

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) 00000001	2 PAGE # 1 of 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	FIRST Ellen MI NICKNAME LAST Troxclair SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 8510 Tyhurst Dr. Austin, TX 78749		AUSTIN CITY CLERK RECEIVED JUL 15 PM 3 55
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Leslie MI NICKNAME LAST Robnett SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2411 Sharon Lane Austin, TX 78703		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 294-3583		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year 06/09/2014 THROUGH 06/30/2014		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Austin City Council District 8
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****13 C/OH NAME** Troxclair, Ellen (Mrs.)**14 ACCOUNT #** (Ethics Commission filers)
00000001**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

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

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****16 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

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

\$

18,520.00

**EXPENDITURE
TOTALS**

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

2,148.45

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

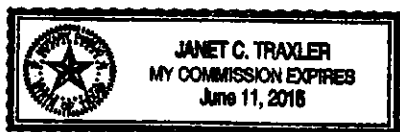
\$

20,578.09

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

\$

5,000.00

17 AFFIDAVIT

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ellen Troxclair, this the 15th day of July, 2014, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print 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 PAGE # Schedule: 1/15 Report: 3/27	
2 FILER NAME Troxclair, Ellen (Mrs.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adamson, Mary & David		7 Amount of contribution (\$) \$50.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 804 East Nations Alpine, TX 79830		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions) retired			10 Employer (See Instructions) retired		
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albarado, Isaac		Amount of contribution (\$) \$75.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2409 Sharon Lane B Austin, TX 78703		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Intergovernment relations			Employer (See Instructions) Texas Commission on Environmental Quality		
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baum, Walt		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9104 La Siesta Bend Austin, TX 78749		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Association Executive			Employer (See Instructions) AECT		
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Billingsley, Anne		Amount of contribution (\$) \$50.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 301287 Austin, TX 78703		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) manager			Employer (See Instructions) ONEOK		
Date 06/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonham, Jeff		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6900 Indica Cv. Austin, TX 78759		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions) Government relations			Employer (See Instructions) CenterPoint		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/15 Report: 4/27	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brannan, Ryan 6 Contributor address; City; State; Zip Code 2001 S. Mopac #1928 Austin, TX 78746	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) advisor		10 Employer (See Instructions) office of the Governor	
Date 06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruzzone, Joseph Contributor address; City; State; Zip Code 6209 Turtle Pt. Dr. Austin, TX 78746	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 06/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cannon, Thure Contributor address; City; State; Zip Code 7711 Ponoma Trail Austin, TX 78749	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) president		Employer (See Instructions) Texas Pipeline Assn.	
Date 06/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casteel, William Contributor address; City; State; Zip Code P.O. Box 1153 Austin, TX 78767	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) president		Employer (See Instructions) FourOneThree Communications	
Date 06/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Committee to Elect Jason Isaac Contributor address; City; State; Zip Code 100 Commons Rd. Dripping Springs, TX 78620	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/15 Report: 5/27

2 FILER NAME Troxclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

06/30/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Craven, Eric

6 Contributor address; City; State; Zip Code
1036 Liberty Park Dr. #29
Austin, TX 78746

7 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
State/Federal government relations

10 Employer (See Instructions)

Texas Electric Cooperatives

Date

06/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Delisi, Ted & Deirdre

Contributor address; City; State; Zip Code
1704 Windsor Rd.
Austin, TX 78704

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
consultant

Employer (See Instructions)

Delisi Communications

Date

06/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dudley, Justin

Contributor address; City; State; Zip Code
300 N. Lamar #223
Austin, TX 78703

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
consultant

Employer (See Instructions)

self

Date

06/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fountain, Phil

Contributor address; City; State; Zip Code
808 Broken Trace Ct.
Round Rock, TX 78665

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Public Affairs & Communications

Employer (See Instructions)

National Guard

Date

06/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gale, Brien

Contributor address; City; State; Zip Code
4500 Westridge Ave #24
Fort Worth, TX 76116

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Pharmacist

Employer (See Instructions)

Texas Health Resources

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/15 Report: 6/27	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gale, Rex & Susan 6 Contributor address; City; State; Zip Code 2 Otter Road Hilton Head Island, SC 29928	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Healthcare consultant		10 Employer (See Instructions) Blue Cross / Blue Shield	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gamble, Phil & Kasha Contributor address; City; State; Zip Code 6433 Soter Pkwy Austin, TX 78735	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffin, Rachel & Elliott Contributor address; City; State; Zip Code 3004 Cohoba Dr. Austin, TX 78748	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) program specialist		Employer (See Instructions) TEA	
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haley, Brian Contributor address; City; State; Zip Code 1937 Rue De St. Tropez Unit 13 Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) partner		Employer (See Instructions) CBTX Capital	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hays, John Contributor address; City; State; Zip Code 3704 Hillbrook Dr. Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Hays & Owens LLP	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/15 Report: 7/27

2 FILER NAME Troxclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

06/27/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Hayter, Trudy

6 Contributor address; City; State; Zip Code
321 Live Oak Dr.
Nacogdoches, TX 78610

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
NA

10 Employer (See Instructions)
NA

Date

06/12/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hosek, Chris & Chandra

Contributor address; City; State; Zip Code
1401 Bay Hill Drive
Austin, TX 78746

Amount of
contribution (\$)

\$700.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
principal

Employer (See Instructions)
H2 strategic Communications

Date

06/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Howell, Dustin

Contributor address; City; State; Zip Code
1213 Canterbury St.
Austin, TX 78702

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Asst. Attorney General

Employer (See Instructions)
Office of the Attorney General

Date

06/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Isaac, Carrie

Contributor address; City; State; Zip Code
280 Manchester Lane
Austin, TX 78737

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Clean eating coach

Employer (See Instructions)
Arbonne

Date

06/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Janosky, Brian

Contributor address; City; State; Zip Code
13213 Kirkglan Dr.
Austin, TX 78727

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
sales engineer

Employer (See Instructions)
CSID

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/15 Report: 8/27	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joyce, Michael 6 Contributor address; City; State; Zip Code 4904 Alta Loma Dr. Austin, TX 78749	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) director of events		10 Employer (See Instructions) TPPF	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelley, Casey Contributor address; City; State; Zip Code P.O. Box 2430 Austin, TX 78768	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Exelon Corporation	
Date 06/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kinghorn, Austin Contributor address; City; State; Zip Code 12323 Limerick Ave. Austin, TX 78758	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Staff Attorney		Employer (See Instructions) Supreme Court of Texas	
Date 06/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kinney, Linda Contributor address; City; State; Zip Code 1034 Hidden Hills Dripping Springs, TX 78620	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) executive assistant		Employer (See Instructions) Hays County	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kohlmann, Jamie Contributor address; City; State; Zip Code 423 St. Paul's Blvd. #4D Norfolk, VA 23510	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 7/15 Report: 9/27	
2 FILER NAME Troxclair, Ellen (Mrs.)			3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lakusta, Jeff		7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 314A Baker St. San Francisco, CA 94117		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) digital advertising			10 Employer (See Instructions) Google	
Date 06/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lakusta, Michael		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3605 Valley View Lane Flower Mound, TX 75022		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) marketing research			Employer (See Instructions) Ethinifacts	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lakusta, Patrick		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 240A W. Ocean View Ave. Norfolk, VA 23503		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) pilot			Employer (See Instructions) US Navy	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lamb, Sarah		Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1311 Exposition Blvd #11 Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Medical Manager			Employer (See Instructions) Bactes Imaging Solutions	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Landry, Caitlin		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 Stonebridge Cove Madisonville, LA 70447		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Social media specialist			Employer (See Instructions) Raconteur Media Co	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/15 Report: 10/27	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Love, Jarod 6 Contributor address; City; State; Zip Code 530 Thicket Lane Austin, TX 78640	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) consultant		10 Employer (See Instructions) Delisi Communications	
Date 06/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Macias, Luke Contributor address; City; State; Zip Code 31540 Smithson Valley Rd. Bulverde, TX 78163	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Macias, Luke Contributor address; City; State; Zip Code 31540 Smithson Valley Rd. Bulverde, TX 78163	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mauldin, James Ryan Contributor address; City; State; Zip Code 7710 Rialto Blvd. #612 Austin, TX 78735	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClellan, George & Darcy Contributor address; City; State; Zip Code 510 Hunt Field Rd. Manakin Sabot, VA 23103	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Energy commodities		Employer (See Instructions) Colby-Troy Resources Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/15 Report: 11/27

