Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 FORM COR-PAC CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE 2 PAGE# 1 ACCOUNT # 00064953 .1 of 12 3 COMMITTEE Texans for Accountable Government OFFICE USE ONLY NAME 4 TREASURER LAST Reginelli, Trey (Mr.) NAME 5 ORIGINAL January 15 Runoff REPORT 10th day after campaign treasurer termination July 15 **TYPE** 30th day before election Dissolution Report Receipt # Other (specify), 8th day before election Day Month Day 6 ORIGINAL PERIOD Date Processed THROUGH COVERED 01/01/2014 06/30/2014 Date Imaged 7 EXPLANATION OF CORRECTION Corrected Committee Activity section to note support for Laura Pressley for Austin City Council, District 4. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: Semiannual reports: This report is an amendment/correction to a semi-Х annual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports (excluding semiannual reports): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Trey Reginelli AFFIX NOTARY STAMP / SEAL ABOVE Signature of Campaign Treasurer Sworn to and subscribed before me by day of to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

	•			
The GPAC Instruction Gui	DE explains how to complete th	is form. 1 ACCOU	NT # ommission filers)	2 PAGE#
· ·	•	00064		2 of 12
3 COMMITTEE NAME				OFFICE USE ONLY
Texans for Account	table Government			Date Received
and the second second	. <i>•</i>	•		
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE	#; CITY;	STATE: ZIP CODE	
4 COMMITTEE ADDRESS		ν , ΟΠΤ,	STATE, ZIP CODE	
	1306 Baronets Trl Austin, TX 78753	·		
Change of Address		•		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS/MRS/MR FIRS		Mi	
TREASURER	Mr. Trey		IVII	
NAME	· · · · · · · · · · · · · · · · · · ·			Receipt # Amount
	NICKNAME LAS Regi		SUFFIX	Date Processed
	i vegi	iriem		Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	E): APT / SUITE #	CITY; STATE;	ZIP CODE
TREASURER'S STREET ADDRESS	1306 Baronets Trl			
(Residence or business)	Austin, TX 78753			
	,			
7 CAMPAIGN	STREET OR PO BOX;	APT/SUITE#;	CITY; STA	TE; ZIP CODE
TREASURER'S MAILING ADDRESS		P ₂		
WAILING ADDITION	1306 Baronets Trl			•
	Austin, TX 78753	•		•
Change of Address	•			
8 CAMPAIGN	AREA CODE PHONE NUM	BER	EXTENSION	
TREASURER PHONE	(832) 515-7550	•	·	
9 REPORT TYPE :	January 15 🔲 30th	day before election	·	Dissolution (attach PAC-DR)
,		day before election		10th day after campaign
	X July 15 Run	off 		treasurer termination
10 PERIOD	Month Day Year	THROUGH	Month Day	Year
COVERED	01/01/2014	IAROUGH	06/30/2	014
44 ELECTION	ELECTION DATE	ELECTION TYPE		
11 ELECTION	Month Day Year		_	· , \
<u> </u>		Primary	Runoff .	General Special
	. ,		- · ·	·
	•	GO TO PAGE	2	
				•
		-		
		•		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

