

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>22</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<b>Marco</b> <b>Mancillas</b>		<b>OFFICE USE ONLY</b> Date Received <b>2014 JUL 15 PM 2 23</b> <b>AUSTIN CITY CLERK RECEIVED</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>P.O. Box 180833 Austin Tx 78718</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(512)</b>	<b>754 4503</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<b>Novet</b> <b>Morales</b>		Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>1007 E. 7th ST. Austin Tx 78702</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(512)</b>	<b>474-1499</b>	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<b>05</b>	<b>08</b>	<b>14</b>
THROUGH		Month	Day
		<b>07</b>	<b>15</b>
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year <b>11 / 4 / 14</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			<b>City Council District 4</b>
GOTO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Marco Mancillas

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 10,077.92

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3912.61

CONTRIBUTION  
BALANCE

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

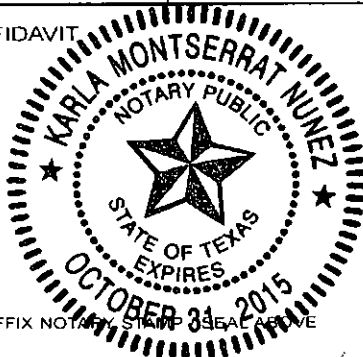
\$ 5,961.51

OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT



AFFIX NOTARY SEAL HERE

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

Signature of Candidate or Officeholder

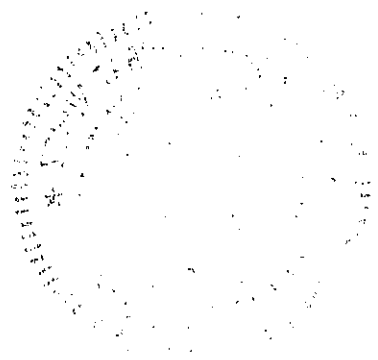
Sworn to and subscribed before me, by the said Marco Mancillas, this the 15 day of July, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Karla Nunez Solis

Printed name of officer administering oath

Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10

2 FILER NAME

Marco Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/08

5 Full name of contributor ☐ out-of-state PAC (ID#)

Raul Mancillas

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

920 Plantation Dr. Brownsville, TX 78524

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Retired

Date

5/08

Full name of contributor ☐ out-of-state PAC (ID#)

Hilda Mancillas

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

920 Plantation Dr. Brownsville, TX 78524

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

5/08

Full name of contributor ☐ out-of-state PAC (ID#)

Juan Mancillas

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

844 Central Blvd Brownsville, TX 78524

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

Date

5/08

Full name of contributor ☐ out-of-state PAC (ID#)

Sylvia Mancillas

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

844 Central Blvd. Brownsville, TX 78524

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Office Manager

Employer (See Instructions)

Dr. Juan Mancillas

Date

5/09

Full name of contributor ☐ out-of-state PAC (ID#)

Omar Mancillas

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

844 Central Blvd. Brownsville, TX 78524

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>10</b>	
2 FILER NAME <b>Marco Mancillas</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Connie Garcia</b>	7 Amount of contribution (\$) <b>350</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>Fm 2520 San Benito TX 78586</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Retired</b>		10 Employer (See Instructions) <b>Retired</b>	
Date <b>5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Bernard Jimenez</b>	Amount of contribution (\$) <b>350</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2215 E. Katherine Ave California 93625</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Planner</b>		Employer (See Instructions) <b>City of Fresno</b>	
Date <b>5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Mari Jimenez</b>	Amount of contribution (\$) <b>350</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2215 E. Katherine California 93625</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Home maker</b>		Employer (See Instructions) <b>Home maker</b>	
Date <b>5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Benito Juan Garcia</b>	Amount of contribution (\$) <b>350</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Fm 2520 San Benito TX 78586</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Construction Owner</b>		Employer (See Instructions) <b>Self</b>	
Date <b>5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Ginger</b>	Amount of contribution (\$) <b>350</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Fm 2520 San Benito TX 78586</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Construction Owner</b>		Employer (See Instructions) <b>Self</b>	

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10

2 FILER NAME

Marco Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/09

5 Full name of contributor

☐ out-of-state PAC (ID#)

Aaron Garcia

6 Contributor address; City; State; Zip Code

S 77 Sunshine Strip, Harlingen, TX 78550

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Business Owner

10 Employer (See Instructions)

Self

Date

5/09

Full name of contributor

☐ out-of-state PAC (ID#)

Benito Juan Garcia Jr.

Contributor address; City; State; Zip Code

1805 E. Ruben

Torres Brownsville, TX 78526

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner Business

Employer (See Instructions)

Self

Date

5/09

Full name of contributor

☐ out-of-state PAC (ID#)

Lani Ratliff

Contributor address; City; State; Zip Code

1629 Treasure Hunt, Harlingen, TX 78550

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Registered Nurse

Employer (See Instructions)

Harlingen Medical Center

Date

5/10

Full name of contributor

☐ out-of-state PAC (ID#)

Joe Dan Casas

Contributor address; City; State; Zip Code

PO Box 719 San Diego, TX 7884

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Construction Owner

Employer (See Instructions)

Self

Date

5/12

Full name of contributor

☐ out-of-state PAC (ID#)

Al Fredo Romas

Contributor address; City; State; Zip Code

300 Convent St. San Antonio TX 78205

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Self

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

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>10</b>	
2 FILER NAME <b>Marco Mancillas</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Lance Pettus</b>	7 Amount of contribution (\$) <b>50</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>9010 Quail Creek Dr. Austin TX 78758</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Analyst</b>		10 Employer (See Instructions) <b>STATE of Texas</b>	
Date <b>5/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Sara Pettus</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9010 Quail Creek Dr. Austin TX 78758</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Operations Manager</b>		Employer (See Instructions) <b>Wind Connection</b>	
Date <b>5/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Kay Smith</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>940 Plantation Dr. Brownsville, TX 78526</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>	
Date <b>5/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Matthew Wilson</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1201 S. A. St. Austin, TX 78744</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>	
Date <b>5/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Matt Williamson</b>	Amount of contribution (\$) <b>30</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1811 Congress Austin TX 78704</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Banker</b>		Employer (See Instructions) <b>Chase</b>	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>10</b>	
2 FILER NAME <b>Marco Mancillas</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/12/1</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Guadalupe Armandariz</b>	7 Amount of contribution (\$) <b>200</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>One West University Blvd. Brownsville TX 78520</b> <b>Harlingen TX</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Program Director</b>		10 Employer (See Instructions) <b>UTB</b>	
Date <b>5/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Marsie Mancillas</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>47 Los Amigos Harlingen TX 78552</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>	
Date <b>5/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Federico Garcia</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2699 Pump Pan ST. Brownsville TX 78524</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>It Director</b>		Employer (See Instructions) <b>Brownsville Medical Center</b>	
Date <b>5/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Herb Smith</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>940 Plantation Dr. Brownsville TX 78520</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>	
Date <b>5/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Robert Anthony Moody</b>	Amount of contribution (\$) <b>25</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>421 Madrid Court San Benito, TX 78584</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Registered Nurse</b>		Employer (See Instructions) <b>Home Health</b>	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10

2 FILER NAME

Marco Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/24

5 Full name of contributor

☐ out-of-state PAC (ID#)

Cristina Casas-Stokes

6 Contributor address; City; State; Zip Code

9027 Mansfield San Antonio TX

78251

7 Amount of contribution (\$)

25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Unemployed

10 Employer (See Instructions)

Unemployed

Date

5/28

Full name of contributor

☐ out-of-state PAC (ID#)

Ron Flores

Contributor address; City; State; Zip Code

503 Leland St Austin TX

78704

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Habana

Date

5/28

Full name of contributor

☐ out-of-state PAC (ID#)

James Cordoba

Contributor address; City; State; Zip Code

1200 Lakeway drive Lakeway TX

78734

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/31

Full name of contributor

☐ out-of-state PAC (ID#)

Adam Loewy

Contributor address; City; State; Zip Code

101 Colorado St. Austin TX

78701

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/28

Full name of contributor

☐ out-of-state PAC (ID#)

Rodolfo Barrea

Contributor address; City; State; Zip Code

1015 E. 32nd St. Austin, TX

78705

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10

2 FILER NAME

Marco Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

Nydia Garcia

6 Contributor address; City; State; Zip Code

20290 US Hwy 281 San Barito, TX

78658

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Retired

Date

6/30

Full name of contributor

☐ out-of-state PAC (ID#)

Jose Flores Jr

Contributor address; City; State; Zip Code

17246 Bushmill Rd Pflugerville, TX

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

oil &amp; gas

Date

6/6

Full name of contributor

☐ out-of-state PAC (ID#)

Antonio Garsanta

Contributor address; City; State; Zip Code

280 Valcour Bay Ln Austin, TX

78754

Amount of contribution (\$)

30

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/26

Full name of contributor

☐ out-of-state PAC (ID#)

Cynthia Valadez SR.

Contributor address; City; State; Zip Code

815 Brazos St. #527 Austin, TX 78701

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

6/30

Full name of contributor

☐ out-of-state PAC (ID#)

Novert Morales

Contributor address; City; State; Zip Code

1007 E. 7th St. Austin, TX 78702

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Morales, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/30	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Harold Ucias	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1006 S. Lamar Trail Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Bar Medusa Reader		10 Employer (See Instructions) Self	
Date 6/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) John Zavala	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1511 Curran Drive Austin TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Bail Bonds		Employer (See Instructions) Self	
Date 6/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Lindsey Brooke Nussom	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1511 Curran Drive Austin TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Bail Bonds		Employer (See Instructions) Self	
Date 6/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Arturo Espinoza	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1929 - E Peyton Gin Rd. Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rebbera Casas	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6729 Haven Gate Dr. Corpus Christi, TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) CCISD	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10

2 FILER NAME

Marco Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/30

5 Full name of contributor

☐ out-of-state PAC (ID#)

Robert Cerrillo

6 Contributor address: City: State: Zip Code

4002 Tecate Trl. Austin, TX 78739

7 Amount of contribution (\$)

60

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Owner

10 Employer (See Instructions)

C & C Electric

Date

6/30

Full name of contributor

☐ out-of-state PAC (ID#)

Ruben Guerra

Contributor address: City: State: Zip Code

1920 CR SAN DIEGO, TX 78384

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Safety Consultant

Employer (See Instructions)

Oil & Gas

Date

6/30

Full name of contributor

☐ out-of-state PAC (ID#)

Rene Guerra

Contributor address: City: State: Zip Code

1920 CR 334 SAN DIEGO, TX 78384

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Border patrol

Date

6/30

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Guerra

Contributor address: City: State: Zip Code

1920 CR 334 SAN DIEGO, TX 78384

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30

Full name of contributor

☐ out-of-state PAC (ID#)

nana Casas

Contributor address: City: State: Zip Code

1964 Canyon Rd 334 San Diego, TX 78384

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <div style="text-align: right;">10</div>	
2 FILER NAME <div style="text-align: center;">Marco Mancillas</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="text-align: center;">6/30</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="text-align: center;">Shelly Eestenez</div>	7 Amount of contribution (\$) <div style="text-align: center;">350</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="text-align: center;">507 Pressler Austin, TX 78703</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <div style="text-align: center;">Physical therapist</div>		10 Employer (See Instructions) <div style="text-align: center;">Kensville Home care</div>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9</b>		2 FILER NAME <b>Marco Mancillas</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/24/14</b>		5 Payee name <b>Austin Youngs Real estate professionals</b>			
6 Amount (\$) <b>10.00</b>		7 Payee address; City: State; Zip Code <b>Facebook page Austin, TX 78704</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Contribution/Donation</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>event</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/14/14</b>		Payee name <b>Austin Social Affair</b>			
Amount (\$) <b>20.00</b>		Payee address; City: State; Zip Code <b>Facebook @ Austin Social Affair Austin, TX 78704</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contribution/Donation</b>		Description (If travel outside of Texas, complete Schedule T) <b>Event expense</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/21/14</b>		Payee name <b>Heist Digital LLC</b>			
Amount (\$) <b>150.00</b>		Payee address; City: State; Zip Code <b>Kyle 156 Carriage Way Austin TX 78640</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>Website</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>6/5/14</b>		Payee name <b>Diagona votes</b>			
Amount (\$) <b>65.00</b>		Payee address; City: State; Zip Code <b>Facebook Austin TX 78704</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contribution/Donation</b>		Description (If travel outside of Texas, complete Schedule T) <b>Club</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Advertising Expense  
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.

<b>1</b> Total pages Schedule F: <b>9</b>	<b>2</b> FILER NAME <b>Marcu Mancillas</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>6/15/14</b>	<b>5</b> Payee name <b>Brandon Turner</b>		
<b>6</b> Amount (\$) <b>2,125.00</b>	<b>7</b> Payee address, City, State, Zip Code <b>501 E 5th Street Austin TX 78745</b>		
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Salaries / wages/contract labor</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Consult</b>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>6/18/14</b>	Payee name <b>Worley Printing</b>		
Amount (\$) <b>366.16</b>	Payee address, City, State, Zip Code <b>Frankford 3217 Interstate 35 Austin TX 78722</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Print</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>4/18/14</b>	Payee name <b>Amayas Tacos</b>		
Amount (\$) <b>20.00</b>	Payee address, City, State, Zip Code <b>5804 Interstate 35 Austin, TX 78751</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>event</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>5/07/14</b>	Payee name <b>Santa Rita Mexican</b>		
Amount (\$) <b>12.72</b>	Payee address, City, State, Zip Code <b>1206 W 38th St Austin, TX 78756</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food / Beverage Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>9</b>		<b>2</b> FILER NAME <b>Marco Mangiles</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>5/8/14</b>		<b>5</b> Payee name <b>Paril Domain</b>		
<b>6</b> Amount (\$) <b>29.90</b>		<b>7</b> Payee address; City; State; Zip Code <b>11601 Domain Dr. Austin, TX 78758</b>		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage</b>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
<b>Date</b> <b>5/9/14</b>		<b>Payee name</b> <b>Maudies</b>		
<b>Amount (\$)</b> <b>33.69</b>		<b>Payee address; City; State; Zip Code</b> <b>2608 W 7th St Austin, TX 78703</b>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Food/Beverage</b>		<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Food</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
<b>Date</b> <b>5/12/14</b>		<b>Payee name</b> <b>Austin Cab Company</b>		
<b>Amount (\$)</b> <b>17.50</b>		<b>Payee address; City; State; Zip Code</b> <b>1135 Gunder St. Austin TX 78702</b>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>other</b>		<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>travel</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
<b>Date</b> <b>5/12/14</b>		<b>Payee name</b> <b>Face Book</b>		
<b>Amount (\$)</b> <b>25.41</b>		<b>Payee address; City; State; Zip Code</b> <b>PO BOX 10005 Palo Alto, CA 94303 Menlo Park California</b>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Website</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				



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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9</b>		2 FILER NAME <b>Marco Mancillas</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/19/14</b>		5 Payee name <b>219 west</b>			
6 Amount (\$) <b>5.13</b>		7 Payee address; City: State: Zip Code <b>612 W 6th Austin, TX 78704</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/19</b>		Payee name <b>J Blacks</b>			
Amount (\$) <b>13.10</b>		Payee address; City: State: Zip Code <b>710 B W 6th St Austin, TX 78704</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/20</b>		Payee name <b>POP</b>			
Amount (\$) <b>38.75</b>		Payee address; City: State: Zip Code <b>620 W 6th St. Austin TX 78704 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/20</b>		Payee name <b>OASIS</b>			
Amount (\$) <b>76.25</b>		Payee address; City: State: Zip Code <b>6550 Comanche trail Austin TX 78732</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9</b>		2 FILER NAME <b>Marc Mancillas</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/20/14</b>		5 Payee name <b>POB</b>			
6 Amount (\$) <b>31.20</b>		7 Payee address; City; State; Zip Code <b>620 W. 4th St Austin, TX 78704</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Fuel</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/21</b>		Payee name <b>Draft Pick</b>			
Amount (\$) <b>18.90</b>		Payee address; City; State; Zip Code <b>1620 E. Riverside Dr Austin, TX 78741</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Fuel</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/22</b>		Payee name <b>Metro Mart</b>			
Amount (\$) <b>10.01</b>		Payee address; City; State; Zip Code <b>1600 Oltman Austin, TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Beverage/Food Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Fuel</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/22</b>		Payee name <b>Discount Foodmart</b>			
Amount (\$) <b>10.34</b>		Payee address; City; State; Zip Code <b>5511 Commed Austin TX 78723</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Other</b>		Description (If travel outside of Texas, complete Schedule T) <b>Gas</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>9</b>		<b>2</b> FILER NAME <b>Marco Mancillas</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <b>5/22</b>		<b>5</b> Payee name <b>Cover 3</b>			
<b>6</b> Amount (\$) <b>84.15</b>		<b>7</b> Payee address; City; State; Zip Code <b>2700 W Anderson W. Austin TX 78757</b>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> <b>5/23</b>		<b>Payee name</b> <b>Corner Store</b>			
<b>Amount (\$)</b> <b>15.00</b>		<b>Payee address; City; State; Zip Code</b> <b>9433 Parkfield Dr. Austin, TX 78758</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <b>Other</b>		<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Travel</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> <b>5/23</b>		<b>Payee name</b> <b>Hunan</b>			
<b>Amount (\$)</b> <b>11.73</b>		<b>Payee address; City; State; Zip Code</b> <b>9306 N Lamar Blvd. Austin, TX 78753</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <b>Food/Beverage</b>		<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> <b>5/22</b>		<b>Payee name</b> <b>J Blacks</b>			
<b>Amount (\$)</b> <b>35.05</b>		<b>Payee address; City; State; Zip Code</b> <b>710 B W 4th St Austin, TX 78704</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9</b>		2 FILER NAME <b>Marce Mancilla</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/27</b>		5 Payee name <b>Alonso Lelkelme</b>			
6 Amount (\$) <b>31.88</b>		7 Payee address; City; State; Zip Code <b>14028 US183 Austin, TX 78717</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/27</b>		Payee name <b>Daisy Queen</b>			
Amount (\$) <b>6.27</b>		Payee address; City; State; Zip Code <b>8728 N Lamar Blvd Austin, TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/28</b>		Payee name <b>Paric Domain</b>			
Amount (\$) <b>24.49</b>		Payee address; City; State; Zip Code <b>11601 Domain Rd Austin, TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/28</b>		Payee name <b>Sams Best</b>			
Amount (\$) <b>43.97</b>		Payee address; City; State; Zip Code <b>3908 W Braker W Austin, TX 78759</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9</b>		2 FILER NAME <b>Marco Mancillas</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/28</b>		5 Payee name <b>7 eleven</b>			
6 Amount (\$) <b>13.02</b>		7 Payee address; City; State; Zip Code <b>10111 N Lamar Blvd Austin TX 78753</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Other</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>travel</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/30</b>		Payee name <b>Paris Domain</b>			
Amount (\$) <b>8.58</b>		Payee address; City; State; Zip Code <b>11601 Domain Rd Austin TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food Beverage Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>6/2</b>		Payee name <b>Metro Mart</b>			
Amount (\$) <b>11.99</b>		Payee address; City; State; Zip Code <b>11600 Olsen Rd Austin, TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food / Beverage</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>6/3</b>		Payee name <b>W</b>			
Amount (\$) <b>25.01</b>		Payee address; City; State; Zip Code <b>200 Lavaca ST. Austin TX 78704</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food / Beverage expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Advertising Expense  
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.

<b>1</b> Total pages Schedule F: 9		<b>2</b> FILER NAME Marco Mancillas		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 6/6		<b>5</b> Payee name mameis			
<b>6</b> Amount (\$) 31.06		<b>7</b> Payee address; City; State; Zip Code 10201 Jollyville Austin TX 78759			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Food	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/9		Payee name Margaritas Mexican Food			
Amount (\$) 36.67		Payee address; City; State; Zip Code 6301 W. Parmer Austin TX 78729			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/24		Payee name Man in a Million			
Amount (\$) 19.20		Payee address; City; State; Zip Code 2300 E. Cesar Chavez St Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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.

1 Total pages Schedule G: <b>1</b>		2 FILER NAME <b>Marco Mancillas</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/11/14</b>		5 Payee name <b>Austin Young Democrats</b>			
6 Amount (\$) <b>10.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>website / Facebook</b> <b>Austin TX 78702</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Contribution / donation</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>clubs</b>	
Date <b>4/10/14</b>		Payee name <b>David Thomas photography</b>			
Amount (\$) <b>175.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>Facebook Austin TX 78704</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>photos</b>	
Date <b>4/10</b>		Payee name <b>Marquea Rents</b>			
Amount (\$) <b>57.53</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>4616 W Howard Ln.</b> <b>Austin TX 78728</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Podium</b>	
Date <b>4/18/14</b>		Payee name <b>Workex Printing</b>			
Amount (\$) <b>176.11</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>3217 Interstate 35</b> <b>Frontage Rd Austin TX 78722</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Print expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>business cards</b>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					