2 FILER NAME Troxclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

06/29/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
McClellan, Sarah & Jonathan

6 Contributor address; City; State; Zip Code
7204 Bending Oak Rd.
Austin, TX 78749

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
registered nurse

10 Employer (See Instructions)
Austin Heart

Date

06/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
McDonald, Tony

Contributor address; City; State; Zip Code
7710 Rialto Blvd. #612
Austin, TX 78735

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
Law offices of Tony McDonald

Date

06/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Miller, Christopher

Contributor address; City; State; Zip Code
3050 Tamarron Blvd.
Austin, TX 78746

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Vice President

Employer (See Instructions)
Association of Electric Companies of Texas

Date

06/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mitchell, Brian

Contributor address; City; State; Zip Code
2509 Quarry Rd. #A
Austin, TX 78703

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Legislative staff

Employer (See Instructions)
Office of Rep. Workman

Date

06/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Norris, Tyler

Contributor address; City; State; Zip Code
501 E. Stassney Lane #916
Austin, TX 78745

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
consultant

Employer (See Instructions)
self

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/15 Report: 12/27	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norwood, Jeff & Gabrielle 6 Contributor address; City; State; Zip Code 6412 Soter Pkwy Austin, TX 78735	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Anthem Media	
Date 06/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oney, Jessica Contributor address; City; State; Zip Code 2401 Lawnmont Ave. Austin, TX 78756	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) government affairs		Employer (See Instructions) EFH	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Papierz, Robert Contributor address; City; State; Zip Code 8818 Travis Hills Dr. #222 Austin, TX 78735	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) government		Employer (See Instructions) State of Texas	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paulson, Anna Contributor address; City; State; Zip Code 1306 Ruth Ave. Austin, TX 78757	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Legislative director		Employer (See Instructions) Texas Legislature	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pennington & Albright, Stephanie & Steven Contributor address; City; State; Zip Code 5702 Buffalo Pass Austin, TX 78745	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) Texas Legislature	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/15 Report: 13/27

2 FILER NAME Troxclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

06/27/2014

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

Perkins, Rick

6 Contributor address; City; State; Zip Code

8503 El Rey Blvd.
Austin, TX 787377 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Engineer10 Employer (See Instructions)
Chemical Logic

Date

06/30/2014

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

Phil King Campaign

Contributor address; City; State; Zip Code

P.O. Box 1913
Weatherford, TX 76086Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/30/2014

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

Pitts, John

Contributor address; City; State; Zip Code

P.O. Box 27130
Houston, TX 77227Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
attorneyEmployer (See Instructions)
self

Date

06/30/2014

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

Posey, Christopher Jake

Contributor address; City; State; Zip Code

216 Vista Lane
Georgetown, TX 78633Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
attorneyEmployer (See Instructions)
Posey law firm

Date

06/28/2014

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

Robnett, Kevin

Contributor address; City; State; Zip Code

2411 Sharon Lane
Austin, TX 78703Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
FinanceEmployer (See Instructions)
Limestone Capital Advisors

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/15 Report: 14/27	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robnett, Leslie 6 Contributor address; City; State; Zip Code 2411 Sharon Lane Austin, TX 78703	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) attorney		10 Employer (See Instructions) Gardere Wynne Sewell	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruckel, Mari & Grant Contributor address; City; State; Zip Code 1506 E. 11th St. Austin, TX 78702	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) senior director		Employer (See Instructions) Energy Transfer	
Date 06/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sams, Bryan Contributor address; City; State; Zip Code 10503 Orourk Ln Austin, TX 78739	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) NRG Energy	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Desiree Contributor address; City; State; Zip Code 10050 Great Hills Trail #822 Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Legislative director		Employer (See Instructions) Texas Legislature	
Date 06/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stumpf, Joshua Contributor address; City; State; Zip Code 1213 Cabrillo Ave. San Francisco, CA 94010	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) financial advisor		Employer (See Instructions) JP Morgan	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/15 Report: 15/27	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swanson, Steve 6 Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd. #9 Austin, TX 78735	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) community advocate for youth		10 Employer (See Instructions) retired	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thigpin, Thomas III Contributor address; City; State; Zip Code 1806 W. 10th St. Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tidwell, Jessica Contributor address; City; State; Zip Code 1240 Barton Hills Dr. #209 Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) social worker		Employer (See Instructions) Dell Children's Hospital	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vidotto, Debbie & Ryan Contributor address; City; State; Zip Code 411 Brazos St. 100B Austin, TX 78701	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Good Life Barber Shop	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Westernhover, Ashley Contributor address; City; State; Zip Code 4424 Gaines Ranch Loop #1715 Austin, TX 78735	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) Texas Legislature	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/15 Report: 16/27	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, David & Elizabeth 6 Contributor address; City; State; Zip Code 7000 Chuck Wagon Trail Austin, TX 78749	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) consultant		10 Employer (See Instructions) self	
Date 06/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitehead, Erin Contributor address; City; State; Zip Code 7401 Maricopa Cove Austin, TX 78749	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) PDS Energy Information	
Date 06/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilbanks, Chad Contributor address; City; State; Zip Code 3805 Kenora Cr. Austin, TX 78738	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Business Consultant		Employer (See Instructions) Wilbanks Group	
Date 06/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wiley, Jay & Sally Contributor address; City; State; Zip Code 4221 Canoas Dr. Austin, TX 78730	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OB/GYN Group of Austin	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Winckler, Pete Contributor address; City; State; Zip Code 5508 Tipton Dr. Austin, TX 78723	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Legislative staff		Employer (See Instructions) State of Texas	

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/15 Report: 17/27

2 FILER NAME Troxclair, Ellen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

06/28/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Yarborough, Justin & Ashley**6** Contributor address; City; State; Zip Code
2402 Westover Rd.
Austin, TX 78703**7** Amount of
contribution (\$)

\$700.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)
investor**10** Employer (See Instructions)
self

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 18/27

2 FILER NAME Troxclair, Ellen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4

TOTAL OF UNITEMIZED LOANS:

⇔⇔⇔⇔⇔⇔

\$

5 Date of loan

06/30/2014

7 Name of lender

Troxclair, Ellen & Caleb

☐ out-of-state PAC (ID# _____)**9** Loan Amount (\$)

\$5,000.00

6 Is lender a
financial institution?

No

8 Lender address; City; State; Zip Code8510 Tyhurst Dr.
Austin, TX 78749**10** Interest rate

0.00

11 Maturity date**12** Principal occupation / Job title (See Instructions)
realtor**13** Employer (See Instructions)
self**14** Description of Collateral☒ none**15** Check if personal funds were deposited into political account☒**16** GUARANTOR
INFORMATION☒ not applicable**17** Name of guarantor**18** Guarantor address; City; State; Zip Code**19** Amount Guaranteed (\$)**20** Principal Occupation**21** Employer