			<u> </u>		,	
12	COMMITTEE NAME	Texans for Accountable	Government		ACCOUNT # 00064953	
13	COMMITTEE ACTIVITY	1. Candidates	A. Supported Laura Pi	ressley for Austin City Co	ouncil Dist. 4	-
	(Attach lists on	(identify by name or, if applicable, classify by party)	B. Opposed			
	plain paper to complete this report if	2. Measures	A. Supported			. •
	necessary.)	(describe by date and location of election and nature of issue)	B. Opposed		· · · · · · · · · · · · · · · · · · ·	
		Officeholders Assisted			٠.,	
		(identify by name or, if applicable, classify by party)				,
14	CONTRIBUTION TOTALS	1. TOTAL POLIT PLEDGES, LC (OR \$100 OR	CAL CONTRIBUTIONS OF \$50 OR LE ANS, OR GUARANTEES OF LOANS), LESS IF QUALIFIED FOR HIGHER TH	SS (OTHER THAN UNLESS ITEMIZED RESHOLD)	\$	1,050.00
			ere if this report qualifies for the high	gher itemization threshold.	,	
		2. TOTAL POL (OTHER THAI	ITICAL CONTRIBUTIONS I PLEDGES, LOANS, OR GUARANTEE	ES OF LOANS)	\$	2,787.12
	EXPENDITURE TOTALS	3. TOTAL POLIT	CAL EXPENDITURES OF \$100 OR LE	SS, UNLESS ITEMIZED	\$	208.11
		4. TOTAL POL	ITICAL EXPENDITURES		\$	3,247.96
	CONTRIBUTION BALANCE	5. TOTAL POLIT OF THE REPO	CAL CONTRIBUTIONS MAINTAINED RTING PERIOD	AS OF THE LAST DAY	\$	6,030.28
	OUTSTANDING LOAN TOTALS	6. TOTAL PRINC LAST DAY OF	IPAL AMOUNT OF ALL OUTSTANDIN THE REPORTING PERIOD	G LOANS AS OF THE	\$	0.00
15	AFFIDAVIT	<u> </u>		1	<u> </u>	
•	ALLIDAVII		report is true and	n, under penalty of perjuid d correct and includes all under Title 15, Election C	information requir	panying ed to be
			•			
				·		·
			Trey Reginelli			•
			-	Signature of Campaigr	Treasurer	
AF	FIX NOTARY STAMP	/ SEAL ABOVE				•
Sv	vorn to and subsc	ribed before me, by the sa	iid	· · · · · · · · · · · · · · · · · · ·	., this the	day
of.	· 	• •	which, witness my hand and se	al of office		
		, 10 00.00)	The state of the s			
					,	
- 5	Signature of officer	administering oath	Printed name of officer administer	ring oath Title of o	fficer administering of	ath
١.						

					· · · · · · · · · · · · · · · · · · ·	·
	The Instruction	N GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 1/5	5 Report: 4/12
2	FILER NAME	Texans for Accountable G	Government		3 ACCOUNT# 00064953	(Ethics Commission filers)
4	Date	5 Full name of contributor Arman, Justin (Mr.)	out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	01/31/2014	6 Contributor address; 2052 Club Crossing New Braunfels, TX 78130	City; State; Zip Code		\$10.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Web Designe	ation / Job title (See Instruction r	is)	10 Employer (See In Self	structions)	
,	Date	Full name of contributor Arman, Justin (Mr.)	out-of-state PAC (ID#	.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2014	Contributor address; 2052 Club Crossing New Braunfels, TX 78130	City, State, Zip Code		\$10.00	
		New Braumers, 12 70130		*		<u> </u>
			;			Texas, complete Schedule T)
	Principal occup Web Designe	ation / Job title (See Instruction	ns) 	Employer (See In Self	structions)	
,	Date	Full name of contributor Arman, Justin (Mr.)	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
٠.	03/31/2014	Contributor address, 2052 Club Crossing New Braunfels, TX 78130	City, State, Zip Code		\$10.00	
					l .	Texas, complete Schedule T)
	Principal occup Web Designe	oation / Job title (See Instruction er	ns)	Employer (See In Self	structions)	
	Date	Full name of contributor Arman, Justin (Mr.)	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
·	04/28/2014	Contributor address; 2052 Club Crossing New Braunfels, TX 78130	City; State; Zip Code		\$180.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occur Web Designe	pation / Job title (See Instruction er	าร)	Employer (See In Self	structions)	
	Date	Full name of contributor Arman, Justin (Mr.)	out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/30/2014	Contributor address; 2052 Club Crossing New Braunfels, TX 78130	City, State, Zip Code		\$10.00]
					(If two year a contains	Towas complete Schooling Ti
<u> </u>	Dringing age:	ation / Job title (See Instruction	26/	Employer (See In	1.'	Texas, complete Schedule T)
	Web Designe		10)	Self	iou doubliby	

P.O.Box 12070

	OTHER TIME LEDGES OR ESAMS				
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 2/5	5 Report: 5/12
2	FILER NAME	Texans for Accountable Government		3 ACCOUNT# 00064953	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#Arman, Justin (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/31/2014	6 Contributor address; City; State; Zip Code 2052 Club Crossing New Braunfels, TX 78130		· \$10.00	1 ' ' ' . I I
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Web Designe	pation / Job title (See Instructions) er	10 Employer (See In Self	structions)	
	Date	Full name of contributor	+)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 2052 Club Crossing New Braunfels, TX 78130		\$10.00	
			-	(If travel outside of	Texas, complete Schedule T)
-:-	Principal occup Web Designe	l pation / Job title (See Instructions) er	Employer (See In Self	L	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/07/2014	Contributor address; City; State; Zip Code 2715A Manor Rd Austin, TX 78722		\$25.00	[]
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Software Dev	pation / Job title (See Instructions) /eloper	Employer (See In Lone Star Interr		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/07/2014	Contributor address; City; State; Zip Code 2715A Manor Rd Austin, TX 78722		\$25.00	
	•				Texas, complete Schedule T)
	Principal occup Software Dev	pation / Job title (See Instructions)	Employer (See In Lone Star Interr		
	Date	Full name of contributor	<u>;</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/07/2014	Contributor address; City; State; Zip Code 2715A Manor Rd Austin, TX 78722		\$25.00	1 1 1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Software Dev	pation / Job title (See Instructions) /eloper	Employer (See In Lone Star Intern		

	· · · · · · · · · · · · · · · · · · ·
The Instruction Guide explains how to complete this form.	1 PAGE# Schedule: 3/5 Report: 6/12
2 FILER NAME Texans for Accountable Government	3 ACCOUNT # (Ethics Commission filers) 00064953
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID: Hauboldt, Christopher (Mr.)	#
04/07/2014 6 Contributor address; City; State; Zip Code 2715A Manor Rd Austin, TX 78722	\$25.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Software Developer	10 Employer (See Instructions) Lone Star Internet, Inc.
Date Full name of contributor out-of-state PAC (ID: Hauboldt, Christopher (Mr.)	#) Amount of In-kind contribution contribution (\$) description (if applicable)
05/07/2014 Contributor address; City; State; Zip Code 2715A Manor Rd Austin, TX 78722	\$25.00
·	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Software Developer	Employer (See Instructions) Lone Star Internet, Inc.
Date Full name of contributor out-of-state PAC (ID Hauboldt, Christopher (Mr.)	#) Amount of In-kind contribution contribution (\$) description (if applicable)
06/07/2014 Contributor address; City; State; Zip Code 2715A Manor Rd Austin, TX 78722	\$25.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Software Developer	Employer (See Instructions) Lone Star Internet, Inc.
Date Full name of contributor	#) Amount of In-kind contribution contribution (\$) description (if applicable)
05/13/2014 Contributor address; City; State; Zip Code 1205 Summit Edge Austin, TX 78732	\$700.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Sales	Employer (See Instructions) Zep, Inc.
Date Full name of contributor out-of-state PAC (ID Kleffman, Nathan (Mr.)	#) Amount of In-kind contribution contribution (\$) description (if applicable)
O1/15/2014 Contributor address; City; State; Zip Code 1113 Banister Ln # 118 Austin, TX 78704	\$172.12
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Consultant	Employer (See Instructions) Accenture

Texas Ethics Commission

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/5	5 Report: 7/12
2	FILER NAME	Texans for Accountable Government		3 ACCOUNT# 00064953	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Vad, Vik (Mr.)	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
:	01/16/2014	6 Contributor address; City; State; Zip Code 3806 Skipton Dr Austin, TX 78727		\$100.00	
		•		(If travel outside of	Texas, complete Schedule T)
9	Principal occup Realtor	ation / Job title (See Instructions)	10 Employer (See In Better Homes 8	structions) k Gardens Real Es	state
	Date	Full name of contributor	<u>*</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/03/2014	Contributor address; City; State; Zip Code 6002 Travis Woods Cv. Austin, TX 78734		\$50.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	l '	Texas, complete ochedule 1)
	Attorney		Self		
	Date	Full name of contributor □ out-of-state PAC (IDa Ward, Jerri (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/14/2014	Contributor address; City; State; Zip Code 6002 Travis Woods Cv. Austin, TX 78734		\$100.00	
					Texas, complete Schedule T)
	Principal occup Attorney	eation / Job title (See Instructions)	Employer (See In Self	structions)	,
	Date	Full name of contributor ☐ out-of-state PAC (ID: Ward, Jerri (Ms.)	#) .	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/12/2014	Contributor address; City; State; Zip Code 6002 Travis Woods Cv. Austin, TX 78734		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Self	estructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City; State; Zip Code 6002 Travis Woods Cv. Austin, TX 78734		\$50.00	!
		·		(If travel outside of	Texas, complete Schedule T)
	Principal occup	Dation / Job title (See Instructions)	Employer (See In	1 -	, ,
•	Attorney		Self	-	

	· · · · · · · · · · · · · · · · · · ·			
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/5	5 Report: 8/12
2 FILER NAME	Texans for Accountable Government		3 ACCOUNT# 00064953	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Zimmerman, Bo (Mr.)	!	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/25/2014	6 Contributor address; City; State; Zip Code 1907 Cameo Dr. Round Rock, TX 78664		\$25.00	l . l . l .
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Software Eng	pation / Job title (See Instructions) gineer	10 Employer (See In Bioware	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/25/2014	Contributor address; City; State; Zip Code 1907 Cameo Dr. Round Rock, TX 78664		\$25.00	
		•	(If travel outside of	Texas, complete Schedule T)
. Principal occup Software Eng	L pation / Job title (See Instructions) gineer	Employer (See In Bioware	· ·	Texas, complete schedule ()
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/2014	Contributor address; City; State; Zip Code 1907 Cameo Dr. Round Rock, TX 78664		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur Software Eng	pation / Job title (See Instructions) gineer	Employer (See In Bioware	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/25/2014	Contributor address; City; State; Zip Code 1907 Cameo Dr. Round Rock, TX 78664	· · · · · · · · · · · · · · · · · · ·	\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Software Eng	pation / Job title (See Instructions) gineer	Employer (See In Bioware	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/25/2014	Contributor address; City; State; Zip Code 1907 Cameo Dr. Round Rock, TX 78664		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Software Eng	gineer	Employer (See In Bioware	estructions)	•

SCHEDULE F

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fundrais	tract Labor Loan R ing Expense Transp Contrib t Can ntal Expense OTHER	epayment/Reimbursement ortation Equipment & Related Expense utions/Donations Made By didate/Officeholder/Political Committee R (enter a category not listed above)
1 PAGE# Schedule: 1/4 Re	port: 9/12 FILER NAME Texans for Accountable Government		3 ACCOUNT# (TEC filers) 00064953
4 Date	5 Payee name		
04/30/2014 6 Amount (\$)	Chuck's Graphics LLC 7 Payee address City; State; Zip Code		
\$894.70 Expenditure from corporate funds	17821 Golden Valley Dr. Manor, TX 78653		•
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel T-Shirts	outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Päyee name		
01/22/2014 ′	Constant Contact		
Amount (\$)	Payee address City; State; Zip Code 122 Hudson Street		
\$37.31 Expenditure from corporate funds	New York, NY 10013		
PURPOSE	Category (See Categories listed at the top of this schedule)	· · ·	outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Email List	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 02/24/2014	Payee name Constant Contact		
Amount (\$)	Payee address . City; State; Zip Code		
\$37.31 Expenditure from corporate funds	122 Hudson Street New York, NY 10013		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel Email List	outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 03/24/2014	Payee name Constant Contact		
Amount (\$)	Payee address City; State; Zip Code		
\$37.31 Expenditure from corporate funds	122 Hudson Street New York, NY 10013		
PURPOSE	Category (See Categories listed at the top of this schedule)	•	outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Email List	
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought.	Office held:

SCHEDULE F

	· · · · · · · · · · · · · · · · · · ·	1	
Advertising Exper Accounting/Banki Consulting Expen Event Expense Fees	ing Legal Services Solicitation/Fundraisin ise Food/Beverage Expense Travel in District Polling Expense Travel Out 07 District Printing Expense Office Overhead/Rent The Instruction Guide explains how to	ract Labor Loan Repayming Expense Transportation Contributions// Candidate/Call Expense OTHER (enter	ant/Reimbursement Equipment & Related Expense Donations Made By Officeholder/Political Committee a category not listed above)
1 PAGE# Schedule: 2/4 Re	port: 10/12 2 FILER NAME Texans for Accountable Government		3 ACCOUNT # (TEC filers) 00064953
4 Date 04/22/2014	5 Payee name Constant Contact		
6 Amount (\$) \$37.31 Expenditure from corporate funds	7 Payee address City; State; Zip Code 122 Hudson Street New York, NY 10013		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside Email List	of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 05/22/2014 Amount (\$)	Payee name Constant Contact Payee address City; State; Zip Code		
\$37.31 Expenditure from corporate funds	122 Hudson Street New York, NY 10013		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside Email List	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 06/23/2014	Payee name Constant Contact		<u> </u>
Amount (\$) \$37.31 Expenditure from corporate funds	Payee address City; State; Zip Code 122 Hudson Street New York, NY 10013		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside Email List	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 01/15/2014	Payee name Fazio, Heather (Ms.)		
Amount (\$) \$369.83 Expenditure from corporate funds	Austin, TX 78705		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside 2013 Holiday Party Food	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder.name	Office sought:	Office held:

SCHEDULE F

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ting Legal Services Solicitation/Fundr	Contract Labor Loan Repayment/Reimbursement raising Expense Transportation Equipment & Related Expense Contributions/Donations Made By trict Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 3/4 Re	eport: 11/12 Texans for Accountable Governmen	t 00064953
4 Date	5 Payee name	
02/12/2014	Fazio, Heather (Ms.)	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$150.65	500 Wilmes Dr.	
Expenditure from	Austin, TX 78705	
Corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Event Expense	Event Travel Expenses - Texas Drug Policy Conference
EXPENDITURE		Samuranos
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/QH		omas nota.
Date	Payee name	
01/16/2014	FOCUSOGRAPHY Media	
Amount (\$)	Payee address City; State; Zip Code	
\$150.00	2504 Huntwick #1210 Austin, TX 78741	
Expenditure from corporate funds		•
-	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Holiday Party Photography
OF EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	·	
Date	Payee name	
01/13/2014	H.O.T. Goodwill	•
Amount (\$)	Payee address City; State; Zip Code	
\$173.19	1700 S. New Road	
Expenditure from	Waco, TX 76711	
corporate funds		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Event Expense	Supplies for Texas Drug Policy Conference
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Sandado / Sinderiologi Hamo	Office sought.
to benefit C/OH		
Date	Payee name	
06/05/2014	Pressley, Laura (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$350.00	P.O. Box 82763 Austin, TX 78708	•
Expenditure from corporate funds	7.45ang 174.75755	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Contributions/Donations Made By	Contribution for Austin City Council Campaign
OF EXPENDITURE	Candidate/Officeholder/Political Committee	- 237 - 247
EN ENDITORE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Pressley, Laura (Ms.)	Austin City Council District 4

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

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

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

Palling Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# FILER NAME Texans for Accountable Government 00064953 Schedule: 4/4 Report: 12/12 5 Payee name Date Salesforce.com, Inc. 03/05/2014 Payee address City; State; Zip Code Amount (\$) The Landmark @ One Market \$303.81 Suite 300 Expenditure from San Francisco, CA 94105 corporate funds (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense **CRM License** OF EXPENDITURE Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Payee name Salesforce.com. Inc. 06/05/2014 Amount (\$) Payee address City; State; Zip Code The Landmark @ One Market \$303.81 Suite 300 Expenditure from corporate funds San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense **CRM License** OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Payee name Windsor Hills Neighborhood Association 02/26/2014 Amount (\$) Payee address City: State: Zip Code 9510 Dallum Dr. \$120.00 Austin, TX 78753 Expenditure from corporate funds Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Advertising Expense Newsletter Advertisement OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH