(512) 463-5800

1	CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				
The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  M Q C C C  NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY  Date Received  AU		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address  5 CANDIDATE/	ADDRESS / PO BOX: APT / SUITE #; CI P,O. Boy 180833  AREA CODE PHONE NUMBER	TY; STATE; ZIP CODE	STIN CITY CLE  Date Hand-delivered or Posimarked Popular Popul		
OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER	(512) 954 45 03 MS/MRS/MR FIRST Nover+	MI	Date Processed		
NAME	NICKNAME LAST Morales	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUIT	_	78702		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 474-1499	EXTENSION			
9 REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROU	Month Day			
11 ELECTION	ELECTION DATE Month Day Year Primary  11 / 14	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	ocil District 4		
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 A	CCOUNT # (Ethics Commission Fiters)
n	Jarco	Mancillas	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
·	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	į
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,077.92
EXPENDITURE TOTALS	3. TOTAL 1	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$ 4
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3912.61
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 3912.61 \$ 5,961.51
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ Ø
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OCT EX	OF TEN	Signature of Candida	te or Officeholder
AFFIX NOTATY STAIL	P 34EAPAPANE	me, by the said Mar to Manc	this the
1.5 day	of July	, 20 14, to certify which, witness my	
1719		KALLA DINDEZ SOLIS S	Barlage Ver
Signature of officer adm	ninistering oath	Printed name of officer administering oath	Title of officer administering oath
J. J			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Schedule A:					
			10				
2 FILER NAME	_		3 ACCOUNT# (E	thics Commission Filers)			
	Marco Marcilla	S					
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution			
	Raul Moncillas		contribution (\$)	description (if applicable)			
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5/08	Contributor address; City; State; Zip Code		2 < 5				
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Data	Full name of contributor	1	Amount of	In-kind contribution			
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د م	Juan Mancillas			! 			
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_	Sylvia Moncilles		contribution (\$)	description (if applicable)			
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#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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2 FILER NAME	mile M. M		• 7,000011 (2	.,,,,,,
	Marco Mancillas			
4 Date	5 Full name of contributor Out-of-state PAC(ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/09	6 Contributor address; City; State; Zip Code		350	
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9 Principal occu	pation / Job title (See Instructions)  White	10 Employer (See I	nstructions)	
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Date	Full name of contributor out-of-state PAC (ID#	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/09	Contributor address; City; State; Zip Code		350	<b> </b> 
	2215 E. Katherine California	93625	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (1D#:		Amount of	In-kind contribution
5/09	Benito Jum Garci Contributor address: City; State; Zip Code	a	contribution (\$)	description (if applicable)
	FM 2520 Son Benito	TX 78584	(if travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		
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5/09	Contributor address: City: State: Zip Code  Fm 2520 Son Blaito	TX 7884	350	 
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lf -	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

(512) 463-5800

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

## SCHEDULE A

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4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Aaron Garcia		contribution (\$)	description (if applicable)
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

## SCHEDULE A

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exas Ethics Con	nmission	P.O. Box 12070	Austin, Tex	kas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
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The	Instruction (	Suide explains how to	complete this	s form.	1 Total pages Sch	nedule A:
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### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

(If travel outside of Texas, complete Schedule T)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS						
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:		
2 FILER NAME	Marco Mancilla	ıs	3 ACCOUNT # (E	thics Commission Filers)		
4 Date	5 Full name of contributorout-of-state PAC(ID#: Cristina Cusas-	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
5/24	6 Contributor address; City; State; Zip Code	78251	25			
	90 27 Mansfield So			of Texas, complete Schedule T)		
9 Principal occu	pation / Job title (See Instructions) Un amployed	10 Employer (See I				
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5/31	Contributor address; City; State; Zip Code	,	350	 		
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lf :	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.		

	CAL CONTRIBUTIONS  THAN PLEDGES OR LOANS		(512) 463-5800	SCHEDULE A
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2 FILER NAME	Marco Mancilles		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
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If	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruc			requirements.

Texas Ethics Com	mission P.O. Box 12070 Austin, Te	xas 78711-2070	(512) 463-5800	(1001-800-735-2989
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Texas Ethics Con	nmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
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		Direct	w	<u> </u>	urder puti	· 01
Date	Full na	ame of contributor 🔲	out-of-state PAC (ID#:_	)	Amount of	In-kind contribution description (if applicable)
6/30	Contri		State: Zip Code	× 78384	contribution (\$)	
	142.0	CR 334			(If traval outside	of Texas, complete Schedule T)
Principal occu		title (See Instructions)		Employer (See		or rexas, complete ochedate vy
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Date	Full na		out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
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	196	4 Contyled 334 5 title (See Instructions)	on Diesu,	TX 78384	(If travel outside	of Texas, complete Schedule T)
Principal occu	ipation / Job	title (See Instructions)	1	Employer (See	Instructions)	
		(leti	no d	Reti	red	

SCHEDULE A

description (if applicable)

# Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 ... POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 7 Amount of 8 In-kind contribution contribution (\$) Shelly Eestener 6 Contributor address: City: State: Zip Code Sur Pressler Austritz 78703

9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Instructions)			
		Physical therapist	Kinsulle Hemerage			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
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	Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
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	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
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	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
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				(If travel outside	i of Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE F

Advertising Expense	EXPENDITURE CATEGORIES		
	Gift/Awards/Memorials Expense Salaries/Wages/C		
Accounting/Banking	Legal Services Solicitation/Funda		-
Consulting Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di		
Event Expense Fees	·	d/Rental Expense OTHER (enter a category not listed above)	
. 555	The Instruction Guide explains how to	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
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4 Date	5 Payee name		ļ
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6 Amount (\$)	7 Payee address; City: State; Zip Code		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

	EXPENDITURE CATEG		
Advertising Expense	·	Nages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	<del>-</del>	n/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In		Contributions/Donations Made By
Event Expense	<u> </u>	ut Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Ov	erhead/Rental Expense	OTHER (enter a category not listed above)
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P.O. Box 12070

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Advertising Expense	•	/Wages/Contract Labor (	oan Repayment/Reimbursement
Accounting/Banking	• •	· · ·	Transportation Equipment & Related Expense
Consulting Expense	<b>5</b> ,		Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense		Out Of District	
Fees	Printing Expense Office C  The Instruction Guide explain:		OTHER (enter a category not listed above) n.
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4 Date 5/8/14	5 Payee name PariL Du	man	
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Amount (\$)	Payee address: City; State; Zip	Code	
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Date	Payee name		
5/12/14	Austin Ca	6 Company	,
Amount (\$)	Payee address; City; State; Zip	Code /	
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	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED

# SCHEDULE F

(512) 463-5800

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	EXPENDITURE CATE	SORIES FOR BOX 8(a	)
Advertising Expense	•	/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitat	ion/Fundraising Expense	Transportation Equipment & Related Expense
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Event Expense	Polling Expense Travel (	Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense Office C	overhead/Rental Expense	OTHER (enter a category not listed above)
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EXPENDITURE	Foud/Berraye F	resce Full	4
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9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	tht Office held
expenditure to benefit C/C	ЭН		
Date	Payee name		
5/19	J Blacks		
	Payee address; City; State: Zip	Code	
Amount (\$)	Payee address, Oity, State, 21	, code	
12 10	- GT /	T. 70- 1	
13 <i>.10</i>	710 B w byn St Austin Category (See categories listed at the top of this sch	1× 78704	
PURPOSE	Category (See categories listed at the top of this sch	edule) Description	n (If travel outside of Texas, complete Schedule T)
OF	C 1.0	·	
EXPENDITURE	Food / Benege Equ	er Fund	•
Complete ONLY if disease	Candidate / Officeholder name	Office soug	tht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	<del></del>	<u> </u>	,··-
	···		
Date	Payee name		
Date 5120	POP		
3160			
Amount (\$)	Payee address; City; State; Zip	Code	
10-11			
38.75	620 when St. Austra	to 78704 -	78701
<del></del>			n (If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the top of this sch	Beschphol	The first ordinate of Foxees of Opening and Indiana.
OF EXPENDITURE	T. 110.		
EXPENDITORE	Foul Borrage	trus	
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ght Office held
expenditure to benefit C/0	DH		
Date	Payee name		
5112	OASIS		
<u> </u>		Codo	
Amount (\$)	Payee address; City; State; Zip	Code	
(	trail		
71.25	l committee to the second	~ ~ ~	6-7-2-0
14.00	16550 Comanche Hustin	1.77- 1.0	132
PURPOSE	Category (See categories listed at the top of this sch	nedule) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF		<u> </u>	1
EXPENDITURE	Fred Bear Bon	ار عدم	<i>sel</i>
	Candidate / Officeholder name	Office sough	aht Office held
Complete ONLY if direct		Office sout	gris Onios riola
expenditure to benefit C/	On .		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE A	SNEEDED

#### SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		pan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra		ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R	•	THER (enter a category not listed above)
	The Instruction Guide	explains how to	complete this form	
1 Total pages Schedule F:	2 FILER NAME	•		3 ACCOUNT # (Ethics Commission Filers)
9	Mara M	anciller		
4 Date	5 Payee name	<u> </u>		
	PoP	•		
512214	·			
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code		
21.20	620 W. Winst Aus	Lm. TX 7	(7.4	
3120	4 20 W. Censy Nos		· · · · · · · · · · · · · · · · · · ·	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
OF	G 110	_	Fuel	
EXPENDITURE	Food Ben	as plane	\ \uuci	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C	н			
Date	Payee name	. 0.	,	
5/21	Draf	J Pich	L	
		ate; Zip Code	<del></del>	
Amount (\$)	Payee address; City; Sta	ato, Zip Oque		
	_			
10 00	1620 E. Riviside PA	ucla to	x 72711	
18.90		<del></del>		
PURPOSE	Category (See categories listed at the top		Description (If	travel outside of Texas, complete Schedule T)
OF CYDENDITUBE	I 1/1	25	P. 1	
EXPENDITURE	Food Ben	y FARR	COM	
Complete ONLY if direct	Candidate / Officeholder name	•	Office sought	Office held
expenditure to benefit C/C	эн			
	B			
Date	Payee name	M. i-		
Str	me tro	, Mat		
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
		•		
<i>i.</i> ) . <i>i</i>		1 -4		
10.01	1600 Ohland Au	stin itx	7875	8
	Category (See categories listed at the top	<del></del>		travel outside of Texas, complete Schedule T)
PURPOSE				
OF EXPENDITURE	Benax/To.	1 Taine	T.	
		a phin	Office south	Office held
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office Held
expenditure to benefit C/C	)H			
D. I.	Pause name			
Date	Payee name	1		
)/U	Wi Scon	1 -wdu	nat	
Amount (\$)	Payee address; City; St	Fudu ate; Zip Code		
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1 10,34	55 11 Commed Au	solu TX	78723	
				f travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the to	p or ans scredule)	Description (i	i never estate or rende, complete delication i
OF EXPENDITURE	Udhar		Gas	
				Office held
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Onice held
expenditure to benefit C/	OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	EXPENDITURE	CATEGORIES FOR BOX	8(2)	· · · · · · · · · · · · · · · · · · ·
Advertising Expense		Salaries/Wages/Contract Labor		
Accounting/Banking	•	Solicitation/Fundraising Expense		ent/Reimbursement
Consulting Expense		= -		Equipment & Related Expense
Event Expense		Travel in District	Contributions/i	Donations Made By
,	- ·	Travel Out Of District		Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	⇒ OTHER (enter	r a category not listed above)
	The Instruction Guide 6	explains how to complete this	s form.	
1 Total pages Schedule F:	2 FILER NAME		12 1005	
1 Total pages Schedule 1.		$\mathcal{M}$	3 ACCO	OUNT # (Ethics Commission Filers)
9 "	Marco	Mengilles		
4 Date	l = a		··	
5/22	Payee name			
2166	1 6012 5			
6 Amount (\$)	7 Payee address; City; State	e: Zip Code		
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$\circ$	.A. I. CD.			
84.1 <b>5</b>	2700 W Anderson Aug of	·	- A	
	2100W Ausa	an 17 167	5'7	
8 PURPOSE	(a) Category (See categories listed at the top of	(this schedule) (b) Descrip	tion (If travel outside o	of Texas, complete Schedule T)
OF	· ·		,	Tronds, comprete delicated 17
EXPENDITURE	Food/Barrage	France Food	$\sim$	
	·	<del></del>		
9 Complete QNLY if direct	Candidate / Officeholder name	Office so	ought	Office held
expenditure to benefit C/C	OH .			
Date	Payee name			
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Amount (\$)	Payee address; City; State	∍; Zip Code		
	and Or			
	Ouch Show			
15.00	14 33 Austin itx	(		
	14 33 Park Sheld Pr. Austin, TX	- 1 - 20		
PURPOSE	Category (See categories listed at the top of	this schedule) Descript	tion (If travel outside of	f Texas, complete Schedule T)
OF	3.74		0	
EXPENDITURE	1 Ohr	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-vel	
Complete ONLY if direct	Candidate / Officeholder name	Office so		Office held
expenditure to benefit C/C		Office 30	rogrit	Office held
expenditure to benefit Ord	···			
Date	Рауее пате			
512-3	Hunan			
Amount (\$)				
Amount (\$)	Payee address; City; State	e; Zìp Code		
11 72				
11.73	9306 N Lama Blvd. Au	silm tx 7079	'3	
	Category (See categories listed at the top of	The section of the se	tion with the	
PURPOSE			IIOn (II travel outside of	Texas, complete Schedule T)
OF EYPENDITURE	Foud/Borwa		33.	İ
EXPENDITURE	(VOI) INVIA	3C.   T-	700	
Complete ONLY if direct	Candidate / Officeholder name	Office so	ught	Office held
expenditure to benefit C/O	н		•	
·	·-			
Date	Payee name		·	
Sha		110		
1101	J Bla	c 6/3		
Amount (\$)		Zip Code		
/ W//Odine (4)	Payee address. Oity, State	, Zip Code		
7606	Λ	1		
35.05	710B Wuth Str 645	10,78 78701	<i>ا</i>	
	Category (See categories listed at the top of		<del></del>	Towns assessed to the second s
PURPOSE OF			ion (iii ii avei outside of	Texas, complete Schedule T)
EXPENDITURE	70,0/100	سو ایس	/	
LAI LIIDITORE	Food Berry	e typise to	r d	
Complete ONLY if direct	Candidate / Officeholder name	Office so	ught	Office held
expenditure to benefit C/C	Эн		_	
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	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	-	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Rein	nhursement
Accounting/Banking	Legal Services	Solicitation/Fundrai			nent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	- ,	Contributions/Donation	•
Event Expense	Polling Expense	Travel Out Of Dist			older/Political Committee
Fees	Printing Expense	Office Overhead/R		OTHER (enter a categ	
	The Instruction Guide		·	_	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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1 Total pages Schr (a. 5:	2 FILER NAME			3 ACCOUNT#(	(Ethics Commission Filers)
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4 Date					
4 Date 1 2-7	Λ1	1.00			
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6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code			
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21200	14028 US183 Au	LSAINTX	78	ጉላግ	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description //	If travel outside of Texas, c	omolete Schedule T)
OF			(b) Description (	THEY COUSTOO OF TEXAS, C	omplete defiedale 1)
EXPENDITURE	Fud/Burge	Propre	Fund		
	Candidate / Officeholder name	CHOTIC			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C			Office sought		Office held
expenditure to benefit C/C	n .				
Pete	Daves name				
Date <12 ~	Payee name	a			
5127	l Pariy	te; Zip Code	$\boldsymbol{\gamma}$		
Amount (\$)	Payee address; City; Stat	te: Zip Code			
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	1 ~0 N Larnay Studio	1		18138	
PURPOSE	Category (See categories listed at the top of		• .	f travel outside of Texas, c	omplete Schedule T)
OF EVENTURE	F. 110.	<u> </u>	<i>—</i> /		
EXPENDITURE	Food Beve	rak Export	2 Tocal		
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	ıH				
					· · · · · · · · · · · · · · · · · · ·
Date	Payee name O	_			
512-8	Yank (	Domain	`		
Amount (\$)		e: Zip Code	<u> </u>		
Amount (\$)	rayee address, City, Stat	e, Zip Code			
266 110	Maria a Au	stin, TX	70-10		
24,49	11601 pomain Rd. Hu	JAIN / / N	18738		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (	f travel outside of Texas, c	omplete Schedule T)
OF	T / 1/		T /	,	
EXPENDITURE	tout Bernaye		touch		
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	·H		· · · · · · · · · · · · · · · · · · ·		
Date .	Payee name				
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11 28	Jams	Bout			
Amount (\$)	Payee address; City; Stat	e; Zip Code			
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43.97	3908 W Braker WK	tustin 1	X 78	7759	
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PURPOSE	Category (See calegories listed at the top of	if this schedule)	Description (I	f travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Earl Bonn	- Eca	エノ		
-// -// -//		as Expose	1000		
Complete ONLY if direct	Candidate / Officeholder name	=	Office sought		Office held
expenditure to benefit C/C	ЭН				
	ATTAOLIABBITION		OUED!!! E.S.		
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra	aising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District		Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dis		Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/f	Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this for	rm.
1 Total pages Schedule F:	2 FILER NAME	,	3 ACCOUNT # (Ethics Commission Filers)
G	Marco Ma	selles	
4 Date	5 Payee name	110110-1	
5/28			
	7 Payee address; City; State; Zip Code	·	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
13.02	10111 N Lamer Blud Augustin	TV 700	360
-		( F P8	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule ₹)
OF EXPENDITURE	Other	4	
		dray	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/C	OH .		
D-1-	Payee name _		
S/30	Park Domair		
750	The Domain	<u> </u>	
Amount (\$)	Payee address; City; State; Zip Code		ì
G C0	<b>1</b>	<b>1</b> -1	
F.58	11601 Doman Rd. Hustin	14 7	8758
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(if travel outside of Texas, complete Schedule T)
OF	T		,
EXPENDITURE	tood Bernay Exm	y touc	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/C	OH .		
Date	Payee name		
6/2	Metro Mart		
W/ L			
Amount (\$)	Payee address; City; State; Zip Code		
	A 1		
11.99	How only of Baston TY	7875	S-R
	3 (7) 15.74 M/G		(If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(II tildye) obtside or rexas, comprete ochoddio 1)
OF EXPENDITURE	Food Benge	Fred	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Onice held
expenditure to benefit C/6	)н 		
Data	Payee name		
Date /a	/. /		
W13	W		
Amount (\$)	Payee address; City; State; Zip Code		
26-1	A 1		_
25.01	200 Lavaca ST. Hustin	TX 787	14 ·
DIIDDOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
PURPOSE OF			
EXPENDITURE	Fruid Beverous econse	Food	
	Candidate / Officeholder name	Office soug	ht Office held
Complete ONLY if direct	=	Onice addy	Comparison Comparison
expenditure to benefit C	<u> </u>		
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	EXPENDITURE CATEGORIES FO	OR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Cont	ract Labor Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundraisin	ng Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By t Candidate/Officeholder/Political Committee
Event Expense	Polling Expense Travel Out Of District	
Fees	Printing Expense Office Overhead/Ren The Instruction Guide explains how to co	· · · · · · · · · · · · · · · · · · ·
7	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F:	2 FILER NAME Marco Marci	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/6	5 Payee name  Memuels	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
31.06	10201 Julyuilland Austin	TX 78759
8 PURPOSE		b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Bevery Fyran	Food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date , ,	Payee name O4	
6/9	Payee address; City, State; Zip Code	Mexican Food
Amount (\$)	Payee address; City; State; Zip Code	
36.le7	6301 W. Pam WAuster TX	787 29
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Ford/Bonese Expense	Food
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date 6	Payee name	4.11
6124	Juan in a	P1(11/07)
Amount (\$)	Payee address; City; State; Zip Code	
	c+ A 1	
19.20	2300 E. Ceaser charez Austin	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Boveray Experox	Food
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

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

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	The instruction duide explains flow to t	complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1	Marco Mancill	45
4 Date	5 Payee name	
4/11/14	Austra Yung De, 7 Payee address; City: State; Zip Code	noce at s
6 Amount (\$)	7 Payee address; City; State; Zip Code	
10.00	website / Face and	
political contributions intended	Austa TX	787 <i>0</i> 3
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contibuter / ponata	Chub
Date	Payee name	
4/16/14	David Thomas d	u to sea she
Amount (\$)	Payee address; City; State; Zip Code	7 7 7
175 08 Reimbursement from		
political contributions intended	FACE BOOK Auston TX 78-	104
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Contract labor	ah. h.c
	convict carr	phohis
Date	Payee name	(7*************************************
Date Yllu	Payee name	(7*************************************
		()*************************************
Yllu	Payee name  Margues Plants  Payee address; City; State; Zip Code	()*************************************
Yllu Amount (\$)	Payee name  Marques Pants  Payee address; City; State; Zip Code  4616 W Hound LV.	
Amount (\$)  57.53  Reimbursement from	Payee name  Margues Plants  Payee address; City; State; Zip Code	
Amount (\$)  57.53  Peimbursement from political contributions intended  PURPOSE	Payee name  Marques Pants  Payee address; City; State; Zip Code  4616 W Hound LV.	
Amount (\$)  57.53 Reimbursement from political contributions intended	Payee name  Marques Pents  Payee address; City; State; Zip Code  4616 W Hund W.  Anstm Tk 7	F728
Amount (\$)  57.53  Peimbursement from political contributions intended  PURPOSE OF	Payee name  Marques Parts  Payee address; City; State; Zip Code  4616 W blowd Lu.  Ausdra Tk 7  Category (See calegories listed at the top of this schedule)	F7 2.5  Description (If travel outside of Texas, complete Schedule T)
Amount (\$)  57.53 Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Payee name  Marquee Plants  Payee address; City; State; Zip Code  4616 W Harrod W.  Ansdrow Tk 7.  Category (See calegories listed at the top of this schedule)  Funt expense  Payee name	F7 2.5  Description (If travel outside of Texas, complete Schedule T)
Amount (\$)  57.53 Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Payee name  Marquee Parts  Payee address; City; State; Zip Code  4616 W blowd (W.  Ausdrn Tk 7  Category (See categories listed at the top of this schedule)  Eurob expense  Payee name  Worldy productions  Payee address; City; State; Zip Code	F7 2.5  Description (If travel outside of Texas, complete Schedule T)
Amount (\$)  57.53 Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date  HISTORY	Payee name  Marquee Plants  Payee address; City: State; Zip Code  4616 W Harred W.  Ansdrow Tk 7  Category (See calegories listed at the top of this schedule)  Eurob Repense  Payee name  Worley powers	F7 2.5  Description (If travel outside of Texas, complete Schedule T)
Amount (\$)  57.53  Peimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date  YUSLIY  Amount (\$)	Payee name  Marques Parts  Payee address; City; State; Zip Code  4616 W blowd LV.  Ausdra Tk 7  Category (See categories listed at the top of this schedule)  Eurob expense  Payee name  World product  Payee address; City; State; Zip Code  3217 Indright 35	F7 2.5  Description (If travel outside of Texas, complete Schedule T)
Amount (\$)  57.53 Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date  4(5)  176.11 Reimbursement from political contributions intended  PURPOSE	Payee name  Marquee Plants  Payee address; City; State; Zip Code  4616 W Hund W.  Ansdrow Tk 7  Category (See calegories listed at the top of this schedule)  End upwase  Payee name  Workey product  Payee address; City; State; Zip Code  3217 Ind. State 35	F7 CS  Description (If travel outside of Texas, complete Schedule T)  Prdium
Amount (\$)  57.53 Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date  HISTIY  Amount (\$)  176.11 Reimbursement from political contributions intended	Payee name  Marquee Plants  Payee address; City; State; Zip Code  4616 W Hundle.  Ansdm Tk 7.  Category (See calegories listed at the top of this schedule)  Fund expense  Payee name  Workey printing  Payee address; City; State; Zip Code  3217 Indr state 35  Franky Rd Hustm Tk	P728  Description (If travel outside of Texas, complete Schedule T)  Prolium  76722