/A | |
| Date 05/14/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cohick, Don and Lisa (Mr.) Contributor address; City; State; Zip Code 24 Eton Green Circle Austin, TX 78257 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 5/14 Report: 7/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 05/28/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cook, Tom (Mr.) 6 Contributor address; City; State; Zip Code 1515 Resaca Blvd #1 Austin, TX 78738 | 7 Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Businessman | | 10 Employer (See Instructions) Retired | |
| Date 06/27/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Covert, Melinda (Ms.) Contributor address; City; State; Zip Code 3204 Stratford Hills Lane Austin, TX 78746 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/10/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowden, Coley (Mr.) Contributor address; City; State; Zip Code 3708 Bonnell Dr Austin, TX 78731 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowden, Jeanie (Mrs.) Contributor address; City; State; Zip Code 3708 Bonnell Dr Austin, TX 78731 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Shirley (Ms.) Contributor address; City; State; Zip Code 6310 Mercedes Avenue Dallas, TX 75214 | Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Partner | | Employer (See Instructions) Trammell Crow | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 6/14 Report: 8/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 06/11/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Stuart (Mr.) 6 Contributor address; City; State; Zip Code 6310 Mercedes Avenue Dallas, TX 75214 | 7 Amount of contribution (\$) \$350.00 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) Partner | | 10 Employer (See Instructions) Tammell Crow | |
| Date 06/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Danks, Kelly (Mr.) Contributor address; City; State; Zip Code 3805 Green Trails N Austin, TX 78731 | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Entrepreneur | | Employer (See Instructions) Self Employed | |
| Date 06/27/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donovan, John (Mr.) Contributor address; City; State; Zip Code 2511 Spring Lane Austin, TX 78703 | Amount of contribution (\$) \$301.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Bowling Center Magazine | | Employer (See Instructions) Family Sports Inc. | |
| Date 06/26/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duwe, GD (Mr.) Contributor address; City; State; Zip Code 6802 Rockledge Cove Austin, TX 78731 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gomes, Bonnie (Mrs.) Contributor address; City; State; Zip Code 2305 Barton Creek Blvd Unit 6 Austin, TX 78746 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) VP Business Development | | Employer (See Instructions) Scarab Consulting | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 7/14 Report: 9/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 06/27/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gossard, Tracy (Ms.) 6 Contributor address; City; State; Zip Code 1603 W. 40th Street Austin, TX 78756 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 06/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hazelwood, Mark and Gloria (Mr.) Contributor address; City; State; Zip Code 6500 Lost Horizon Drive Austin, TX 78759 | Amount of contribution (\$) \$325.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Businessman | | Employer (See Instructions) Retired | |
| Date 05/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howlett, Col Byron and Billie (Mr.) Contributor address; City; State; Zip Code 10 Chester Downs San Antonio, TX 78257 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jenkins, Joe (Mr.) Contributor address; City; State; Zip Code 4201 Zuni Drive Austin, TX 78759 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) CH2M Hill | |
| Date 06/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Ginny (Mrs.) Contributor address; City; State; Zip Code 3211 Stratford Dr Austin, TX 78746 | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) N/A | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|--|--|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 8/14 Report: 10/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 06/03/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judah, Diane (Ms.) | | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) | |
| 6 Contributor address; City; State; Zip Code 2917 Brittany Point Lane Austin, TX 78734 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) | | | 10 Employer (See Instructions) | | |
| Date 05/29/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laws, Robert and Bernice (Mr.) | | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) | |
| Contributor address; City; State; Zip Code 212 Far Vela Lane Austin, TX 78734 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 06/11/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liljenwall, Becky (Ms.) | | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) | |
| Contributor address; City; State; Zip Code 4130 Spicewood Springs Rd. Austin, TX 78759 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 05/19/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Madry, Lisa (Ms.) | | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) | |
| Contributor address; City; State; Zip Code 2808 Nordham Dr. Austin, TX 78745-4740 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 06/27/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Jack and Liza (Mr.) | | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) | |
| Contributor address; City; State; Zip Code 401 Bulian Lane Austin, TX 78746 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Attorney | | | Employer (See Instructions) Martin Frost and Hill | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|--|---|--|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 9/14 Report: 11/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 06/08/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Teri Dee (Ms.) | | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) | |
| 6 Contributor address; City; State; Zip Code 3401 Westside Dr Austin, TX 78731 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) | | | 10 Employer (See Instructions) | | |
| Date 05/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCabe, Tim (Mr.) | | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) real estate developer | |
| Contributor address; City; State; Zip Code P.O. Box 5236 Austin, TX 78763 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Investor | | | Employer (See Instructions) Real Estate Development | | |
| Date 06/11/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGillicuddy, Kevin (Mr.) | | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) | |
| Contributor address; City; State; Zip Code 4020 Pinckney St Austin, TX 78723 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Staff | | | Employer (See Instructions) JT Parker and Associates, LLC | | |
| Date 06/30/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Jill (Ms.) | | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) | |
| Contributor address; City; State; Zip Code 3928 Myrick Dr. Austin, TX 78731 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 05/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mullins, Robert (Mr.) | | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) Romoco Equipment Co | |
| Contributor address; City; State; Zip Code 706 Garraty Court Austin, TX 78209 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Owner | | | Employer (See Instructions) Romoco Equipment Co. | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | | | |
|---|---|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 10/14 Report: 12/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 06/30/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murray, Matthew (Dr.) | | 7 Amount of contribution (\$) \$500.00 | | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 303 Wallis Drive Austin, TX 78746 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) Physician | | | 10 Employer (See Instructions) Community Radiology Associates | | |
| Date 05/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norman, JS (Mr.) | | Amount of contribution (\$) \$350.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3917 Myrick Dr. Austin, TX 78731 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Businessman | | | Employer (See Instructions) Retired | | |
| Date 05/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norman, LD (Mr.) | | Amount of contribution (\$) \$350.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3917 Myrick Dr. Austin, TX 78731 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Businessman | | | Employer (See Instructions) Retired | | |
| Date 05/30/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parrs, Cheryl (Ms.) | | Amount of contribution (\$) \$350.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3725 Hunterwood Point Aystin, TX 78746 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) Dell | | |
| Date 05/30/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parrs, Rosendo (Ms.) | | Amount of contribution (\$) \$350.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3725 Hunterwood Point Aystin, TX 78746 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) Retired | | | Employer (See Instructions) Dell | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|--|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | 1 PAGE # Schedule: 11/14 Report: 13/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 06/05/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pasternak, Allison (Mrs.) 6 Contributor address; City; State; Zip Code 8309 Saber Creek Trail Austin, TX 78759 | | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) | | | 10 Employer (See Instructions) | |
| Date 06/11/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Presley, Daniel (Mr.) Contributor address; City; State; Zip Code 8479 Fair Oaks Dr Frisco, TX 75033 | | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Accountant | | | Employer (See Instructions) Comstock Resources | |
| Date 05/13/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rich, Sidney and Marlene (Mr.) Contributor address; City; State; Zip Code 8842 Honeysuckle Trl Austin, TX 78759 | | Amount of contribution (\$) \$300.00 | In-kind contribution description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Author | | | Employer (See Instructions) Retired | |
| Date 06/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simons, Larry and Debbie (Mr.) Contributor address; City; State; Zip Code 4633 Far West Blvd Austin, TX 78731 | | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Businessman | | | Employer (See Instructions) Retired | |
| Date 06/19/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Bob and Kathy (Mr.) Contributor address; City; State; Zip Code 4005 Belmont Park Austin, TX 78746 | | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|--|---|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 12/14 Report: 14/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 06/26/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Snowden, Jo Carol (Ms.) | | 7 Amount of contribution (\$) \$100.00 | | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 7511 Downridge Dr Austin, TX 78731 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) | | | 10 Employer (See Instructions) | | |
| Date 06/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spohr, Cindy and Wolfgang (Mr.) | | Amount of contribution (\$) \$50.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 108 Chippewa Way Gunnison, CO 81230 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 06/13/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanford, Kim (Ms.) | | Amount of contribution (\$) \$25.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3509 Bridle Path Austin, TX 78703 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 06/10/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, John and Nina | | Amount of contribution (\$) \$100.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3267 Bee Caves Rd #107 Austin, TX 78746 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 06/10/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wangler, Betty (Mrs.) | | Amount of contribution (\$) \$100.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 5903 Lonesome Valley Austin, TX 78731 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 13/14 Report: 15/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 05/13/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wayne, Ralph (Mr.) 6 Contributor address; City; State; Zip Code 3902 Pebble Path Austin, TX 78731 | 7 Amount of contribution (\$) \$350.00 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) Businessman | | 10 Employer (See Instructions) Retired | |
| Date 05/13/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Neel (Mrs.) Contributor address; City; State; Zip Code 4220 Garden River Trl Austin, TX 78746 | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) White Construction | |
| Date 05/13/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Pam (Mrs.) Contributor address; City; State; Zip Code 4220 Garden River Trl Austin, TX 78746 | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) White Construction | |
| Date 06/27/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wood, Beth Ann (Ms.) Contributor address; City; State; Zip Code 8820 Silverarrow Circle Austin, TX 78759 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Worley, Edwin (Mr.) Contributor address; City; State; Zip Code 4007 Edgefield Austin, TX 78731 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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

| | | | |
|--|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 14/14 Report: 16/20 | |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 20140704 | |
| 4 Date 05/28/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wright, Ancanetta (Ms.) 6 Contributor address; City; State; Zip Code 12529 Hornbeam Dallas, TX 75243 | 7 Amount of contribution (\$) \$350.00 | 8 In-kind contribution description (if applicable) retired |
| 9 Principal occupation / Job title (See Instructions) Retired | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 10 Employer (See Instructions) Retired | |

LOANS**SCHEDULE E**

| | | |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/1 Report: 17/20 |
| 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (Ethics Commission filers) 20140704 |
| 4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄ | | \$ |
| 5 Date of loan 05/05/2014 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Marjorie (Ms.) | 9 Loan Amount (\$) \$5,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code 3900 Myrick Drive Austin, TX 78731 | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) Owner | | 13 Employer (See Instructions) Self Employed |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor 18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal Occupation | | 21 Employer |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 1/3 Report: 18/20 | | 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (TEC filers) 20140704 | |
| 4 Date 06/26/2014 | 5 Payee name American Party Rental | | | | |
| 6 Amount (\$) \$80.00 | 7 Payee address City; State; Zip Code Austin, TX | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Helium for Balloons | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 06/10/2014 | Payee name Bruce Elfant | | | | |
| Amount (\$) \$74.40 | Payee address City; State; Zip Code Austin, TX | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Data File | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 05/14/2014 | Payee name Greystone Media | | | | |
| Amount (\$) \$1,500.00 | Payee address City; State; Zip Code Austin, TX 78703 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting for Campaign | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 06/06/2014 | Payee name Greystone Media | | | | |
| Amount (\$) \$2,944.18 | Payee address City; State; Zip Code Austin, TX 78703 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Logo Design and Collateral Printing | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 2/3 Report: 19/20 | | 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (TEC filers) 20140704 | |
| 4 Date 06/03/2014 | 5 Payee name Harland Clarke | | | | |
| 6 Amount (\$) \$34.95 | 7 Payee address City; State; Zip Code Austin, TX 78731 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Checks for Campaign | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 05/08/2014 | Payee name HEB | | | | |
| Amount (\$) \$28.96 | Payee address City; State; Zip Code Austin, TX 78731 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cake for Kickoff Event | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 05/08/2014 | Payee name HEB | | | | |
| Amount (\$) \$19.49 | Payee address City; State; Zip Code Austin, TX 78731 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Balloons for Kickoff Event | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 06/30/2014 | Payee name Raise the Money | | | | |
| Amount (\$) \$192.00 | Payee address City; State; Zip Code Little Rock, AR | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Vendor Fees | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

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|--|---|--|--|---|--------------|
| 1 PAGE # Schedule: 3/3 Report: 20/20 | | 2 FILER NAME Burciaga, Majorie (Ms.) | | 3 ACCOUNT # (TEC filers) 20140704 | |
| 4 Date 06/05/2014 | 5 Payee name Wells Fargo | | | | |
| 6 Amount (\$) \$15.00 | 7 Payee address City; State; Zip Code Austin, TX 78731 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Wire Fee | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 04/02/2014 | Payee name Worley, Kristen (Ms.) | | | | |
| Amount (\$) \$108.00 | Payee address City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Administrative support | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 04/07/2014 | Payee name Worley Printing | | | | |
| Amount (\$) \$47.09 | Payee address City; State; Zip Code 3227 N IH 35 Austin, TX 78722 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 06/26/2014 | Payee name Worley Printing | | | | |
| Amount (\$) \$1,021.09 | Payee address City; State; Zip Code 3227 N IH 35 Austin, TX 78722 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |