CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guid	E explains how to complete this	i form. (E	CCOUNT # thics Commission filers) 0000001	2 PAGE# 1 of 40		
3 CANDIDATE /	MS/MRS/MR FIRS		М	OFFICE	USE ONLY	
OFFICEHOLDER NAME	Mr. Jame	es	Α	Date Received		
•	NICKNAME LAS		SUFFIX		•	
	Jimmy Pave	r			2	
					A1 2014	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE	#; CITY;	STATE; ZIP CODE		TIIL TISU	
OFFICÉHOLDER MAILING	7204 Burnet Dd				· ~ =	
ADDRESS	7301 Burnet Rd Ste 102, #206			Date Hand-delivere	d or Date Restmarked	
Change of Address	Austin, TX 78757				E E	
Change of Address					PM PEC	
				Receipt #	Amount	
5 CAMPAIGN	MS / MRS / MR FIRS	ST	MI	Date Processed	<u>5</u>	
TREASURER NAME	Mr. Willia	am	. R	Date Imaged		
	NICKNAME LAS		SUFFIX	<u> </u>		
	Bill Pave	er				
		<u>.</u>		-		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEAS	E); APT / SUITE #;	CITY; STATE;	ZIP CODE		
ADDRESS	1910 Justin Ln					
(Residence or business)	Austin, TX 78757					
7 CAMPAIGN	AREA CODE PHONE NUM	4850	EXTENSION			
TREASURER			EXTENSION			
PHONE	(512) 336-2863					
8 REPORT TYPE						
• REFORM THE	January 15 30th	day before election	Runoff		campaign treasurer officeholder only)	
				арролипочи (omeended omy)	
	X July 15 Bih	day before election	Exceeded \$500 limit	Final report (A	ttach C/OH - FR)	
9 PERIOD COVERED	Month Day Year		Month Day	Year		
		THROUGH				
	04/15/2014		06/30/2	014		
10 ELECTION	ELECTION DATE	ELECTION TYPE		<u> </u>		
	Month Day Year	Primary	Runoff X	General	Special	
	11/04/2014	· · · · · · · · · · · · · · · · ·		General	Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if know	vn)		
			Austin City Counci	District 7		
						
		GO TO PAG	E 2			

Texas Ethics Commission	P.O. Box 120	70 Austin, Texas 78711-2070	(512)463-5800	TDD 1-800-735-2989		
CANDIDATE SUPPORT &		OLDER REPORT:		FORM C/OH SHEET PG 2		
13 C/OH NAME Paver	, James	A (Mr.)	14 ACCOUNT # 00000001	(Ethics Commission filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S) This box is for notice of political expenditures by political committees to support the can have been made without the candidate's or officeholder's knowledge or consent. Candidate information only if they receive notice of such expenditures COMMITTEE TYPE COMMITTEE NAME COMMITTEE NAME			the candidate / officeholder. Tandidates and officeholders are	hese expenditures may e required to report this		
	GENERAL	COMMITTEE ADDRESS				
☐ additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIA		0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,581.90		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS IT	\$	0.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$	18,046.41		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	40,535.49		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	F THE \$	40,000.00		
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. KENNETH A. RICHEY, JR. Notary Public, State of Texas My Commission Expires December 22, 2015 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said of Joly , 20 14 , to certify which, witness my hand and seal of office. Multiple A. Mich A. Mich A. Kerneth A. Richey , Jr. Notary Rubblic						
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer admi	ry FUE/IC inistering oath		

<u> </u>		·		
The INSTRUCTION GUIDE explains how to complete the	his form.		1 PAGE # Schedule: 1/2	23 Report: 3/40
2 FILER NAME Paver, James	A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date 5 Full name of contributor □ ou Adair, Tina	t-of-state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/29/2014 6 Contributor address; City; 1506 Garden St Anchorage, AK 99508-2941	State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Editor		10 Employer (See Ins HDR, Inc.	structions)	
Date Full name of contributor □ ou Atherton, Richard	t-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/12/2014 Contributor address; City; 6818 Truxton Dr Dallas, TX 75231-5718	State; Zip Code		\$100.00]
Ballas, 1X13251 0110				_
Principal occupation / Job title (See Instructions)		Employer /See Inc	*	Texas, complete Schedule T)
Sales Rep		Employer (See Ins The Standard	structions)	
Date Full name of contributor ☐ ou Barbot, Nadia	t-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/13/2014 Contributor address; City; 5505 Shoalwood Ave Austin, TX 78756-1621	State; Zip Code	•••••	\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Client Marketing		Employer (See Ins Bazaarvoice	structions)	
Date Full name of contributor □ ou Berg, Cecilia	t-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014 Contributor address; City; 7006 Shoal Creek Blvd Austin, TX 78757-4384	State; Zip Code	······································	\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Speech Therapist		Employer (See Ins Brighton Garder		
Date Full name of contributor ☐ ou Beuerlein, Laura	t-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
06/27/2014 Contributor address; City; 2605 Woodmont Ave Austin, TX 78703-3260	State; Zip Code		\$350.00	
7.45.m, 17.10105-0200				- -
Principal occupation / Job title (See Instructions)		Employer (See In-		Texas, complete Schedule T)
Executive Vice President		Employer (See Ins Heritage Title Co	structions) ompany of Austin	, Inc

	The Instruction	N Guide explains how to complete this form	n.		1 PAGE#	23 Report: 4/40		
2	FILER NAME	Paver, James	A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-star Blackwelder, Jeffrey	te PAC (ID#	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/30/2014	6 Contributor address; City; State; 5805 Highland Hills Dr Austin, TX 78731-4234	Zip Code		\$100.00	 		
					(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Retired	ation / Job title (See Instructions)		10 Employer (See In: N/A	structions)			
	Date	Full name of contributor ut-of-state Blanke, Leslie	te PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/11/2014	Contributor address; City; State; 1401 Ethridge Ave Austin, TX 78703-2539	Zip Code	•••••	\$10.00	 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup Adjunct Profe	ation / Job title (See Instructions) ssor		Employer (See In Concordia Unive				
	Date	Full name of contributor	te PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/29/2014	Contributor address; City; State; 3401 University Blvd Houston, TX 77005-3355	Zip Code	•••••	\$100.00	 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup Author	ation / Job title (See Instructions)		Employer (See In: Diann Boehm	structions)			
	Date	Full name of contributor ut-of-state ut-of	e PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/29/2014	Contributor address; City; State; 3401 University Blvd Houston, TX 77005-3355	Zip Code	• • • • • • • • • • • • • • • • • • • •	\$100.00	 		
				_		Texas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)		Employer (See In: Fulbright & Jaw	structions) orski LLP			
	Date	Full name of contributor ut-of-state out-of-state out-o	e PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/10/2014	Contributor address; City; State; 300 W 6th St Ste 2030	Zip Code		\$350.00	 		
		Austin, TX 78701-3918			(If travel outside of	Texas, complete Schedule T)		
	Principal occup Homemaker	ation / Job title (See Instructions)		Employer (See In:		- vasa, complete schedule i)		
	. ioniomandi			NA				

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/	23 Report: 5/40			
2	FILER NAME	Paver, James A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Borders, Tom	#)	7 Amount of contribution (\$)	8			
	05/10/2014	6 Contributor address; City; State; Zip Code 300 W 6th St Ste 2030 Austin, TX 78701-3918		\$350.00	 			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In Self		Texas, complete Schedule T)			
<u> </u>								
	Date	Full name of contributor	±)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/09/2014	Contributor address; City; State; Zip Code 8625 Merlin Dr Houston, TX 77055-6650	• • • • • • • • • • • • • • • • • • • •	\$350.00	 			
		11000001, 17(110000000		(If travel outside of	Texas, complete Schedule T)			
		ation / Job title (See Instructions)	Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·			
	Lawyer	<u> </u>	Chamberlain	<u> </u>				
	Date	Full name of contributor □ out-of-state PAC (ID# Bowlin, Paige (Mrs.)	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/09/2014	Contributor address; City; State; Zip Code 8625 Merlin Dr Houston, TX 77055-6650	••••	\$350.00	 			
				(if travel outside of	Texas, complete Schedule T)			
	Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See In NA					
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/23/2014	Contributor address; City; State; Zip Code PO Box 1148 Dripping Springs, TX 78620-1148	• • • • • • • • • • • • • • • • • • • •	\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Attomey	ation / Job title (See Instructions)	Employer (See In BRAUN & GRE	structions) SHAM, PLLC				
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/19/2014	Contributor address; City; State; Zip Code 13612 N. Stone Lane Spokane, WA 99208	•	\$100.00	 			
				(If travel outside of	Texas, complete Schedule T)			
_	Principal occup Manager	ation / Job title (See Instructions)	Employer (See In Washington Wa	structions)				

The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 4/2	23 Report: 6/40				
2 FILER NAME	Paver, James A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)				
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Bruns, James)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)				
05/09/2014	6 Contributor address; City; State; Zip Code 10825 Clark St Davidson, NC 28036-7613		\$250.00					
			(If travel outside of	Texas, complete Schedule T)				
9 Principal occup VP, Client Ma	pation / Job title (See Instructions) anagement	10 Employer (See Ins GMR Marketing						
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
06/25/2014	Contributor address; City; State; Zip Code 10825 Clark St Davidson, NC 28036-7613		\$100.00	 				
			(If travel outside of	Texas, complete Schedule T)				
Principal occup VP, Client Ma	pation / Job title (See Instructions) anagement	Employer (See In: GMR Marketing	structions)					
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
06/30/2014	Contributor address; City; State; Zip Code 502 S Pine St Georgetown, TX 78626-5120	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$25.00	 				
			(If travel outside of	Texas, complete Schedule T)				
Principal occup Campaign Ma	pation / Job title (See Instructions) anager	Employer (See In: Jimmy Paver fo	structions) r Austin					
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
05/21/2014	Contributor address; City; State; Zip Code 12804 Marimba Trl Austin, TX 78729-7373		\$100.00	 				
			<u> </u>	Texas, complete Schedule T)				
Child Care	pation / Job title (See Instructions)	Employer (See In: Retired	structions)					
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
05/19/2014	Contributor address; City; State; Zip Code 3028 Sunland Dr Austin, TX 78748-2067		\$25.00	! 				
			(If travel outside of	Texas, complete Schedule T)				
	pation / Job title (See Instructions) Success By 6	Employer (See In: United Way for						

P.O.Box 12070

	The Instruction	GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/	23 Report: 7/40			
2	FILER NAME	Paver, James A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor ut-of-state PAC (I Carson, Chris	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/05/2014	6 Contributor address; City; State; Zip Code 1106 Big Bill Ct Austin, TX 78734-6368	:	\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup CEO	ation / Job title (See Instructions)	10 Employer (See In Fine Line Comr					
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/29/2014	Contributor address; City; State; Zip Code 5090 Richmond Ave Apt 624	;	\$50.00	l !			
		Houston, TX 77056-7402		(If travel outside of	Texas, complete Schedule T)			
		ation / Job title (See Instructions)	Employer (See In	structions)				
	Education		Cyfair ISD					
-	Date	Full name of contributor		1	1			
	Date	Full name of contributor	D#	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/27/2014	Contributor address; City; State; Zip Code 1807 Treadwell St Austin, TX 78704-2147	:	\$40.00	1. 			
				(if travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In		rozas, complete concesse 1)			
	Paralegal			ttorney General o	f Texas			
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/09/2014	Contributor address; City; State; Zip Code 43 Rainey St No. 2601 Austin, TX 78701	3	\$350.00	1 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Attomey	ation / Job title (See Instructions)	Employer (See In Mitchell & Coln					
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/05/2014	Contributor address; City: State; Zip Code 7425 Amanda Ellis Way Austin, TX 78749-2174		\$50.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Administrative	ation / Job title (See Instructions)	Employer (See In	structions)				
			Foreign Creder	itials Service of Ai	nenca			

	The Instruction	Guide explains how to complete this form.		1 PAGE # Schedule: 6/2	23 Report: 8/40		
2	FILER NAME	Paver, James A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# De La Fuente, Luis	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	05/13/2014	6 Contributor address; City; State; Zip Code 301 Brazos St Unit 1102 Austin, TX 78701-4627		\$100.00	 		
				(if travel outside of	Texas, complete Schedule T)		
9	Principal occup Operations M	ation / Job title (See Instructions) lanager	10 Employer (See In: Lloyds Register				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/29/2014	Contributor address; City; State; Zip Code 2712 Privada Dr The Villages, FL 32162-0065		\$10.00	 		
		_		L	Texas, complete Schedule T)		
	Principal occup Travel Consul	ation / Job title (See Instructions) Itant	Employer (See In	structions)	·		
	Date	Full name of contributor ut-of-state PAC (ID# Fine, Rick	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/05/2014	Contributor address; City; State; Zip Code 1313 Spyglass Dr Austin, TX 78746-6906		\$350.00	 		
L			<u> </u>	<u> </u>	Texas, complete Schedule T)		
	Principal occup Attomey	pation / Job title (See Instructions)	Employer (See In Self-Employed	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Gannon, Greg	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/09/2014	Contributor address; City; State; Zip Code 1517 Junior Dr Dallas, TX 75208-2423		\$50.00	 		
L				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Marketing Ma	ation / Job title (See Instructions) anager	Employer (See In First Co.	nstructions)			
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 1506 Garden St Anchorage, AK 99508-2941	•••••	\$100.00	 		
	<u> </u>	L		L '	Texas, complete Schedule T)		
		pation / Job title (See Instructions) deral Defender	Employer (See In United States C				

	The INSTRUCTION	ON GUIDE explains how to con	plete this form.	·	1 PAGE# Schedule: 7/	23 Report: 9/40		
2	FILER NAME	Paver, James	A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor Garton, Kristine	out-of-state PAC (ID#	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/30/2014	6 Contributor address; 4215 Evans Dr Boulder, CO 80303-2545	City; State; Zip Code		\$10.00	 		
					(if travel outside of	Texas, complete Schedule T)		
9	Principal occup Category Mai	ation / Job title (See Instruction nager	ns)	10 Employer (See In MillerCoors	structions)			
	Date	Full name of contributor George, Christen	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/29/2014	Contributor address; 1700 Seaspray Ct Apt 2158	City; State; Zip Code		\$5.00	 		
		Houston, TX 77008-3145			(if travel outside of	Texas, complete Schedule T)		
	Principal occup Marketing	ation / Job title (See Instruction	ns)	Employer (See In Mercer	structions)			
	Date	Full name of contributor Gonzales, Julie	☐ out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/29/2014	Contributor address; 122 Jardin Vis San Antonio, TX 78258-773	City; State; Zip Code		\$5.00	 		
			•		(If travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instruction ance Director	ns)	Employer (See In Stepping Stone				
	Date	Full name of contributor Goodwin, Adrienne	out-of-state PAC (ID#	()	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/22/2014	Contributor address; 7435 Pusch Ridge Loop Austin, TX 78749-2461	City; State; Zip Code		\$50.00	t 1 1		
					(if travel outside of	Texas, complete Schedule T)		
	Principal occup Therapist	ation / Job title (See Instruction	ns)	Employer (See In Self	structions)	···		
	Date	Full name of contributor Gould, Justin	out-of-state PAC (ID#	()	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/06/2014	Contributor address; 5705 Trailridge Dr Austin, TX 78731-4226	City; State; Zip Code		\$250.00	 		
					(If travel outside of	Texas, complete Schedule T)		
-	Principal occur	ation / Job title (See Instruction	ns)	Employer (See In		- 10400' combiate actigatis 1)		
	Fundraiser		,	Texas Methodis				

	———-	THAN PLEDGES OR LOA			
	The Instruction	ом Guide explains how to complete this form.		1 PAGE# Schedule: 8/	23 Report: 10/40
2	FILER NAME	Paver, James A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
	05/15/2014	6 Contributor address; City; State; Zip Code 12024 Scribe Dr Austin, TX 78759-3146	•••••	\$50.00	
L				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attomey	pation / Job title (See Instructions)	10 Employer (See In Travis County	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 1212 Saint Charles St Houston, TX 77003-3600	***************************************	\$100.00	
				(if travel outside of	' Texas, complete Schedule T)
	Principal occup IT Consultant	ation / Job title (See Instructions)	Employer (See In Click Software		,
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/27/2014	Contributor address; City; State; Zip Code 10809 Roy Butler Dr Austin, TX 78717-3947		\$100.00]] [
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Executive	pation / Job title (See Instructions)	Employer (See In MagRabbit Inc	estructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/22/2014	Contributor address; City; State; Zip Code 1404 Wild Cat Holw West Lake Hills, TX 78746-3622	***************************************	\$350.00	
					Texas, complete Schedule T)
	Principal occup Physician	ation / Job title (See Instructions)	Employer (See In Austin Radiolog	structions) pical Association	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/12/2014	Contributor address; City; State; Zip Code 5708 Hero Dr Austin, TX 78735-6256	•••••	\$50.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions) arket Development	Employer (See In		
	AT OLIVER IN	агкет речеюршент	Children's Lean	ning Adventure	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE#	32 Parati 44/40
2	FILER NAME	Paver, James A (Mr.)		3 ACCOUNT # 00000001	23 Report: 11/40 (Ethics Commission filers)
4	Date	5 Full name of contributor uut-of-state PAC (ID# Holub Conlan, Sandra	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/25/2014	6 Contributor address; City; State; Zip Code 4103 Honeycomb Rock Cir Austin, TX 78731-2015		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Real Estate B	ation / Job title (See Instructions) Broker/CPA	10 Employer (See In: Self	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Home Builders Association of Greater Houston	(Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/13/2014	Contributor address; City; State; Zip Code 9511 W Sam Houston Pkwy N Houston, TX 77064-5398		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor ut-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/30/2014	Contributor address; City; State; Zip Code 4310 Morning Willow Dr Katy, TX 77450-5407		\$250.00	
	Directoral con-				Texas, complete Schedule T)
	Nurse	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 4310 Morning Willow Dr Katy, TX 77450-5407	••••••	\$10.00	!]
		-		/if traval autoido es	Tayan aamulata Sahadula Ti
	Principal occup Student	pation / Job title (See Instructions)	Employer (See In Baylor Universit	structions)	Texas, complete Schedule T)
	Date	Full name of contributor ut-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 4310 Moming Willow Dr Katy, TX 77450-5407	•••••	\$60.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In		, , , , , , , , , , , , , , , , , , , ,
	Student		Baylor Universit	ty	

	The Instruction	NGUIDE explains how to complete this form.		1 PAGE#				
	 -	<u></u>	<u> </u>	Schedule: 10	/23 Report: 12/40			
2	FILER NAME	Paver, James A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	05/30/2014	6 Contributor address; City; State; Zip Code 4310 Morning Willow Dr Katy, TX 77450-5407	, , , , , , , , , , , , , , , , , , , ,	\$250.00	! !			
_				<u> </u>	Texas, complete Schedule T)			
9	Principal occup Realtor	ation / Job title (See Instructions)	10 Employer (See In Re-Excel Realty					
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/13/2014	Contributor address; City; State; Zip Code 12616 Dove Valley Trl Austin, TX 78729-7231		\$350.00	 			
				<u>1</u>	Texas, complete Schedule T)			
	Principal occup Amateur Auth	ation / Job title (See Instructions) nor	Employer (See In Stephen S. Jan		·			
	Date	Full name of contributor ut-of-state PAC (ID Jones, Andrew	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/15/2014	Contributor address; City; State; Zip Code 5555 Amesbury Dr Apt 1614 Dallas, TX 75206-3059	*****************	\$350.00] 			
		Janus, 17715200-0005		(if travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete constants 1)			
	Attorney		Kastl Law, P.C.	•				
	Date	Full name of contributor ut-of-state PAC (ID Kadison, Carol	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/21/2014	Contributor address; City; State; Zip Code 8127 Chalk Knoll Dr Austin, TX 78735-1707		\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See In NA	structions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/21/2014	Contributor address; City; State; Zip Code 8127 Chalk Knoll Dr Austin, TX 78735-1707		\$350.00	 			
			•	(if travel outside of	Texas, complete Schedule T}			
	Principal occup Merchant Bar	ation / Job title (See Instructions) ker	Employer (See In Kadison & Com		_ _			
			l .					

The Instruction Guide explains how to complete this form.	1 PAGE # Schedule: 11/23 Report: 13/40					
2 FILER NAME Paver, James A (Mr.)	3 ACCOUNT# (Ethics Commission filers) 00000001					
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID Kaighin, James	#) 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)					
06/16/2014 6 Contributor address; City; State; Zip Code 1409 Hartford Rd Austin, TX 78703-3924	\$100.00 					
	(If travel outside of Texas, complete Schedule T)					
9 Principal occupation / Job title (See Instructions) Financial Advisor	10 Employer (See Instructions) Kaighin Team Financial Advisors					
Date Full name of contributor	#) Amount of In-kind contribution contribution (\$) description (if applicable)					
05/19/2014 Contributor address; City; State; Zip Code 11202 Sierra Blanca St Austin, TX 78726-1433	\$100.00					
	(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) N/A					
Date Full name of contributor out-of-state PAC (ID Knisely, Michael	#) Amount of In-kind contribution contribution (\$) description (if applicable)					
06/05/2014 Contributor address; City; State; Zip Code 7116 Sungate Dr Austin, TX 78731-2139	\$25.00					
Taban, TX YOTO ZIGO	{If travel outside of Texas, complete Schedule T}					
Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Osborne, Helman, Knebel & Deleery, LLP					
Date Full name of contributor ☐ out-of-state PAC (ID Kollaros, Alexios	#) Amount of In-kind contribution contribution (\$) description (if applicable)					
06/29/2014 Contributor address; City; State; Zip Code 4003 Crescent Dr Austin, TX 78722-1223	\$10.00					
	(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions) Analyst	Employer (See Instructions) Kershner Trading Group					
Date Full name of contributor ☐ out-of-state PAC (ID Kollaros, Katherine	#) Amount of In-kind contribution contribution (\$) description (if applicable)					
O6/29/2014 Contributor address; City; State; Zip Code 4003 Crescent Dr Austin, TX 78722-1223	\$10.00 					
	(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions) Business Analysis and Development	Employer (See Instructions) Stepping Stone School					

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 12	2/23 Report: 14/40		
2	FILER NAME	Paver, James A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
!	05/27/2014	6 Contributor address; City; State; Zip Code 3809 Gaines Ct Austin, TX 78735-6489		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Principal	ation / Job title (See Instructions)	10 Employer (See In Kralj Consulting				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/29/2014	Contributor address; City; State; Zip Code 2608 Outlook Ridge Loop Leander, TX 78641-4949	••••••	\$25.00] 		
				<u> </u>	Texas, complete Schedule T)		
	Principal occup Manager	ation / Job title (See Instructions)	Employer (See In Cash America	structions)			
	Date	Full name of contributor ut-of-state PAC (ID: Kretzer, Katelyn	#)	Amount of cantribution (\$)	In-kind contribution description (if applicable)		
	06/29/2014	Contributor address; City; State; Zip Code 1601 Vickrey Cir Apt 2201		\$10.00	 		
		Belton, TX 76513-2630		(if travel outside of	Texas, complete Schedule T)		
	Principal occup Student	ation / Job title (See Instructions)	Employer (See In University of Ma				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/29/2014	Contributor address; City; State; Zip Code 2608 Outlook Ridge Loop Leander, TX 78641-4949		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Regional Sup	ation / Job title (See Instructions) ervisor	Employer (See In Stepping Stone				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 1906 Scenic Dr. Austin, TX 78703	•••••	\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See In N/A	<u></u>			

	The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 13	3/23 Report: 15/40	
2	FILER NAME	Paver, James	A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor Lapage-Browne , Colleen	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8	
	05/19/2014	6 Contributor address; 2604 Pinewood Terrace Austin, TX 78757	City; State; Zip Code		\$350.00	! 	
					(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Acquisitions N	ation / Job title (See Instruction Manager	ns)	10 Employer (See In Midtown Group			
	Date	Full name of contributor Lapage-Browne , David	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/19/2014	Contributor address; 2604 Pinewood Terrace Austin, TX 78757	City; State; Zip Code		\$350.00	 	
					<u> </u>	Texas, complete Schedule T)	
	Acquisitions N	ation / Job title (See Instruction Manager	ns) 	Employer (See In Midtown Group		-	
	Date	Full name of contributor Lau, Tracy	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; 11842 S Youngwood Ln Houston, TX 77043-1002	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$25.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Finance cons	ation / Job title (See Instruction ultant	ns)	Employer (See In EY	structions)		
	Date	Full name of contributor Lavigne, Mike	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; 1514 Richcreek Rd Austin, TX 78757-1844	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$100.00	 	
			· 		(If travel outside of	Texas, complete Schedule T)	
	Principal occup PR	ation / Job title (See Instruction	ns)	Employer (See In Mike Lavigne P			
	Date	Full name of contributor Lawler, Alice	☐ out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/18/2014	Contributor address; 3306 Perry Ln Austin, TX 78731-5331	City; State; Zip Code		\$200.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Retired	ation / Job title (See Instruction	ns)	Employer (See In N/A			

·	The Instruction	N GUIDE explains how to complete	this form.		1 PAGE# Schedule: 14	1/23 Report: 16/40	
2	FILER NAME	Paver, James	A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8	
	06/09/2014	5811 Techni Center Dr Ste 200	State; Zip Code		\$25.00	 	
		Austin, TX 78721-2353			Affirmus outside of	Texas, complete Schedule T)	
9	Principal occur	ation / Job title (See Instructions)		10 Employer (See In		Taxas, complete scriedule 1)	
_	Business Ow	ner		C.I.E. Managen			
	Date	Full name of contributor Lockwood, Colleen	out-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/21/2014	4306 Dunning Ln	State; Zip Code	•••••	\$200.00] 	
		Austin, TX 78746-1924			(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)		Employer (See In	structions)		
	Realtor			Moreland Prope	erties		
	Date	Full name of contributor Lohr , John	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1	05/27/2014	Contributor address; City; 2205 Quarry Road Austin, TX 78703	State; Zip Code	••••••	\$100.00	i !	
		7.03.014 17.70703			(If travel outside of	I Texas, complete Schedule T)	
	Principal occup Realtor	ation / Job title (See Instructions)		Employer (See In Self Employed	structions)		
	Date	Full name of contributor	out-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution	
		McCarthy, John			contribution (\$)	description (if applicable)	
	05/27/2014	Contributor address; City; 4007 Balcones Dr Austin, TX 78731-5701	State; Zip Code		\$200.00	 	
						_	
	Principal accur	ation / Job title (See Instructions)		Employer (C I-	<u> </u>	f Texas, complete Schedule T)	
	Retired	alion / Job (file (See Instructions)		Employer (See In N/A	estructions)		
	Date	Full name of contributor Minerva Ltd.	out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/13/2014	901 S Mo Pac Expy	State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$350.00	 	
		# 1220 Austin, TX 78746-5776				I	
L					(If travel outside of	f Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)		Employer (See In	structions)		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/23 Report: 17/40		
2	FILER NAME	Paver, James A (Mr.)			(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Moody, Elle	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/29/2014	6 Contributor address; City; State; Zip Code 2902 Enfield Rd Austin, TX 78703-3604	• • • • • • • • • • • • • • • • • • • •	\$10.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Student	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Mooney, Katherine K)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/08/2014	Contributor address; City; State; Zip Code 2546 Scenic Dr Austin, TX 78703-1520		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
		pation / Job title (See Instructions)	Employer (See In		TOTAL TOTAL CONTROL OF THE CONTROL O		
	Community V	olunteer	Self-employed				
	Date	Full name of contributor ☐ out-of-state PAC (ID# Mooney, Tim	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/28/2014	Contributor address; City; State; Zip Code 6209 Edwards Mountain Cv Austin, TX 78731-3921		\$350.00	+		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See In Lead Commerc				
	Date	Full name of contributor □ out-of-state PAC (ID# Nettles, Irv	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/02/2014	Contributor address; City; State; Zip Code 8508 Portage Cv Austin, TX 78717-5410	• • • • • • • • • • • • • • • • • • • •	\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions) nancial Systems	Employer (See In Q2 Software	structions)			
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/13/2014	Contributor address; City; State; Zip Code 305 Primera Dr San Antonio, TX 78212-2056		\$50.00	f 		
	Daine				Texas, complete Schedule T)		
	Principal occup Client Partnei	ation / Job title (See Instructions)	Employer (See In: Bazaarvoice	structions)			

POLITICAL CONTRIBUTIONS

	ne Instructio	N GUIDE explains how to com	plete this form.	-	1 PAGE# Schedule: 16	/23 Report: 18/40
2 F1L	ER NAME	Paver, James	A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Over, Andrew	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05	/30/2014	6 Contributor address; 1201 Grove Blvd Apt 602 Austin, TX 78741-3586	City; State; Zip Code		\$50.00	
- 5		d (11 min (2 min)	<u> </u>			Texas, complete Schedule T)
	incipal occup omputer En	ation / Job title (See Instruction gineer	ns) 	10 Employer (See In AMD	structions)	
	Date	Full name of contributor Patterson, Keating	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05	/09/2014	Contributor address; 11820 Cheswick St Dallas, TX 75218-1803	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$100.00	
D-		olion I lab litta (Can Instruction		- Free to		Texas, complete Schedule T)
	ncipai occup iles	ation / Job title (See Instruction	ns)	Employer (See In Allen Motor Co	structions)	
	Date	Full name of contributor Paver, Bill	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/	/11/2014	Contributor address; 2510 Great Oak Parkway Austin, TX 78756	City; State; Zip Code	••••••••••	\$350.00	
					(If travel outside of	Texas, complete Schedule T)
	ncipal occup tomey	ation / Job title (See Instruction	ns)	Employer (See In Richey & Paver		
	Date	Full name of contributor Paver, Kathy	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/	/21/2014	Contributor address; 438 Hillcrest Rd San Mateo, CA 94402-1125	City; State; Zip Code		\$100.00	1 1 1
					(if travel outside of	Texas, complete Schedule T)
	ncipal occup . V.P. of Ma	ation / Job title (See Instruction arketing	ns)	Employer (See In PIER 39	structions)	
		Full name of contributor	ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Date	Paver, Lauren			l	1
-	Date /11/2014	Contributor address; 2510 Great Oaks Parkway Austin, TX 78756	City; State; Zip Code		\$350.00	! ! !
-		Contributor address; 2510 Great Oaks Parkway	City; State; Zip Code			i

POLITICAL CONTRIBUTIONS

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OTHER THAN PLEDGES OR LOANS						
The Instruc	юм Guide explains how to complete this form.		1 PAGE# Schedule: 17	/23 Report: 19/40		
2 FILER NAME	Paver, James A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4 Date	5 Full name of contributor uut-of-state PAC (ID# Paver, Mary)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
05/10/2014	6 Contributor address; City; State; Zip Code 4205 Ramsey Dr Austin, TX 78756		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occi Vice-Presid	upation / Job title (See Instructions) ent	10 Employer (See In: Stepping Stone				
Date	Full name of contributor □ out-of-state PAC (ID# Paver, Matthew)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/12/2014	Contributor address; City; State; Zip Code 45 Perry St Apt 14 New York, NY 10014-2772		\$100.00	 		
District Control			<u></u>	Texas, complete Schedule T)		
Student	pation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor ut-of-state PAC (ID# Paver, Matthew)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/14/2014	Contributor address; City; State; Zip Code 45 Perry St Apt 14 New York, NY 10014-2772		\$250.00] []		
Dein eine der				Texas, complete Schedule T)		
Student	pation / Job title (See Instructions)	Employer (See In: N/A	structions)			
Date	Full name of contributor out-of-state PAC (ID# Paver, Pat (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable) Meet and Greet Supplies		
06/30/2014	Contributor address; City; State; Zip Code 1108 Arcadia Ave Austin, TX 78757		\$103.45	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occu Physical Th	pation / Job title (See Instructions) erapist	Employer (See In: Seton				
Date	Full name of contributor ut-of-state PAC (ID# Paver, Rhonda (Mrs.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/08/2014	Contributor address; City; State; Zip Code 4613 Ridge Oaks Drive Austin, TX 78731	•••••	\$350.00	 		
			(If trave) sufeids of	Texas, complete Schedule T)		
Principal occu Executive D	pation / Job title (See Instructions) irector	Employer (See Ins Stepping Stones	structions)	16463, COMPLETE SCREAMS 1)		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	8/23 Report: 20/40		
2	FILER NAME	Paver, James A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (Paver, Stephanie (Mrs.)	ID#)	7 Amount of contribution (\$)	8		
	06/30/2014	6 Contributor address; City; State; Zip Cod 1910 Justin Ln Austin, TX 78757-2492	e	\$103,45	Supplies 		
				(If travel outside of	f Texas, complete Schedule T)		
9	Principal occup Attomey	pation / Job title (See Instructions)	10 Employer (See In Foster Quan	istructions)			
	Date	Full name of contributor	ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/15/2014	Contributor address; City; State; Zip Cod 4505 N Interstate 35 Apt 226	e	\$350.00			
	Dringing opens	Denton, TX 76207-3418	T		f Texas, complete Schedule T)		
	LOGISTICS N	eation / Job title (See Instructions) WANAGER	Employer (See In PACCAR	istructions)			
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/08/2014	Contributor address; City; State; Zip Cod 4613 Ridge Oak Dr Austin, TX 78731	e	\$350.00			
	5: : -1				Texas, complete Schedule T)		
	Founder, Dire	ation / Job title (See Instructions) ector	Employer (See In Foreign Creden	nstructions) ntials Service of Ar	merica		
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/15/2014	Contributor address; City; State; Zip Cod 4125 Cole Ave Apt 5 Dallas, TX 75204-8226	e	\$100.00	 		
				(If travel outside of	f Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See In St. Jude Medica					
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/10/2014	Contributor address; City; State; Zip Cod 4503 Shoal Creek Blvd Austin, TX 78756-2912	9	\$150.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occupa	ation / Job title (See Instructions)	Employer (See In: Travis County				
			Travis County				

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 19	/23 Report: 21/40		
2	FILER NAME	Paver, James A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Pool, Leslie)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	05/10/2014	6 Contributor address; City; State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756-2912		\$150.00	 		
				(if travel outside of	Texas, complete Schedule T)		
9	Principal occup Executive Asi	ation / Job title (See Instructions) sstant	10 Employer (See In Travis County	structions)			
	Date	Full name of contributor ☐ out-of-state PAC (ID# Richey, Ken	_)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/25/2014	Contributor address; City; State; Zip Code 10301 Chestnut Ridge Road Austin, TX 78726	•••••	\$330.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Richey & Paver				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 10301 Chestnut Ridge Rd Austin, TX 78726	••••••	\$20.00	 		
L.				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Richey & Paver				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/21/2014	Contributor address; City; State; Zip Code 3026 Richmond Blvd Apt 3	••••	\$100.00	 		
 		Oakland, CA 94611-5856		(If travel outside of	Texas, complete Schedule T)		
	Principal occup Web Analyst	ation / Job title (See Instructions)	Employer (See In Esurance		Toxas, complete contidue 1,		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/27/2014	Contributor address; City; State; Zip Code 3102 Hunt Trl Austin, TX 78757-4312	•••••	\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attomey	ation / Job title (See Instructions)	Employer (See In ATPE				
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1 PAGE# Schedule: 20/23 Report: 22/40
3 ACCOUNT # (Ethics Commission filers) 00000001
7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
\$350.00
(If travel outside of Texas, complete Schedule T)
10 Employer (See Instructions) Austin Fire Department
Amount of In-kind contribution contribution (\$) description (if applicable)
\$350.00
(If travel outside of Texas, complete Schedule T)
Employer (See Instructions) NA
Amount of In-kind contribution contribution (\$) description (if applicable)
\$350.00
(If travel outside of Texas, complete Schedule T)
Employer (See Instructions) Accenture
#) Amount of In-kind contribution contribution (\$) description (if applicable)
\$50.00
(If travel outside of Texas, complete Schedule T)
Employer (See Instructions) AMD
#) Amount of In-kind contribution contribution (\$) description (if applicable)
\$25.00
(If travel outside of Texas, complete Schedule T)
Employer (See Instructions) N/A

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	The Instruction	ON GUIDE explains how to con	nplete this form.		1 PAGE# Schedule: 21	/23 Report: 23/40
2	FILER NAME	Paver, James	A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Sauer, Anthony	out-of-state PAC (ID:	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/27/2014	6 Contributor address; 120 E Mariposa St Phoenix, AZ 85012-1626	City; State; Zip Code	••••••	\$100.00	
L			<u> </u>		(If travel outside of	Texas, complete Schedule T)
9	Assistant Pas	pation / Job title (See Instruction stor	ns)	10 Employer (See In Saint Francis X		
	Date	Full name of contributor Smith, Barbara and Greg	out-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; 9210 Creeks Edge Cir Austin, TX 78733-6348	City; State; Zip Code		\$100.00	!
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	L ·	
L						
	Date	Full name of contributor Speights, Sara	out-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/20/2014	Contributor address; 2701 West 49 1/2 street Austin, TX 78731	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$75.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	eation / Job title (See Instruction	ns)	Employer (See In N/A	structions)	
	Date	Full name of contributor Stanberry, Bill	☐ out-of-state PAC (ID#	*	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/12/2014	Contributor address; 7204 Squirrel Oak Cir Austin, TX 78749	City; State; Zip Code		\$350.00	
						Texas, complete Schedule T)
	Principal occup Real Estate E	ation / Job title (See Instruction Proker	ns)	Employer (See In Stanberry and A		
	Date	Full name of contributor Strother, Sara	□ out-of-state PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; 1403 E 2nd St Austin, TX 78702-4309	City; State; Zip Code	•••••••••	\$100.00	
					(if travel outside of	Texas, complete Schedule T)
	Principal occup Nurse Practiti	ation / Job title (See Instruction oner	ns)	Employer (See In Austin Pain Ass		

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 22	2/23 Report: 24/40
2 FILER NAME	Paver, James A (Mr.)	•	3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID) Titus, Kristen	<u>*</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/30/2014	6 Contributor address; City; State; Zip Code 1144 W 25th St Unit E Houston, TX 77008-1881		\$10.00	! [
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Project Mana	pation / Job title (See Instructions) ager	10 Employer (See In Siemens	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Turner, Daniel (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) Media Design
06/30/2014	Contributor address; City; State; Zip Code 2430 Albans Road Houston, TX 77005		\$350.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occup Architect	pation / Job title (See Instructions)	Employer (See In Stepping Stone	structions) s Schools	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/29/2014	Contributor address; City; State; Zip Code 2000 Golden Sunrise Ln Pflugerville, TX 78660-7954	• • • • • • • • • • • • • • • • • • • •	\$25.00	
				Texas, complete Schedule T)
Marcom Man	pation / Job title (See Instructions) pager	Employer (See In Stepping Stone		
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/27/2014	Contributor address; City; State; Zip Code 3200 Southwest Freeway Ste 1400 Houston, TX 77027	••••••••••••	\$350.00	
				Texas, complete Schedule T)
Principal occup Financial Adv	pation / Job title (See Instructions) visor	Employer (See In Pacini & Compa		
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/29/2014	Contributor address; City; State; Zip Code 209 19th Ave SW Olympia, WA 98501-2803		\$100.00	
Dutation			(if travel outside of	Texas, complete Schedule T)
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Washington Sta	structions) ite Attomey Gene	ral

POLITICAL CONTRIBUTIONS

	UINEK	THAN PLEDG	ES OR LOAI	NS —		
	The Instruction	IN GUIDE explains how to con	nplete this form.		1 PAGE# Schedule: 23	/23 Report: 25/40
2	FILER NAME	Paver, James	A (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Watkins, Robert	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/19/2014	6 Contributor address; 5801 Brown Rock Trl Austin, TX 78749-2897	City; State; Zip Code		\$200.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Administrator	ation / Job title (See Instruction	ns)	10 Employer (See Ins The University of		
	Date	Full name of contributor Watkins, Robert	out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; 5801 Brown Rock Trl Austin, TX 78749-2897	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$150.00	
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In:	structions)	
	Administrator			The University of	of Texas at Austin	

Texas Ethics Commis	sion P.O.Box 12070	Austin, Te	xas 78711-2070	(512)463-5800	TDD 1-800-735-2989
LOANS					SCHEDULE E
The Instruction Gu	DE explains how to complete	this form.		1 PAGE# Schedule: 1/1	Report: 26/40
2 FILER NAME P	aver, James	A (M	r.)	3 ACCOUNT# (00000001	Ethics Commission filers)
4 TOTAL OF UN	ITEMIZED LOANS:		****		\$
5 Date of loan 04/22/2014	7 Name of lender Paver, James (Mr.)	Out-	of-state PAC (ID#)	9 Loan Amount (\$) \$40,000.00
6 Is lender a financial Institution?	8 Lender address; City; 6808 Vine St Austin, TX 78757	State;	Zip Code	•••	10 Interest rate 0.0
No					11 Maturity date
	n / Job title (See Instructions)		13 Employer (See Instruc	tions)	
14 Description of Colla	teral		15 Check if personal fund	s were deposited into	political account
16 GUARANTOR INFORMATION INFORMATION	17 Name of guarantor 18 Guarantor address; City;	State;	Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation	n		21 Employer		

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Expe Event Expense Fees	Polling Expense Printing Expense	Tra	ivel in District ivel Out Of District ice Overhead/Rental Ex explains how to con		Candidate/C OTHER (enter	Donations Made By Officeholder/Political Commit a category not listed above)	
1 PAGE#	2 FIL	ER NAME		mproto atta ta		To ACCOUNT # (TEC	^ Glam\
Schedule: 1/13 F	Report: 27/40 Par	ver, James	A (M	ir.)		3 ACCOUNT# (TEC	C filers)
	•	<u> </u>					
05/19/2014	Austin Girls' Choir						
6 Amount (\$)	7 Payee address	City; State; Zip 0	Code			-	
\$100.00	PO Box 4026 Austin, TX 78765-4	4026					
8	(a) Category (See Catego		chedule) (b)	Description	(If travel outside	of Texas, complete Schedul	e T)
PURPOSE OF	Gifts/Awards/Memo	rials Expense		Charitable De	onation in Su	pport of AGC	-
EXPENDITURE	ĺ					••	
9 Complete ONLY if	Candidate / Officehold		<u>_</u>	25	• -		
direct expenditure to benefit C/OH	Cardinate / Onicerior	jer name		Office soug	ght:	Office held:	
Date	Payee name						
06/26/2014	Austin Monitor						
Amount (\$)	Payee address	City; State; Zip C	`ode				
\$399.00	1 _1	2011 Cariet	,ouc				
ΨΟΟΟ.	Austin, TX 78767						
PURPOSE	1	ries listed at the top of this so	·			of Texas, complete Schedul	e T) 🔲
OF	Fees			Austin Monito	or Subscriptio	on.	
EXPENDITURE							
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	ler name		Office sou	ght:	Office held:	
Date	Payee name						
06/30/2014	Austin Parking Mete	ers					
Amount (\$)	Payee address	City; State; Zip C	ode				
\$3.00	301 W 2nd St Austin, TX 78701						
	Category (See Catego	ries listed at the top of this so	hedule)	Description	(If travel outside	of Texas, complete Schedule	e T) []
PURPOSE OF	Fees		·	Parking Fee	···	or remarkable continues	′"⊔
EXPENDITURE				•			
Complete ONLY if	Candidate / Officehold	der name		Office sour	abt.	Office hold:	
direct expenditure		Of Harris		Olline and	Jr.c.	Office held:	
to benefit C/OH		=======================================					
Date	Payee name						
06/30/2014	Auctin Parking Mate	ers ∶					
	Austin Parking Mete						
Amount (\$)	Payee address	City; State; Zip C	ode				
Amount (\$) \$3.00		City; State; Zip C	code				
\$3.00	Payee address 301 W 2nd St Austin, TX 78701	City; State; Zip C		Description	(If travel outside	of Texas complete Schedule	· Tr 🖂
\$3.00 PURPOSE	Payee address 301 W 2nd St Austin, TX 78701		chedule)	•	(If travel outside	of Texas, complete Scheduk	<u>э</u> т) 🔲
\$3.00	Payee address 301 W 2nd St Austin, TX 78701 Category (See Category		chedule)	Description Parking Fee	(If travel outside	of Texas, complete Schedule	• T) □

POLITIC	CAL EXPENDITURES		SCHEDULE F
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	king Legal Services Solicitationse Food/Beverage Expense Travel In Polling Expense Travel Ou Printing Expense Office Ov	Wages/Contract Labor Loan Repa on/Fundraising Expense Transporta District Contributio ut Of District Candida	nyment/Reimbursement tion Equipment & Related Expense ns/Donations Made By tte/Officeholder/Political Committee nter a category not listed above)
1 PAGE#	2 FILER NAME	mis now to complete this form.	3 ACCOUNT # (TEC filers)
Schedule: 2/13 F	I =	A (Mr.)	00000001
4 Date	5 Payee name		
05/03/2014	Big Frog	·	
6 Amount (\$) \$288.00	7 Payee address City; State; Zip Code 8300 N Fm 620 Austin, TX 78726-4007		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Printing Expense	(b) Description (If travel outs Campaign Shirts	side of Texas, complete Schedule T)
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/28/2014	Bill Me Later		
Amount (\$)	Payee address City; State; Zip Code		
\$10.00	PO Box 105658 Atlanta, GA 30348		
PURPOSE	Category (See Categories listed at the top of this schedul	· ,	side of Texas, complete Schedule T)
OF	Fees	Bill Pay Fees	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/30/2014	Bill Me Later		
Amount (\$) \$4.95	Payee address City; State; Zip Code PO Box 105658 Atlanta, GA 30348		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Fees	e) Description (If travel outs Bill Pay Fees	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
06/30/2014	Bill Me Later		
Amount (\$) \$4.95	Payee address City; State; Zip Code PO Box 105658 Atlanta, GA 30348		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Fees	Description (If travel outs Bill Pay Fees	ide of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling 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 OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James Schedule: 3/13 Report: 29/40 A (Mr.) 00000001 Date 5 Payee name 05/18/2014 Bruce Elfant Campaign 6 Amount (\$) Payee address City; State; Zip Code \$75.00 4522 Avenue F Austin, TX 78751-3109 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Campaign Contribution OF Candidate/Officeholder/Political Committee EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name **Burnt Orange Report LLC** 05/02/2014 Amount (\$) Payee address City; State; Zip Code unknown \$75.00 Austin, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Event Expense **Event Tickets** OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/24/2014 Central Texas Democratic Forum Amount (\$) Payee address City; State; Zip Code \$20.00 TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense Event Tickets** OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/22/2014 CheckMark Typesetting Amount (\$) Pavee address City; State; Zip Code 3217 Interstate 35 Frontage Rd \$1,356.37 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Stationary/ Pushcards OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By

Event Expense Fees		Expense Expense The Instruction	Travel Out Of D Office Overhead	oistrict d∕Rental Expense ow to complete this fi	Candidate/C OTHER (enter	Officeholder/Political C ra category not listed a	ommittee above)
- BAGE#			M Grine exhibitio	ow to combiere ruis u	orm.		
1 PAGE# Schedule: 4/13 R	Report: 30/40	2 FILER NAME Paver, James		A (Mr.)		3 ACCOUNT# 00000001	(TEC filers)
4 Date	5 Payee name	T				00000001	
06/09/2014	CheckMark	Typesetting					
6 Amount (\$)	7 Payee addres	ss City; Sta	ite; Zip Code				
\$5,522.36	Austin, TX 7						
8	(a) Category (Sec	e Categories listed at the to	op of this schedule)	(b) Description	(If travel outside	of Texas, complete Se	chedule T)
PURPOSE	Printing Expe		•	Yard Signs	(· · · · · · · · · · · · · · · · · · ·	., L
OF EXPENDITURE				,			
EXPENDITORE							
9 Complete ONLY if	Condidate (O	officeholder name	<u> </u>				
direct expenditure	Carididate / O	micenoiger hame		Office so	ught:	Office held:	
to benefit C/OH							
D-4-							
Date	Payee name	=					
05/30/2014	Clark's Oyste	er Bar					
Amount (\$)	Payee address	s City; Stat	ite; Zip Code	-			
\$101.60	1200 W 6th	**					
ן טיט.ויטויק	Austin, TX 7						
	7100mi, 17	0100-0203					
5::=566		e Categories listed at the to	op of this schedule)	Description	(If travel outside	of Texas, complete Se	chedule T)
PURPOSE	Food/Bevera				Constituents		
OF SYDENDITURE					OGIGINATIO		
EXPENDITURE	}						
0	**************************************						
Complete ONLY if direct expenditure	Candidate / Of	fficeholder name		Office so	⊔ght:	Office held:	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name		Office so	⊔ght:	Office held:	
direct expenditure to benefit C/OH		fficeholder name		Office so	ught:	Office held:	
direct expenditure to benefit C/OH Date	Payee name	fficeholder name		Office so	ught:	Office held:	
direct expenditure to benefit C/OH		fficeholder name		Office so	ught:	Office held:	
direct expenditure to benefit C/OH Date 05/26/2014	Payee name Dart Bowl		lo: Zin Code	Office so	ught:	Office held:	
Date 05/26/2014 Amount (\$)	Payee name Dart Bowl Payee address	s City; Stat	te; Zip Code	Office so	ught:	Office held:	
direct expenditure to benefit C/OH Date 05/26/2014	Payee name Dart Bowl Payee address 5700 Grover	s City; Stat	te; Zip Code	Office so	ught:	Office held:	
Date 05/26/2014 Amount (\$)	Payee name Dart Bowl Payee address	s City; Stat	te; Zip Code	Office so	ught:	Office held:	
Date 05/26/2014 Amount (\$)	Payee name Dart Bowl Payee address 5700 Grover	s City; Stat	te; Zip Code	Office so	ught:	Office held:	
Date 05/26/2014 Amount (\$) \$450.00	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7	s City; Stat 7 Ave 78756-1408					-hadda T
Date 05/26/2014 Amount (\$) \$450.00	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7	s City; State 7 Ave 7 8756-1408 e Categories listed at the to		Description	(If travel outside	Office held:	chedule T) 🔲
Date 05/26/2014 Amount (\$) \$450.00	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7	s City; State 7 Ave 7 8756-1408 e Categories listed at the to		Description			chedule T)
Date 05/26/2014 Amount (\$) \$450.00	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7	s City; State 7 Ave 7 8756-1408 e Categories listed at the to		Description	(If travel outside		chedule T)
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen	s City; State 7 Ave 78756-1408 e Categories listed at the to 15e		Description Campaign F	(If travel outside Cick Off Event		chedule T)
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen	s City; State 7 Ave 7 8756-1408 e Categories listed at the to		Description	(If travel outside Cick Off Event		chedule T)
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen	s City; State 7 Ave 78756-1408 e Categories listed at the to 15e		Description Campaign F	(If travel outside Cick Off Event	of Texas, complete So	chedule T)
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen	s City; State 7 Ave 78756-1408 e Categories listed at the to 15e		Description Campaign F	(If travel outside Cick Off Event	of Texas, complete So	chedule T)
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen	s City; State 7 Ave 78756-1408 e Categories listed at the to 15e		Description Campaign F	(If travel outside Cick Off Event	of Texas, complete So	chedule T)
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen	s City; State 7 Ave 78756-1408 e Categories listed at the to 15e		Description Campaign F	(If travel outside Cick Off Event	of Texas, complete So	chedule T)
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/26/2014	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen Candidate / Of	s City; State 7 Ave 7 8756-1408 e Categories listed at the to nse fficeholder name	op of this schedule)	Description Campaign F	(If travel outside Cick Off Event	of Texas, complete So	chedule T)
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/26/2014 Amount (\$)	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen Candidate / Of Payee name Dart Bowl Payee address	s City; State Ave 78756-1408 e Categories listed at the tonse fficeholder name		Description Campaign F	(If travel outside Cick Off Event	of Texas, complete So	chedule T)
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/26/2014	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen Candidate / Of Payee name Dart Bowl Payee address 5700 Grover	s City; State 7 Ave 78756-1408 e Categories listed at the tonse fficeholder name s City; State	op of this schedule)	Description Campaign F	(If travel outside Cick Off Event	of Texas, complete So	chedule T)
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/26/2014 Amount (\$)	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen Candidate / Of Payee name Dart Bowl Payee address	s City; State 7 Ave 78756-1408 e Categories listed at the tonse fficeholder name s City; State	op of this schedule)	Description Campaign F	(If travel outside Cick Off Event	of Texas, complete So	chedule T)
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/26/2014 Amount (\$)	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen Candidate / Of Payee name Dart Bowl Payee address 5700 Grover	s City; State 7 Ave 78756-1408 e Categories listed at the tonse fficeholder name s City; State	op of this schedule)	Description Campaign F	(If travel outside Cick Off Event	of Texas, complete So	chedule T)
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/26/2014 Amount (\$)	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen Candidate / Or Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7	s City; State Ave case Categories listed at the to use fficeholder name s City; State Ave case City; State	op of this schedule) te; Zip Code	Description Campaign k Office so	(If travel outside (ick Off Event ught:	of Texas, complete So	
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/26/2014 Amount (\$) \$266.59	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen Candidate / Or Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See	s City; State Ave categories listed at the to use fficeholder name s City; State Ave categories listed at the to	op of this schedule) te; Zip Code	Description Campaign M Office so	(If travel outside (ick Off Event ught:	of Texas, complete So	
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/26/2014 Amount (\$) \$266.59	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen Candidate / Or Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7	s City; State Ave categories listed at the to use fficeholder name s City; State Ave categories listed at the to	op of this schedule) te; Zip Code	Description Campaign M Office so	(If travel outside (ick Off Event ught:	of Texas, complete So	
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/26/2014 Amount (\$) \$266.59	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen Candidate / Or Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See	s City; State Ave categories listed at the to use fficeholder name s City; State Ave categories listed at the to	op of this schedule) te; Zip Code	Description Campaign M Office so	(If travel outside (ick Off Event ught:	of Texas, complete So	
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/26/2014 Amount (\$) \$266.59 PURPOSE OF EXPENDITURE	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen Candidate / Of Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen	s City; State 78756-1408 e Categories listed at the to use fficeholder name s City; State 78756-1408 e Categories listed at the to use	op of this schedule) te; Zip Code	Description Campaign M Office so	(If travel outside (ick Off Event ught:	of Texas, complete So	
Date 05/26/2014 Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/26/2014 Amount (\$) \$266.59	Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen Candidate / Of Payee name Dart Bowl Payee address 5700 Grover Austin, TX 7 Category (See Event Expen	s City; State Ave categories listed at the to use fficeholder name s City; State Ave categories listed at the to	op of this schedule) te; Zip Code	Description Campaign M Office so	(If travel outside Cick Off Event ught: (If travel outside Cick Off Event	of Texas, complete So	

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Splicitation/Condension Expenses

Loan Repayment/Reimbursement

Consulting Expe Event Expense Fees	nse Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Travel In District Travel Out of District Office Overhead/Rental Expense Guide explains how to complete this	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) form.
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 5/13 F	Report: 31/40 Paver, James	A (Mr.)	0000001
4 Date 05/26/2014	5 Payee name Dart Bowl		
6 Amount (\$)	7 Payee address City; State	Zip Code	
\$190.62		'	
8 PURPOSE OF	(a) Category (See Categories listed at the top Event Expense	I	(If travel outside of Texas, complete Schedule T)
EXPENDITURE		İ	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	sought: Office held:
Date	Payee name		
06/09/2014	Downtown Austin Alliance		
Amount (\$)	Payee address City; State	; Zip Code	
\$30.00	211 E 7th St #818 Austin, TX 78701		
BUBBOSE	Category (See Categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Info Sessi	on
EXPENDITURE	·		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	sought: Office held:
Date	Payee name		
05/12/2014	Facebook		
Amount (\$)	Payee address City; State	; Zip Code	·
\$25.53	1 Hacker Way Menlo Park, CA 94024		
PURPOSE OF	Category (See Categories listed at the top Advertising Expense	of this schedule) Description Media Adv	, , , , , , , , , , , , , , , , , , , ,
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	sought: Office held:
Date	Payee name		
05/14/2014	Facebook		
Amount (\$)	Payee address City; State;	Zip Code	-
\$50.18	1 Hacker Way Menlo Park, CA 94024	,	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top Advertising Expense	of this schedule) Description Media Adv	,
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	ought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Gifts/Awards/Memorial Expense Legal Services
Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Travel Out Of District Office Overhead/Rental Expense Candidate/Officeholder/Political Committee Fees Printing Expense OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James Schedule: 6/13 Report: 32/40 A (Mr.) 00000001 4 Date 5 Payee name 06/02/2014 Facebook 6 Amount (\$) Payee address City; State; Zip Code \$123.95 1 Hacker Way Menlo Park, CA 94024 (a) Category (See Categories listed at the top of this schedule) R (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Media Advertising OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 06/04/2014 Facebook Amount (\$) Payee address City; State; Zip Code 1 Hacker Way \$5.87 Menlo Park, CA 94024 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Media Advertising OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/16/2014 Facebook Amount (\$) Payee address City; State; Zip Code 1 Hacker Way \$50.00 Menio Park, CA 94024 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Media Advertising OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Filemaker Inc 06/23/2014 Amount (\$) Payee address City; State; Zip Code \$701.46 5201 Patrick Henry Drive Santa Clara, CA 95054 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Filemaker Pro and Server Software OF EXPENDITURE

Office held:

Office sought:

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Experience Event Expense Fees	Polling Expense Printing Expense	Travel in District Travel Out Of District Office Overhead/Rental Expense Guide explains how to complete this	Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) form.
1 PAGE#	2 FILER NAME	anies aubiente man es anniere man	
Schedule: 7/13 F	Report: 33/40 Paver, James	A (Mr.)	3 ACCOUNT# (TEC filers) 00000001
4 Date	5 Payee name		
06/23/2014	Filemaker Inc		
6 Amount (\$)	7 Payee address City; State	e; Zip Code	
\$54.13	5202 Patrick Henry Drive Santa Clara, CA 95055		
8	(a) Category (See Categories listed at the top	, , , , , , , , , , , , , , , , , , , ,	
PURPOSE OF	Office Overhead/Rental Expense	Filemaker	Pro and Server Software
EXPENDITURE		·	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	sought: Office held:
Date	Payee name		
06/03/2014	Google		
Amount (\$)	Payee address City; State	e; Zip Code	
\$3.54	300 Interstate 35 Frontage Rd Austin, TX 78705		
PURPOSE	Category (See Categories listed at the top	• • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , , ,
OF	Advertising Expense	Campaign	Email
EXPENDITURE			
Complete ONLY 4	Candidate / Officeholder name	Office s	sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH			
direct expenditure	Payee name		
direct expenditure to benefit C/OH Date 04/30/2014	Payee name Harland Clarke		
Date 04/30/2014 Amount (\$)	Payee name Harland Clarke Payee address City; State	s; Zip Code	
direct expenditure to benefit C/OH Date 04/30/2014	Payee name Harland Clarke		
Date 04/30/2014 Amount (\$) \$93.57	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249 Category (See Categories listed at the top	i; Zip Code	
Date 04/30/2014 Amount (\$) \$93.57	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249	ı; Zip Code	(If travel outside of Texas, complete Schedule T) □
Date 04/30/2014 Amount (\$) \$93.57	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249 Category (See Categories listed at the top	e; Zip Code of this schedule) Description	(If travel outside of Texas, complete Schedule T) ☐
direct expenditure to benefit C/OH Date 04/30/2014 Amount (\$) \$93.57 PURPOSE OF EXPENDITURE	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249 Category (See Categories listed at the top	e; Zip Code of this schedule) Description	(If travel outside of Texas, complete Schedule T)
Date 04/30/2014 Amount (\$) \$93.57	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249 Category (See Categories listed at the top Accounting/Banking	e; Zip Code o of this schedule) Description Campaign	(If travel outside of Texas, complete Schedule T) ☐ I Checks
direct expenditure to benefit C/OH Date 04/30/2014 Amount (\$) \$93.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249 Category (See Categories listed at the top Accounting/Banking Candidate / Officeholder name	e; Zip Code o of this schedule) Description Campaign	(If travel outside of Texas, complete Schedule T) ☐ I Checks
Date 04/30/2014 Amount (\$) \$93.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249 Category (See Categories listed at the top Accounting/Banking Candidate / Officeholder name	e; Zip Code o of this schedule) Description Campaign	(If travel outside of Texas, complete Schedule T) ☐ I Checks
Date 04/30/2014 Amount (\$) \$93.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/09/2014	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249 Category (See Categories listed at the top Accounting/Banking Candidate / Officeholder name Payee name Heather Burns	e; Zip Code of this schedule) Description Campaign Office s	(If travel outside of Texas, complete Schedule T) ☐ I Checks
Date 04/30/2014 Amount (\$) \$93.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/09/2014 Amount (\$)	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249 Category (See Categories listed at the top Accounting/Banking Candidate / Officeholder name Payee name Heather Burns Payee address City; State	e; Zip Code o of this schedule) Description Campaign Office s	(If travel outside of Texas, complete Schedule T) ☐ I Checks
Date 04/30/2014 Amount (\$) \$93.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/09/2014	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249 Category (See Categories listed at the top Accounting/Banking Candidate / Officeholder name Payee name Heather Burns	e; Zip Code of this schedule) Description Campaign Office s	(If travel outside of Texas, complete Schedule T) ☐ I Checks
direct expenditure to benefit C/OH Date 04/30/2014 Amount (\$) \$93.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/09/2014 Amount (\$) \$1,242.59	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249 Category (See Categories listed at the top Accounting/Banking Candidate / Officeholder name Payee name Heather Burns Payee address City; State 502 Pine St Georgetown, TX 78626 Category (See Categories listed at the top	o of this schedule) Office s Zip Code	(If travel outside of Texas, complete Schedule T) Checks Cought: Office held:
Date 04/30/2014 Amount (\$) \$93.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/09/2014 Amount (\$)	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249 Category (See Categories listed at the top Accounting/Banking Candidate / Officeholder name Payee name Heather Burns Payee address City; State 502 Pine St Georgetown, TX 78626	o of this schedule) Office s Zip Code	(If travel outside of Texas, complete Schedule T)
Date 04/30/2014 Amount (\$) \$93.57 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/09/2014 Amount (\$) \$1,242.59	Payee name Harland Clarke Payee address City; State 10931 Laureate Dr San Antonio, TX 78249 Category (See Categories listed at the top Accounting/Banking Candidate / Officeholder name Payee name Heather Burns Payee address City; State 502 Pine St Georgetown, TX 78626 Category (See Categories listed at the top	of this schedule) Office s Of this schedule) Office s Office s	(If travel outside of Texas, complete Schedule T)

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling 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 OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James A (Mr.) Schedule: 8/13 Report: 34/40 00000001 5 Payee name Date 04/26/2014 Kathie Tam 6 Amount (\$) 7 Payee address City; State; Zip Code \$270.63 2602 Orsobello Place Cedar Park, TX 78613 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Photography OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/09/2014 Leland Beatty Amount (\$) Payee address City; State: Zip Code 1103 Upland Dr \$2,000.00 Austin, TX 78741 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense **Targeting** OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/27/2014 NGP Amount (\$) Payee address City; State; Zip Code 101 15th Street, NW \$1,050.00 Washinton, DC 20005 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Database OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Office Depot 05/19/2014 Amount (\$) Pavee address City; State; Zip Code 2620 W Anderson Ln \$110.79 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

8

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Transportation Equipment & Related Expense Contributions/Donations Made By Travel In District Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT# (TEC filers) Paver, James Schedule: 9/13 Report: 35/40 A (Mr.) 00000001 Date 5 Payee name 05/20/2014 Office Depot 6 Amount (\$) Payee address City: State: Zip Code 2620 W Anderson Ln \$54.92 Austin, TX 78757 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense **Business Cards and Office Supplies** EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/22/2014 Office Depot Amount (\$) Payee address City; State; Zip Code 2620 W Anderson Ln Austin, TX 78757 \$161.06 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Mailing Supplies OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/27/2014 Office Depot Amount (\$) Payee address City; State: Zip Code 2620 W Anderson Ln \$15.99 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Office Depot 06/27/2014 Amount (\$) Pavee address City: State:

Zip Code

Description

Office Supplies

Office sought:

2620 W Anderson Ln

Office Overhead/Rental Expense

Candidate / Officeholder name

Category (See Categories listed at the top of this schedule)

Austin, TX 78757

\$35.04

PURPOSE

EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH

Electronic Filing Version 3.4.5

Office held:

(If travel outside of Texas, complete Schedule T)

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling 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 OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James Schedule: 10/13 Report: 36/40 A (Mr.) 00000001 4 Date 5 Payee name 04/27/2014 Paulina Papke 6 Amount (\$) Payee address City; State; Zip Code \$300.00 18715 Shannon Glen Houston, TX 77084 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Logo Design **OF EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Randall Slagle Campaign 05/01/2014 Amount (\$) Payee address City; State; Zip Code \$100.00 P.O. Box 27607 Austin, TX 78755 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Campaign Contribution OF Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name RATL Inc. 06/24/2014 Amount (\$) Payee address City; State; Zip Code 14702 Rio Pinar \$1,261.10 Houston, TX 77095 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Door Hangers OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/QH Date Payee name 05/31/2014 Sage Payment Solutions Amount (\$) Payee address City; State; Zip Code 1750 Old Meadow Rd \$346.42 Ste 300 McLean, VA 22102-4304 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Credit Card Processing Fees OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/QH

SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES
ense Salaries/Wages/Contract Labor

Advertising Expe Accounting/Band Consulting Expe Event Expense Fees	king Legal Services nse 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 UIDE explains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) n.		
1 PAGE#	2 FILER NAME		3 ACCOUNT# (TEC filers)		
Schedule: 11/13	Report: 37/40 Paver, James	A (Mr.)	0000001		
4 Date	5 Payee name				
05/01/2014	The UPS Store				
6 Amount (\$)	7 Payee address City; State;	Zip Code			
\$133.00	7301 Burnet Rd Ste 100 Austin, TX 78757				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Office Overhead/Rental Expense	this schedule) (b) Description PO Box	(If travel outside of Texas, complete Schedule T)		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ught: Office held:		
Date	Payee name				
05/22/2014	The UPS Store				
Amount (\$)	Payee address City; State;	Zip Code			
\$5.00	7301 Burnet Rd Ste 100 Austin, TX 78757				
BURDOOF	Category (See Categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Office Overhead/Rental Expense	Mail Box Ke			
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ught: Office held:		
Date	Payee name				
06/23/2014	The UPS Store				
Amount (\$) \$13.11	Payee address City; State; 7301 Burnet Rd Ste 100 Austin, TX 78757	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Office Overhead/Rental Expense	this schedule) Description Mailing	(If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ught: Office held:		
Date	Payee name				
05/23/2014	Threadgills				
Amount (\$)	Payee address City; State;	Zip Code			
\$60.69	6416 N Lamar Blvd Austin, TX 78752-4008	,			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Food/Beverage Expense		(If travel outside of Texas, complete Schedule T) Constituents		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ught: Office held:		

SCHEDULE F

EXPENDITURE CATEGORIES

Accounting/Bank Consulting Expe	ng Legal Services Solicitation/Fur	draising Expense Transportation	ent/Reimbursement Equipment & Related Expense
Event Expense Fees	Polling Expense Travel Out Of E	District Candidate/C	Onnations Made By Officeholder/Political Committee
,	The Instruction Guide explains h		a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT# (TEC filers)
Schedule: 12/13	Report: 38/40 Paver, James	A (Mr.)	00000001
4 Date 06/11/2014	5 Payee name Threadgills		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$55.28	6416 N Lamar Blvd Austin, TX 78752-4008		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside Lunch with Constituents	of Texas, complete Schedule T)
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/01/2014	Time Warner Cable		
Amount (\$)	Payee address City; State; Zip Code		
\$194.03	12012 N Mopac Expy Austin, TX 78759		
PURPOSE	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF	Office Overhead/Rental Expense	Phone/Internet	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/27/2014	Time Warner Cable		
Amount (\$)	Payee address City; State; Zip Code		
\$194.03	12012 N Mopac Expy Austin, TX 78759		
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		of Texas, complete Schedule T)
OF EXPENDITURE	Onice Overnead/Rental Expense	Phone/Internet	
EAFENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/02/2014	Travis County Clerk		
Amount (\$)	Payee address City; State; Zip Code		-
\$26.00 	5501 Airport Blvd Austin, TX 78751-1410		
PURPOSE	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF EXPENDITURE	Fees	DBA Filing	_
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

Texas Ethics Com	mission P.	O.Box 12070	Austin, Tex	as 78711-20	70	(512)	463-5800 TDD 1-8	00-735-2989
POLITIC	AL EXPE	NDITURES					SCHEDU	JLE F
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ing Legal S nse Food/Bo Polling I	vards/Memorial Expens ervices everage Expense Expense Expense	e Sala Solid Trav Trav Offici	RE CATEGO ries/Wages/Con citation/Fundrais rel In District rel Out Of District re Overhead/Rei colains how to	Iract Labor ng Expense t	Transportat Contribution Candida OTHER (er	yment/Reimbursement ion Equipment & Relate is/Donations Made By le/Officeholder/Political (iter a category not listed	Dommittee
1 PAGE#	-	2 FILER NAME		- Pianta note to			3 ACCOUNT#	/TEC filers)
Schedule: 13/13	Report: 39/40	Paver, James			A (Mr.)		00000001	(TEC Illets)
4 Date 05/22/2014	5 Payee name Vista Print					·	000000	
6 Amount (\$)	7 Payee addres	s City;	State; Zip C	ode				
\$141.43	95 Hayden / Lexington, I	Avenue Lexington MA 02421						
8 PURPOSE		e Categories listed at the nead/Rental Exper	•	nedule)	(b) Description Business Ca		ide of Texas, complete \$	Schedule T)
OF EXPENDITURE	-	ioda/i talitai mapol			Dusiness Co	aids		
9 Complete ONLY if direct expanditure to benefit C/OH	Candidate / O	fficeholder name	 . "	<u>.</u>	Office soi	ıght:	Office held	:
Date	Payee name	.					<u> </u>	
06/16/2014	Wonk Consu							
Amount (\$) \$150.00	Payee addres 1163 Poquit Austin, TX 7	o St	State; Zip C	ode				
PURPOSE OF EXPENDITURE	Category (Se Consulting E	e Categories listed at the xpense	ne top of this sch	nedule)	Description Policy Cons		ide of Texas, complete 5	Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name			Office sou	ıght:	Office held	:

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Politing Expense

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

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

Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James Schedule: 1/1 Report: 40/40 A (Mr.) 00000001 Date 5 Payee name GoDaddy 04/18/2014 6 Amount (\$) Payee address City; State; Zip Code 14455 N. Hayden Rd. \$12.34 Ste 226 Reimbursement from political contributions intended Scottsdale, AZ 85260 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Domain Name OF **EXPENDITURE** Payee name 04/18/2014 GoDaddy Amount (\$) Payee address City; State: Zip Code 14455 N. Hayden Rd. \$1.17 Reimbursement from political contributions intended Ste 226 Scottsdale, AZ 85260 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Domain Name OF **EXPENDITURE** Date Payee name 04/18/2014 GoDaddy Amount (\$) Payee address City; State; Zip Code 14455 N. Hayden Rd. \$3.13 Ste 226 Reimbursement from political contributions intended Scottsdale, AZ 85260 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Domain Name **EXPENDITURE** Date Payee name 04/19/2014 Weebly Amount (\$) Payee address City: State: Zip Code \$99.99 564 Pacific Ave San Francisco, CA 94133 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Website OF EXPENDITURE