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)**The INSTRUCTION GUIDE explains how to complete this form.**

1 PAGE # Schedule: 1/9 Report: 19/27		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 06/18/2014	5 Payee name Harland Clarke			
6 Amount (\$) \$26.00	7 Payee address City: State: Zip Code 10931 Laureate Dr. San Antonio, TX 78249			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check printing fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 06/27/2014	Payee name Office Depot			
Amount (\$) \$10.80	Payee address City: State: Zip Code 5300 S Mopac Expy S #101 Austin, TX 78749			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Name tags	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 06/18/2014	Payee name PIRYX			
Amount (\$) \$20.13	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 06/18/2014	Payee name PIRYX			
Amount (\$) \$20.13	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/9 Report: 20/27		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 06/18/2014		5 Payee name PIRYX			
6 Amount (\$) \$14.38		7 Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/20/2014		Payee name PIRYX			
Amount (\$) \$20.13		Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/20/2014		Payee name PIRYX			
Amount (\$) \$2.88		Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/20/2014		Payee name PIRYX			
Amount (\$) \$5.75		Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/9 Report: 21/27		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 06/24/2014	5 Payee name PIRYX			
6 Amount (\$) \$20.13	7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 06/24/2014	Payee name PIRYX			
Amount (\$) \$14.38	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 06/24/2014	Payee name PIRYX			
Amount (\$) \$14.38	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 06/27/2014	Payee name PIRYX			
Amount (\$) \$2.88	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/9 Report: 22/27		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 06/27/2014	5 Payee name PIRYX				
6 Amount (\$) \$20.13	7 Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/27/2014	Payee name PIRYX				
Amount (\$) \$5.75	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/28/2014	Payee name PIRYX				
Amount (\$) \$40.25	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/28/2014	Payee name PIRYX				
Amount (\$) \$1.15	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/9 Report: 23/27		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 06/28/2014	5 Payee name PIRYX			
6 Amount (\$) \$20.13	7 Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 06/29/2014	Payee name PIRYX			
Amount (\$) \$20.13	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 06/29/2014	Payee name PIRYX			
Amount (\$) \$5.75	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 06/30/2014	Payee name PIRYX			
Amount (\$) \$5.75	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/9 Report: 24/27		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 06/30/2014	5 Payee name PIRYX				
6 Amount (\$) \$5.75	7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 94105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/30/2014	Payee name PIRYX				
Amount (\$) \$5.75	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/30/2014	Payee name PIRYX				
Amount (\$) \$2.88	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/30/2014	Payee name PIRYX				
Amount (\$) \$11.50	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/9 Report: 25/27		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 06/30/2014	5 Payee name PIRYX			
6 Amount (\$) \$5.75	7 Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 06/30/2014	Payee name PIRYX			
Amount (\$) \$5.75	Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 06/30/2014	Payee name PIRYX			
Amount (\$) \$17.25	Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 06/30/2014	Payee name PIRYX			
Amount (\$) \$2.88	Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/9 Report: 26/27		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 06/30/2014	5 Payee name PIRYX				
6 Amount (\$) \$14.38	7 Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/30/2014	Payee name PIRYX				
Amount (\$) \$40.25	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/30/2014	Payee name PIRYX				
Amount (\$) \$1.44	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/30/2014	Payee name PIRYX				
Amount (\$) \$20.13	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/9 Report: 27/27		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 06/30/2014	5 Payee name PIRYX				
6 Amount (\$) \$2.88	7 Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/30/2014	Payee name PIRYX				
Amount (\$) \$40.25	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 94105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/30/2014	Payee name Santa Rita				
Amount (\$) \$1,662.00	Payee address City; State; Zip Code 5900 W. Slaughter Lane Austin, TX 78749				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign kickoff		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/27/2014	Payee name Target				
Amount (\$) \$18.60	Payee address City; State; Zip Code 5300 S. Mopac Ste 1 Austin, TX 78749				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies for kick off		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held: