CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000011	2 PAGE# 1 of 40
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Darrell NICKNAME LAST Pierce	MI	OFFICE USE ONLY US
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #, 901 East 12th St. Austin, TX 78702	CITY: STATE; ZIP CODE	Date Hand-delivered or trate Postmarked
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Aaron NICKNAME LAST Demerson	MI SUFFIX	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S 6019 Roxxbury Lane Austin, TX 78739	GUITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 470-6544	EXTENSION	
8 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THF 02/14/2014	Month Day ROUGH 06/30/20	Year
10 ELECTION	ELECTION DATE ELECTION Month Day Year Prim 11/04/2014		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known Austin City Council	
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CANDIDATE / OFFICEHOLDER REPORT:	FORM C/OH
SUPPORT & TOTALS	COVER SHEET PG 2

SUPPORT &	TOTALS		Cove	R SHEET PG 2
13 C/OH NAME Pierc	e, Darrell		14 ACCOUNT # 00000011	(Ethics Commission filers)
15 NOTICE FROM	have been made wit	vibice of political expenditures by political committees to support the crout the candidate's or officeholder's knowledge or consent. Candidatey receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	1,598.77
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	36,617.94
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZI	\$	411.41
	4. TOTAL	POLITICAL EXPENDITURES	\$	11,096.16
CONTRIBUTION BALANCE	1	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	25,691.54
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	2,500.00
17 AFFIDAVIT				
	SUSAN C. HA Notary Public, Stat My Commission May 16, 20	e of Texas Expires	all information req	uired to be reported by
AFFIX NOTARY	STAMP / SEAL ABOY	/E		
Sworn to and subscrib	αJ	he said	, this the _	15 th day
Signature of officer adm	00	Susan C. Han	No	ton

The Instr	истіон Guide explains how to complete this form.		1 PAGE # Schedule: 1/3	31 Report: 3/40	
2 FILER NA	ME Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Anderson, Devry	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
06/17/20	6 Contributor address; City; State; Zip Code 1512 Palomino Ridge Dr Austin, TX 78733-6044		\$350.00	 - 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal o Physician	ccupation / Job title (See Instructions)	10 Employer (See In US Army	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
106/17/20	14 Contributor address; City; State; Zip Code 1512 Palomino Ridge Dr Austin, TX 78733-6044	, 	\$350.00	 	
				Texas, complete Schedule T)	
Principal o Attorney	ccupation / Job title (See Instructions)	Employer (See In Self	structions)		
Date	Full name of contributor ut-of-state PAC (ID: Anderson, Stephen	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/27/20	14 Contributor address; City; State; Zip Code 9204 Texas Oaks Dr Austin, TX 78748-6330		\$200.00		
				· —	
Principal o	ccupation / Job title (See Instructions)	Employer (See In	1 '	Texas, complete Schedule T)	
	asst. Director	Baptist Medical			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/30/20	Contributor address; City; State; Zip Code 7404 Twilight Mesa Dr. Austin, TX 78737	• • • • • • • • • • • • • • • • • • • •	\$100.00	1 1 1	
			(If travel outside of	Texas, complete Schedule T)	
Principal o	ccupation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/17/20	14 Contributor address; City; State; Zip Code 815 San Marcos St Austin, TX 78702-2646		\$250.00	 	
			//f traval	Towns complete Saladada 71	
Principal o Entreprer	ccupation / Job title (See Instructions) luar	Employer (See In Self	1	Texas, complete Schedule T)	
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3	31 Report: 4/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Austin, Gene)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/21/2014	6 Contributor address; City; State; Zip Code 2501 Camino Alto Austin, TX 78746		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occur	ation / Job title (See Instructions)	10 Employer (See In	<u>'</u>	<u> </u>
9	CEO & Presid		Bazaarvoice	saucaons)	
\vdash					
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 1102 Ridgecrest Dr Austin, TX 78746-2312	,	\$350.00	
		Austin, 17/0/40-2312		##	T
<u> </u>			·	,	Texas, complete Schedule T)
:	Principal occup Surgeon	ation / Job title (See Instructions)	Employer (See In US military	structions)	
	Date	Full name of contributor □ out-of-state PAC (ID# Baylor, A. Joe)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 6000 Hood Hollow Austin, TX 78731-3511		\$350.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup Realtor	ation / Job title (See Instructions)	Employer (See In Capta Inc.	structions)	
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
		Befi, Tany		contribution (\$)	description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 3308 Vintage Dr Round Rock, TX 78664-7900		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
					×
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 8405 Navidad Dr Austin, TX 78735-1455		\$350.00	
					T
<u> </u>				<u></u>	Texas, complete Schedule T)
	Principal occup Physician	ation / Job title (See Instructions)	Employer (See In AARC	structions)	

The Instruction Guice explains how to complete this form. 1 PACE # Schedule: 3/31 Report: 5/40 2 FILER NAME Pierce, Darrell 3 ACCOUNT # (Elines Commission Riers) 00000011 4 Date S Full name of contributor out-of-state PAC (ID#) 7 Amount of 1 B in-kind contribution (# applicable) 05/28/2014 6 Commission address City: State: Zip Code \$125.00 3 Principal occupation / Job title (See Instructions) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 10 Employer (See Instructions) 11 Employer (See Instructions) 12 Employer (See Instructions) 13 Full name of contributor out-of-state PAC (ID#) Amount of In-kind contribution description (# applicable) 14 Employer (See Instructions) 15 Employer (See Instructions) 16 Employer (See Instructions) 17 Employer (See Instructions) 18 Full name of contributor out-of-state PAC (ID#) Amount of In-kind contribution description (# applicable) 19 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 10 Employer (See Instructions) 11 Employer (See Instructions) 12 Employer (See Instructions) 13 Employer (See Instructions) 14 Employer (See Instructions) 15 Employer (See Instructions) 16 Employer (See Instructions) 17 Employer (See Instructions) 18 Employer (See Instructions) 18 Employer (See Instructions) 19 Employer (See Instructions) 20 Employer (See Instructions) 20 Employer (See Instructions) 21 Employer (See Instructions) 22 Employer (See Instructions) 23 Employer (See Instructions) 24 Employer (See Instructions) 25 Employer (See Instructions) 26 Employer (See Instructions) 27 Employer (See Instructions) 28 Employer (See Instructions) 29 Employer (See Instructions) 29 Employer (See Instructions) 20 Employer (See Instructions) 2					
4 Date 5 Full name of contributor out-of-state PAC (ID#,) 7 Amount of 8 In-kind contribution (S) Summerset Tr. Austin, TX 78749-1344 (If travel outside of Texas, complete Schedule T) O6/28/2014 O6	The Instruction	ON GUIDE explains how to complete this form.	*		31 Report: 5/40
Bennett, Ashlee 05/28/2014 6 Contributor address. City: State; Zip Code \$125.00 \$125	2 FILER NAME	Pierce, Darrell		1	(Ethics Commission filers)
S200 Summerset Austin, T X 78748+1344 (If travel outside of Texas, complete Schedule T)	4 Date	,)		
Principal occupation / Job title (See Instructions) Date Full name of contributor	05/28/2014	5209 Summerset Trl		\$125.00	
Date Full name of contributor out-of-state PAC (ID#				(If travel outside of	Texas, complete Schedule T)
Black, Albert	9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
1013 Weeping Willow Dr Austin, TX 78753-5856 (If travel outside of Texas, complete Schedule T)	Date	,	!)		
Principal occupation / Job title (See Instructions) Executive Director Date Full name of contributor out-of-state PAC (ID#)	06/28/2014	1013 Weeping Willow Dr		\$200.00	
Executive Director Child Inc. Date				(If travel outside of	Texas, complete Schedule T)
Date Full name of contributor	Principal occup	vation / Job title (See Instructions)	Employer (See In	<u> L'</u>	:
Blankenship, Darro Contribution (\$) description (if applicable) Contributor address; 7007 Anaqua Dr Austin, TX 78750-8315 Principal occupation / Job title (See Instructions) Sales Professional Employer (See Instructions) CSC CSC Amount of contribution (\$) description (if applicable) Principal occupation / Job title (See Instructions) CSC CSC Amount of contribution (\$) description (if applicable) O6/17/2014 Contributor address; 7007 Anaqua Dr Austin, TX 78750-8315 City: State; Zip Code \$200.00 Principal occupation / Job title (See Instructions) Administrato Employer (See Instructions) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) AlsD Amount of contribution (if applicable) O5/28/2014 Contributor address; 7017 Anaqua Dr Austin, TX 78735-1555 City: State; Zip Code S200.00 O5/28/2014 Contributor address; Gity: State; Zip Code S350.00 O5/28/2014 Contributor address; Gity: State; Zip Code	Executive Dir	ector	Child Inc.		
Principal occupation / Job title (See Instructions) Employer (See Instructions) CSC	Date	,	1)		
Principal occupation / Job title (See Instructions) Sales Professional Date Full name of contributor Gut-of-state PAC (ID# State) Amount of contribution (\$ In-kind contribution (\$ description (if applicable)	05/13/2014	7007 Anaqua Dr		\$200.00	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) description (if applicable)				'	Texas, complete Schedule T)
Blankenship, Leah Contributor address; City; State; Zip Code 7007 Anaqua Dr Austin, TX 78750-8315 Principal occupation / Job title (See Instructions) Administrato Employer (See Instructions) AlSD Amount of contribution (\$) also in the contribut				structions)	
7007 Anaqua Dr Austin, TX 78750-8315 Principal occupation / Job title (See Instructions) Administrato Date Full name of contributor Brown, Alex Contributor address; City; State; Zip Code 4701 Mirador Dr Austin, TX 78735-1555 Principal occupation / Job title (See Instructions) (If travel outside of Texas, complete Schedule T) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) (If travel outside of Texas, complete Schedule T)	Date	,)		-
Principal occupation / Job title (See Instructions) Administrato Date Full name of contributor Brown, Alex Contributor address; City; State; Zip Code 4701 Mirador Dr Austin, TX 78735-1555 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) description (if applicable) \$350.00 (If travel outside of Texas, complete Schedule T)	06/17/2014	7007 Anaqua Dr		\$200.00	
Administrato Date Full name of contributor				(If travel outside of	Texas, complete Schedule T)
Brown, Alex Contribution (\$) description (if applicable) Contributor address; City; State; Zip Code 4701 Mirador Dr Austin, TX 78735-1555 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)		ation / Job title (See Instructions)		structions)	
4701 Mirador Dr Austin, TX 78735-1555 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	05/28/2014	4701 Mirador Dr	,	\$350.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				/// · · · · · · · · · · · · · · · · · ·	Tanan aamalaa Gaba () 🚾 🗂
		eation / Job title (See Instructions)		<u>. </u>	rexas, complete screaule ()

	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 4/3	31 Report: 6/40	
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)	
4	Date	5 Full name of contributor	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/17/2014	6 Contributor address; City; State; Zip Code 52 The Hills Dr The Hills, TX 78738-1575		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Manager	ation / Job title (See Instructions)	10 Employer (See In Microsoft	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 11023 Pencewood Ct		\$100.00	 	
		Ste A Austin, TX 78750-3712		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	<u>'</u>)	Amount of contribution (S)	In-kind contribution description (if applicable)	
	06/28/2014	Contributor address; City; State; Zip Code 7529 Escala Dr Austin, TX 78735-1523		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occur	ation / Job title (See Instructions)	Employer (See In		Tokas, complete concease if	
			2.11,610,951 (000111			
	Date	Full name of contributor	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/03/2014	Contributor address; City; State; Zip Code 221 W 6th St Ste 600		\$350.00	 	
		Austin, TX 78701-3411		(If travel outside of	Texas, complete Schedule T)	
_	Principal occup	ation / Job title (See Instructions)	Employer (See in	L	Toxaci complete concedes ()	
	President		Bury, Inc.			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/12/2014	Contributor address; City; State; Zip Code PO Box 466 Conroe, TX 77305-0466		\$100.00	 	
				(If travel autoids of	Toyac complete Pakadula T\	
	Principal age:::	ation / Job title /See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)	
	- пистрат оссир	ation / Job title (See Instructions)	Employer (See In	addions)		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/3	31 Report: 7/40		
2 FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID# Castetter, Mary	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
05/28/2014	6 Contributor address; City; State; Zip Code 5100 Lassant Cv Austin, TX 78749-2215		\$350.00	 		
			L `	Texas, complete Schedule T)		
9 Principal occup VP Operation	pation / Job title (See Instructions) ns	10 Employer (See In: Texas Associati				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/30/2014	Contributor address; City; State; Zip Code 809 Point Run Dr Pflugerville, TX 78660-3884		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Pastor	pation / Job title (See Instructions)	Employer (See In Greater Mount 2	structions) Zion Baptist Churc	sh		
Date	Full name of contributor	<i></i>)	Amount of contribution (S)	In-kind contribution description (if applicable)		
05/30/2014	Contributor address; City; State; Zip Code 809 Point Run Dr Pflugerville, TX 78660-3884		\$350.00	 		
			<u> </u>	Texas, complete Schedule T)		
Principal occu _l none	pation / Job title (See Instructions)	Employer (See In none	structions)			
Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/28/2014	Contributor address; City; State; Zip Code 9890 Silver Mountain Dr Austin, TX 78737-3103		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup home & auto	pation / Job title (See Instructions)	Employer (See In self	structions)			
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/23/2014	Contributor address; City; State; Zip Code 8402 Burkwood Cv Austin, TX 78735-1503		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In 2Thrive4	structions)			

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 6/3	31 Report: 8/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Conyers, Yolanda		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/27/2014	6 Contributor address; City; State; Zip Code 9915 Westminster Glen Ave Austin, TX 78730		\$350.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
9		ation / Job title (See Instructions) al Integration & Diversity	10 Employer (See In Lenovo	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City; State; Zip Code PO Box 2066 Austin, TX 78768-2066		\$100.00	
		Austin, 17 70700-2000			_
<u> </u>					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/16/2014	Contributor address; City; State; Zip Code 5902 Lonesome Valley Trl		\$150.00	
		Austin, TX 78731-3746		· ·	Texas, complete Schedule T)
	Principal occup	vation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/28/2014	Contributor address; City; State; Zip Code 10308 Rhett Butler Dr Austin, TX 78739-1672		\$100.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	**************************************
-	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 10308 Rhett Butler Dr Austin, TX 78739-1672		\$100.00	
				(If traval autoids ==	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	1 '	revas, complete schedule ()

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 7/3	31 Report: 9/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Damrau, Tarry	2)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/28/2014	6 Contributor address; City; State; Zip Code 4704 Circle Oak Cv Austin, TX 78749-2302	,	\$100.00	 - -
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Insurance	ation / Job title (See Instructions)	10 Employer (See In Aflac	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) food & drinks for event
	06/26/2014	Contributor address; City; State; Zip Code 4704 Circle Oak Cv Austin, TX 78749		\$120.00	'
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Insurance	ation / Job title (See Instructions)	Employer (See In Aflac	structions)	
	Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 3100 Point O Woods Austin, TX 78735-1500		\$100.00	
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> L'</u>	Texas, complete Schedule T)
		and it is the total manufactorial	Employer (oee in	sudcitoris)	-
	Date	Full name of contributor	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 12122 Songbird Lane Germantown, MD 20876		\$100.00	
				1.	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable) food & drinks for event
	06/28/2014	Contributor address; City; State; Zip Code 6019 Roxbury Lane Austin, TX 78739		\$137.50	 -
L	D.S. C.			<u> </u>	Texas, complete Schedule T)
		ation / Job title (See Instructions) bloyer Initiatives Office	Employer (See In Texas Workford	,	

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	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 8/3	31 Report: 10/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Dixon, Freddie)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/17/2014	6 Contributor address; City; State; Zip Code 1602 Astor PI Austin, TX 78721-1305	.,.,	\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Príncipal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City; State; Zip Code 7208 Squirrel Oak Cir Austin, TX 78749-2334		\$100.00	
				(If toursel autoids of	Tamas associate Sabadule T\
	Oringinal occur	eation / Job title (See Instructions)	Employer (See In	'	Texas, complete Schedule T)
	Filincipal occup	alion / 300 little (See Histractions)	Employer (See III	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/27/2014	Contributor address; City; State; Zip Code 7000 Robert Dixon Dr Austin, TX 78749-2201		\$350.00	
				•	Texas, complete Schedule T)
	homemaker	ation / Job title (See Instructions)	Employer (See In none	structions)	
	Date	Full name of contributor	!)	Amount of	In-kind contribution
		Edgar, Joe		contribution (\$)	description (if applicable) website design and IT
	05/12/2014	Contributor address; City; State; Zip Code 7000 Robert Dixon Dr Austin, TX 78749		\$350.00	service
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Fund Manage	ation / Job title (See Instructions) eer	Employer (See In State of Texas	structions)	<u> </u>
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 10101 Pinehurst Dr Austin, TX 78747-1303		\$100.00	
				()6 ************************************	Tauran aannal 1 2 2 2 1 2 2 1 7 7 7 7 7 7 7 7 7 7 7 7
<u> </u>	Principal assura	ration / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	- ппограг оссир	ation / Job title (See Instructions)	Employer (See In	an actiona;	

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/3	31 Report: 11/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Eugene, Darrick)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/27/2014	6 Contributor address; City; State; Zip Code 10101 Pinehurst Dr Austin, TX 78747-1303		\$250.00	
				l '	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job tille (See Instructions)	10 Employer (See In Darrick W. Euge	structions) ene & Associates,	PC
	Date	Full name of contributor uut-of-state PAC (ID#Falkenberg, Howard)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code PO Box 123 Austin, TX 78767-0123		\$350.00	
				/If traval outside of	Toyas nomplete Schodule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	1	Texas, complete Schedule T)
		ns Consultant	Staats Falkenbe		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
:	05/16/2014	Contributor address; City; State; Zip Code 950 W University Ave Ste 209		\$200.00	
		Georgetown, TX 78626-6508		(If travel outside of	Texas, complete Schedule T)
	Principal occup Insurance Ag	ration / Job title (See Instructions) ent	Employer (See In State Farm Insu		
	Date	Full name of contributor ut-of-state PAC (ID# Fernandes, Edward	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 713 Beardsley Ln Austin, TX 78746-4925		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Hunton & Willia		. 12
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 2808 W Fresco Dr Austin, TX 78731-5022		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	I, *	

The I	NSTRUCTION	ON GUIDE explains how to complete this fo	orm.	 	1 PAGE # Schedule: 10	/31 Report: 12/40
2 FILER	RNAME	Pierce, Darrell			3 ACCOUNT# 00000011	(Ethics Commission filers)
4 Dat	te	5 Full name of contributor out-of-s	state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/17	//2014	6 Contributor address; City; State 604 W Annie St Austin, TX 78704-4102	e; Zip Code		\$350.00	
					(If travel outside of	Texas, complete Schedule T)
9 Princip CHR		oation / Job title (See Instructions)		10 Employer (See In AMD	structions)	
Dai	te	Full name of contributor	state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable) event expenses
06/26	6/2014	Contributor address; City; State 5905 Cannon Mountain Dr Austin, TX 78749-3309	e; Zip Code		\$26.00	
		,			(If travel outside of	Texas, complete Schedule T)
Princi	pal occup	pation / Job title (See Instructions)		Employer (See In	structions)	
Dat	te	Full name of contributor	state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
06/26	5/2014	Contributor address; City; State 5905 Cannon Mountain Dr Austin, TX 78749-3309	; Zip Code		\$100.00	
		743111, 7770745-3333			(If travel outside of	Texas, complete Schedule T)
Princi	pal occup	pation / Job title (See Instructions)		Employer (See In	structions)	
Da	te	Full name of contributor	state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/15	5/2014	Contributor address; City; Slate 6800 W Courtyard Dr Austin, TX 78730-5080	e; Zip Code	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$150.00	
					(If travel outside of	Texas, complete Schedule T)
Princi	pal occup	pation / Job title (See Instructions)		Employer (See In	structions)	
Dai	te	Full name of contributor	state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/30)/2014	Contributor address; City; State 111 W Anderson Ln Ste E310	e; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$100.00	
		Austin, TX 78752-1119			//d tomoral acceptable of	T
Dringi	nal occur	Dation / Joh title /San Instructions)		Employer (Con !-	<u></u>	Texas, complete Schedule T)
Pilinci	рат оссиј	pation / Job title (See Instructions)		Employer (See In	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 11	/31 Report: 13/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gullahorn, Jack)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/30/2014	6 Contributor address; City; State; Zip Code PO Box 140045 Austin, TX 78714-0045		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup attorney	ation / Job title (See Instructions)	10 Employer (See In jack w gullahori		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; City; State; Zip Code PO Box 163164 Austin, TX 78716-3164		\$350.00	
				<u> </u>	Texas, complete Schedule T)
		ation / Job title (See Instructions) Il affairs consultant	Employer (See In Office of Clint H	•	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; City; State; Zip Code PO Box 163164 Austin, TX 78716-3164		\$350.00	
		7 Adding, 7 X 101 10 010 7		(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions) Il affairs consultant	Employer (See In Office of Clint F		
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2014	Contributor address; City; State; Zip Code 6700 Hot Springs Dr Austin, TX 78749		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup President	ation / Job title (See Instructions)	Employer (See In Hahn Austin	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Hahn, Laurie	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2014	Contributor address; City; State: Zip Code 6700 Hot Springs Dr Austin, TX 78749-4003		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Human Reso	· · · · · · · · · · · · · · · · · · ·	Freescale Sem	•	

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	/31 Report: 14/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Handcox, Berl)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/14/2014	6 Contributor address; City; State; Zip Code 5202 Rambling Range Austin, TX 78727-6640		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup retired	ation / Job title (See Instructions)	10 Employer (See In none	structions)	
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 7005 Quill Leaf Cv Austin, TX 78750-8307		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 7005 Quill Leaf Cv Austin, TX 78750-8307		\$350.00	l
				/if trough outside of	Texas, complete Schedule T)
	Principal occur	eation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)
	retired	autom voo inio (oee marachons)	none	istructions)	
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2014	Contributor address; City; State; Zip Code 7402 Langston Dr Austin, TX 78723-2310		\$350.00	!
				(If travel outside of	Texas, complete Schedule T)
_	Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See In self	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 1612 rest a blvd Austin, TX 78738	. , , , , , , , , , , , , , , , , , , ,	\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Tanas, comprose sensage ()

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	/31 Report: 15/40
2 FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hill, Richard	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/30/2014	6 Contributor address; City; State; Zip Code 2303 Windsor Rd Austin, TX 78703-3116		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Real Estate	pation / Job title (See Instructions)	10 Employer (See In: HPI RE	structions)	-
Date	Full name of contributor □ out-of-state PAC (ID# Howell, Pix	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/10/2014	Contributor address; City; State; Zip Code PO Box 663 Wimberley, TX 78676-0663		\$100.00	<u> </u>
	Williams, 17 19976-0003			_
				Texas, complete Schedule T)
Principal occup Planner	pation / Job title (See Instructions)	Employer (See In: XBlink, Inc.	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code PO Box 663		\$100.00	
	Wimberley, TX 78676-0663		(If travel outside of	Texas, complete Schedule T)
Principal occup Planner	pation / Job title (See Instructions)	Employer (See In XBlink, Inc.	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/28/2014	Contributor address; City; State; Zip Code 6500 Champion Grandview Way #27312 Austin, TX 78750	, , , , , , , , , , , , , , , , , , , ,	\$150.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Jackson, Robena	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 5900 Rain Creek Pkwy		\$250.00	[
	Austin, TX 78759-5535			
Oringinal agent	Assiss / Job title (See Instructions)	Employee (Co. 1	<u> </u>	Texas, complete Schedule T)
consultant	pation / Job title (See Instructions)	Employer (See In: Group Solutions		

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 14	/31 Report: 16/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Jefferson, Rhonda	>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/14/2014	6 Contributor address; City; State; Zip Code 11204 Gorham Glen Ct Austin, TX 78739-1804		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup retired	ation / Job title (See Instructions)	10 Employer (See In none	structions)	-
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/14/2014	Contributor address; City; State; Zip Code 11204 Gorham Glen Ct Austin, TX 78739-1804		\$250.00	.
				(if travel outside of	Texas, complete Schedule T)
\vdash	Principal occup	vation / Job title (See Instructions)	Employer (See In	L <u>.'</u>	
	Attorney	`	Alexander Dubo	ose Jefferson & To	ownsend LLP
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/05/2014	Contributor address; City; State; Zip Code 1404 Ethridge Ave Austin, TX 78703-2540		\$350.00	
	District		Fundame (2) and	<u>'</u>	Texas, complete Schedule T)
	Business owr	eation / Job title (See Instructions) ner	Employer (See In ABC Home & C	structions) ommercial Servic	es
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/06/2014	Contributor address; City; State; Zip Code 430 SW 13th Ave Portland, OR 97205		\$100.00	
					Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 6725 Hot Springs Dr Austin, TX 78749		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 15	/31 Report: 17/40			
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Johnson, Veronica)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	05/28/2014	6 Contributor address; City; State; Zip Code 6705 Covered Bridge Dr Unit 15 Austin, TX 78736-3313		\$350.00	! ! !			
				L <u>'</u>	Texas, complete Schedule T)			
9		ation / Job title (See Instructions) ount Manager	10 Employer (See In Bosh & Lomb	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/13/2014	Contributor address; City; State; Zip Code 7125 Ridge Oak Rd Austin, TX 78749-1956		\$200.00	 			
				(If travel outside of	Texas, complete Schedule T)			
_	Principal occur	ation / Job title (See Instructions)	Employer (See In		Tokas, complete company			
		tner, Marketing for A/E Firm	O'Connell Robe	•				
	Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)			
	06/17/2014	Contributor address; City; State; Zip Code 2015 Shallow Stream Cv Austin, TX 78735-1737		\$350.00	 			
				<u> </u>	Texas, complete Schedule 7)			
	Attorney	ation / Job title (See Instructions)	Employer (See In The Jones Firm	,				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) food & drinks for event			
	06/17/2014	Contributor address; City; State; Zip Code 8825 Kimono Ridge Dr. Austin, TX 78748		\$350.00	- 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Sales Manag	ation / Job title (See Instructions) er	Employer (See In Gold's Gym	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/17/2014	Contributor address; City; State; Zip Code 2015 Shallow Stream Cv Austin, TX 78735-1737		\$350.00	 			
				/If tennest accepted	Towns complete Calcading Tt.			
	Detector	otion (Joh Hill (Com Instructions)	F1	<u> </u>	Texas, complete Schedule T)			
		ation / Job title (See Instructions) and Integrity Manager	Employer (See In ExxonMobil	STRUCTIONS)				

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 16	/31 Report: 18/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT # 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Kadison, Douglas)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/15/2014	6 Contributor address; City; State; Zip Code 8127 Chalk Knoll Dr Austin, TX 78735-1707		\$350.00	 -
			!	(If travel outside of	Texas, complete Schedule T)
9	Principal occup Merchant Bar	nation / Job title (See Instructions)	10 Employer (See In: Kadison & Com		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 8426 Antero Dr Austin, TX 78759-8421		\$350.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete ochedate 1/
	President	, ,	Greater Austin	Fransportation Co	mpany
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) graphic design services
	05/10/2014	Contributor address; City; State; Zip Code 6926 Robert Dixon Dr. Austin, TX 78749		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/23/2014	Contributor address; City; State; Zip Code 707 Oakwood Ln Dripping Springs, TX 78620-3952		\$200.00	
		,		(If travel outside of	Texas, complete Schedule T)
	Principal occup VP of Consul	pation / Job title (See Instructions) ting Services	Employer (See In Periscope Holdi		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/14/2014	Contributor address; City; State; Zip Code 6916 Robert Dixon Dr Austin, TX 78749-2218		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In		<u> </u>

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	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 17	/31 Report: 19/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT # 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Kuykendalt, William)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) food & drinks for event
	06/28/2014	6 Contributor address; City; State; Zip Code 10809 Redmond Cove Austin, TX 78739		\$137.50	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See Inself	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/16/2014	Contributor address; City; State; Zip Code 6929 Robert Dixon Dr Austin, TX 78749-2268		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) photos
	05/28/2014	Contributor address; City; State; Zip Code 4502 Abelia Dr. Austin, TX 78727		\$150.00	
-					Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	(Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 1905 Pequeno St # B Austin, TX 78757-3209		\$100.00	[}]
				,	Texas, complete Schedule T)
	Principal occup	pation / Job litle (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/14/2014	Contributor address; City; State; Zip Code 2915 Regents Park Austin, TX 78746-7617		\$350.00	
		radding 17 for for our		(If travel outside of	Texas, complete Schedule T)
<u> </u>	Principal occup homemaker	pation / Job title (See Instructions)	Employer (See In none	<u>'</u>	10283, complete solisable 1/
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	The Instruction	IN GUIDE explains how to complete this form.		1 PAGE# Schedule: 18/	/31 Report: 20/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mathias, Matt)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/14/2014	6 Contributor address; City; State; Zip Code 2915 Regents Park Austin, TX 78746-7617		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9		ation / Job title (See Instructions) Broker & Developer	10 Employer (See In Mathias Partner		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable) food & drinks for event
	06/17/2014	Contributor address; City; State; Zip Code 7601 Sandia Loop Austin, TX 78735		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Greenberg Trau		
	Date	Full name of contributor ☐ out-of-state PAC (ID# McLellan, Bill	!)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 613 W 33rd St Austin, TX 78705-2223		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In none	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 1821 Westlake Dr Apt 126 Austin, TX 78746-3702		\$150.00	
				l	Texas, complete Schedule T)
	Principal occup	vation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Means, Bertha	±)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 7400 Valburn Dr Austin, TX 78731-1148		\$100.00	
				(If travel extends of	Texas, complete Schedule T)
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See In	1 '	Texas, complete schedule 1)
				/	

The Instruction	Guide explains how to complete this form.		1 PAGE # Schedule: 19	/31 Report: 21/40
2 FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
	5 Full name of contributor ☐ out-of-state PAC (ID# Melebeck, Earl	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
40,20,20,1	6 Contributor address; City; State; Zip Code PO Box 23485 Waco, TX 76702-3485		\$350.00	!
			(If travel outside of	Texas, complete Schedule T)
9 Principal occupa Manager	tion / Job title (See Instructions)	10 Employer (See In: Social Security		
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 3905 Sahm St Austin, TX 78723-5445		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See In	l '	
Date	Full name of contributor ☐ out-of-state PAC (ID# Nance, Lawrence	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 512 Via Colinas		\$150.00	
	Westlake Village, CA 91362-5028	· · - · · · · · · · · · · · · · · · · ·		Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 321 Chisholm Trl Sherman, TX 75092-7615		\$100.00	
			-	Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor □ out-of-state PAC (ID# Nias, Jim		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1116 Reagan Ter Austin, TX 78704-2637		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa Attorney	tion / Job title (See Instructions)	Employer (See In Jackson Walker	•	

The to	STRUCTION GUI	DE explains how to con	plete this form.		1 PAGE# Schedule: 20	//31 Report: 22/40
2 FILER	NAME Pie	rce, Darrell			3 ACCOUNT# 00000011	(Ethics Commission filers)
4 Date	1	Full name of contributor tey, James	out-of-state PAC (ID#	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/28/	203	Contributor address; 3 Philomena St tin, TX 78723-3322	City; State; Zip Code		\$350.00	
					(If travel outside of	Texas, complete Schedule T)
9 Princip Attorno		/ Job title (See Instruction	ns)	10 Employer (See In Andrews Kurth		
Date		Full name of contributor e, Arlene	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/16/	722	Contributor address; 3 Coronado Cir lin, TX 78752-2008	City; State; Zip Code		\$125.00	
					(If travel outside of	Texas, complete Schedule T)
Princip	al occupation	/ Job title (See Instruction	ns)	Employer (See In	structions)	
	···	·				
Date		Full name of contributor ks, Shuronda	□ out-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/	124	Contributor address; 01 Los Indios Trl	City; State; Zip Code		\$100.00	
	42 Aus	tin, TX 78729-7958			(If travel outside of	Texas, complete Schedule T)
Princip	al occupation	/ Job title (See Instruction	ns)	Employer (See In	structions)	
Date		Full name of contributor sley, E. Lee	□ out-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/	919	Contributor address; Congress Ave., Ste. 425 lin, TX 78701	City; Slate; Zip Code		\$350.00	[[
					_ `	Texas, complete Schedule T)
Princip Attorn		/ Job title (See Instruction	ns)	Employer (See In Self	structions)	
Date		Full name of contributor kins, Rick	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/21/	850	Contributor address; 3 El Rey Blvd	City; State; Zip Code		\$100.00	[]
	Aus	tin, TX 78737-1324			Alfananal andalah a	Tours complete Cabadata T
Princip	al occupation	/ Job title (See Instruction	ns)	Employer (See In	1 .	Texas, complete Schedule T)

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 21	/31 Report: 23/40				
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)				
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Peten, Jeannette)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)				
	06/25/2014	6 Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd		* \$100.00	! !				
		Unit 7 Austin, TX 78735-6739		(If travel outside of	Texas, complete Schedule T)				
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)					
	Date	Full name of contributor)	Amount of cantribution (\$)	In-kind contribution description (if applicable)				
	05/28/2014	Contributor address; City; State; Zip Code 15404 Swiss Alps Ct Austin, TX 78738-4036		\$350.00	 				
				· ·	Texas, complete Schedule T)				
	Principal occup Territory Man	ation / Job title (See Instructions) ager	Employer (See in Salix Pharmace						
	Date	Full name of contributor)	Amount of contribution (\$)	!n-kind contribution description (if applicable)				
	05/28/2014	Contributor address; City; State; Zip Code 15404 Swiss Alps Ct Austin, TX 78738-4036		\$350.00	 				
				(If travel outside of	Texas, complete Schedule T)				
	Principal occup Project Mana	ation / Job title (See Instructions) ger	Employer (See In EMD's	<u> </u>	Texas, complete sallosse ()				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	06/09/2014	Contributor address; City; State; Zip Code 14413 Piper Glen Dr Austin, TX 78738-6528		\$350.00	 				
				(If travel outside of	Texas, complete Schedule T)				
	Principal occup Executive	ation / Job title (See Instructions)	Employer (See In Freescale Sem		·····				
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	06/09/2014	Contributor address; City; State; Zip Code 14413 Piper Glen Dr Austin, TX 78738-6528		\$350.00	[
				(If travel outside of	Texas, complete Schedule T)				
	Principal occup homemaker	ation / Job title (See Instructions)	Employer (See In	structions)					
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 22	/31 Report: 24/40		
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Pierce, Willamenus)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/30/2014	6 Contributor address; City; State; Zip Code 10007B Mark Ham Lane Austin, TX 78753		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/28/2014	Contributor address; City; State; Zip Code 6303 Belo Horizonte Cir Austin, TX 78731-3701		\$350.00	 		
					Texas, complete Schedule T)		
	Principal occup President	ation / Job title (See Instructions)	Employer (See In Tramex Travel	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 5105 McDade Dr Austin, TX 78735-6397		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor □ out-of-state PAC (ID# Reed, Ralph	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/16/2014	Contributor address; City; State; Zip Code 1508 S Lamar Blvd Austin, TX 78704-2923		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Engineer	eation / Job title (See Instructions)	Employer (See In Prime Strategie				
	Date	Full name of contributor	1	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/27/2014	Contributor address; City; State; Zip Code 719 Park Blvd Austin, TX 78751-4316		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	i/31 Report: 25/40		
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Reiter, David)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	05/19/2014	6 Contributor address; City; State; Zip Code 10201 Milky Way Austin, TX 78731	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$250.00] 		
				(If travel outside of	Texas, complete Schedule T)		
9		ration / Job title (See Instructions) resident & General Counsel	10 Employer (See In Luminex Corpo				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/27/2014	Contributor address; City; State; Zip Code 4029 S Capital Of Texas Hwy		\$350.00	 		
		Ste 102 Auslin, TX 78704-7920		(If travel outside of	Texas, complete Schedule T)		
	Principal occur	eation / Job title (See Instructions)	Employer (See In	,	resus, complete denedate 17		
	Insurance Ag		State Farm	siructions)			
	Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 10201 Sunningdale Cv		\$350.00	! !		
		Austin, TX 78717-3821		(If travel outside of	Texas, complete Schedule T)		
	Principal occup Human Reso	nation / Job title (See Instructions) urces Mgr	Employer (See In 3M	L -			
	Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/19/2014	Contributor address; City; State; Zip Code 7005 Greenock St		\$100.00	 		
		Austin, TX 78749-2405			 		
<u> </u>	D.C. C. Harris	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		,	Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) food & drinks for event		
	06/28/2014	Contributor address; City; State; Zip Code 8929 Whiteworth Loop Austin, TX 78749-3656		\$154.17	1 		
				(If travel outside of	Texas, complete Schedule T)		
\vdash	Principal occur	eation / Job title (See Instructions)	Employer (See In	<u> </u>	.,,		
	Trustee		Austin Commur	,			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 24	/31 Report: 26/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Richard, Jeffrey	()	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/28/2014	6 Contributor address; City; State; Zip Code 8929 Whiteworth Loop Austin, TX 78749-3656		\$90.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Trustee	ation / Job title (See Instructions)	10 Employer (See In Austin Commun		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 333 Canyon Rim Dr Austin, TX 78746-5018		\$100.00	
_				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 2404 Forest Bend Dr Austin, TX 78704-4526		\$100.00	
ŀ				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete defiedule 1/
		·			
	Date	Full name of contributor ut-of-state PAC (ID#	<u>*)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 5115 Maulding Pass Austin, TX 78749-1669		\$150.00	[
					'
<u> </u>	Principal occur	pation / Job title (See Instructions)	Employer (See In	1	Texas, complete Schedule T)
	- Timoipui occup	anony sas interces mandators)	Linployer (odd in		
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 7823 Wheel Rim Cir Austin, TX 78749-2888		\$200.00	! !
				l	
ļ	Deigning Lagran	otion / Joh title (Coe Instructions)	Employee /Car In	<u> </u>	Texas, complete Schedule T)
	Retired	vation / Job title (See Instructions)	Employer (See In none	istructions)	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 25	/31 Report: 27/40	
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#Roberts, Scott	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/16/2014	6 Contributor address; City; State; Zip Code PO Box 311 Driftwood, TX 78619-0311		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Owner	ation / Job title (See Instructions)	10 Employer (See In SJG Corp	structions)		
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/15/2014	Contributor address; City; State; Zip Code 5205 Eagle Trace Trl Austin, TX 78730-1428		\$350.00	1 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Sr. Director	ation / Job title (See Instructions)	Employer (See In Alterity	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/17/2014	Contributor address; City; State; Zip Code 8947 Bee Cave Rd Ste 101 Austin, TX 78746-4733		\$100.00	 	
<u> </u> _	Deinging League	vation / Job title (See Instructions)	Englaver (Co. In	<u> </u>	Texas, complete Schedule T)	
	Principal decup	ation / Job little (See Instructions)	Employer (See Ir	structions)		
	Date	Full name of contributor □ out-of-state PAC (ID# Sack, Jill	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/16/2014	Contributor address; City; State; Zip Code 8903 Mission Creek Cv Austin, TX 78735-1411		\$100.00	 	
				(if travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/17/2014	Contributor address; City; State; Zip Code 7417 Turnbuoy Dr Austin, TX 78730-4333		\$350.00	1 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Physician	ation / Job title (See Instructions)	Employer (See In Self	structions)		
l	. Hyololuli		J			

	The Instruction	N Guide explains how to complete this form.	→	1 PAGE# Schedule: 26	i/31 Report: 28/40		
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Schissler, James)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/17/2014	6 Contributor address; City; State; Zip Code 6556 Needham Ln Austin, TX 78739-1512		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/16/2014	Contributor address; City; State; Zip Code 2008B S 2nd St Austin, TX 78704-5016		\$350.00	 		
		(1000), (1000) (1000)		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>			
		fessional Counselor	self				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/13/2014	Contributor address; City; State; Zip Code 8916 Chalk Knoll Dr Austin, TX 78735		\$200.00	1 		
		Austiii, 17 70733		(if travel outside of	Texas, complete Schedule T)		
_	Principal occup	lation / Job title (See Instructions)	Employer (See Iл				
	CEO	·	Lutheran Social	l Services			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 6704 Hot Springs Dr Austin, TX 78749-4003		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Marketing Co	ation / Job title (See Instructions) nsultant	Employer (See In Illuminas	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/12/2014	Contributor address; City; State; Zip Code 1112 Pompey Dr Baton Rouge, LA 70816-1859		\$100.00	 -		
		•					
	0	(1) (1) (1) (2) (2)	Evely 40		Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See In	SITUCIIONS)			

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 27	/31 Report: 29/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Smith, Derrick	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/17/2014	6 Contributor address; City; State; Zip Code 15801 Rustic Ln Austin, TX 78717-5467		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In		, ————————————————————————————————————
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 1912 Ridgemont Dr Austin, TX 78723-2639		\$350.00	 -
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See in	<u>'</u>	
	President & C		Austin Revitaliz		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 1912 Ridgemont Dr Austin, TX 78723-2639		\$350.00	 -
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Permitting co	ation / Job title (See Instructions) nsultant	Employer (See In self	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 815 San Marcos St Austin, TX 78702-2646		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Entreprenuar	ation / Job title (See Instructions)	Employer (See In Self	structions)	·
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/05/2014	Contributor address; City; State; Zip Code 12140 Tunnel Trl Manchaca, TX 78652-3827		\$200.00	
				/// damaged and the co	'
	Principal occup builder	ation / Job title (See Instructions)	Employer (See In Moore Tate Pro	<u> </u>	Texas, complete Schedule T)
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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 28	/31 Report: 30/40		
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Thompson, Emily)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/24/2014	6 Contributor address; City; State; Zip Code 8400 Beaver Brook Ln Austin, TX 78748-5424		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/16/2014	Contributor address; City; State; Zip Code 26601 Masters Pkwy Spicewood, TX 78669-1316		\$350.00	 - 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/02/2014	Contributor address; City; State; Zip Code 5101 Jacobs Creek Ct Austin, TX 78749-2214		\$200.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Walsh, Anderso	structions) on, Gallegos, Gree	en & Trevino		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) food & drinks for event		
	06/17/2014	Contributor address; City; State; Zip Code 6328 Ayres Dr. Austin, TX 78746		\$350.00	 		
<u> </u>					Texas, complete Schedule T)		
		ation / Job title (See Instructions) ilitation consultant	Employer (See in self	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/24/2014	Contributor address; City; State; Zip Code 1211 E 11th St Austin, TX 78702-1964		\$350.00	 		
				(If traval outside of	Texas, complete Schedule T)		
	Principal occup consultant	ation / Job title (See Instructions)	Employer (See In Self Employed		TONKO, COMPINE CONTROLLE I/		

The Instruction	ON GUIDE explains how to complete this form.	· · · · · · · · · · · · · · · · · · ·	1 PAGE # Schedule: 29	/31 Report: 31/40
2 FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Varner, Yonilda)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/30/2014	6 Contributor address; City; State; Zip Code PO Box 152061 Austin, TX 78715-2061		\$350.00	 - -
			(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions) sociate Director-Training	10 Employer (See In AT&T	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/28/2014	Contributor address; City; State; Zip Code 1747 Fort Grant Dr Round Rock, TX 78665-7821		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete defleable 1)
	,		,	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/20/2014	Contributor address; City; State; Zip Code PO Box 4279 Austin, TX 78765		\$350.00	
				Texas, complete Schedule T)
Principal occur Professor	pation / Job title (See Instructions)	Employer (See In University of Te		
Date	Full name of contributor ut-of-state PAC (ID# Wallis, Michelle	!)	Amount of cantribution (\$)	In-kind contribution description (if applicable)
05/19/2014	Contributor address; City; State; Zip Code 1305 Bickler Rd Austin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 7124 Quimper Ln Austin, TX 78749-1949		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup General Man	pation / Job title (See Instructions) ager	Employer (See In Omni Hotel & R		

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	The Instruction	on Guide explains how to complete this form.	~	1 PAGE # Schedule: 30	/31 Report: 32/40
2	FILER NAME	Pierce, Darrell		3 ACCOUNT# 00000011	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Washington, Martin	1)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/23/2014	6 Contributor address; City; State; Zip Code 9801 Pickfair Dr Austin, TX 78750-3900		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Managing Me	ation / Job title (See Instructions)	10 Employer (See In Marwen and So		
	Widnaging Wid		Walwell and Su	III, LLO	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 5900 Rain Creek Pkwy Austin, TX 78759-5535		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	'	
	Professor	,	University of Te		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/05/2014	Contributor address; City; State; Zip Code 2801 Scenic Dr Austin, TX 78703		\$350.00	
		Additit, 17.70703		(If travel outside of	Texas, complete Schedule T)
	Principal occup none	ation / Job title (See Instructions)	Employer (See In none	structions)	
	Date	Full name of contributor	!)	Amount of	In-kind contribution
		Winchester, George		contribution (\$)	description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 10603 Yucca Dr Austin, TX 78759-6946		\$100.00	
				(If traval outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1/
	T Through occup	and the coe managements	Employer (Gee III	311 4 6 11 3 1	
	Date	Full name of contributor ut-of-state PAC (ID# Winick, Seth)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2014	Contributor address; City; State; Zip Code 301 Congress Ave Ste 1700		\$350.00	
		Austin, TX 78701-2985			_
L_				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In HRWK, Inc.	structions)	

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS					
The Instruct	ION GUIDE explains how to complete this form.	1 PAGE # Schedule: 31/31 Report: 33/40			
2 FILER NAME	Pierce, Darrell	3 ACCOUNT # (Ethics Commission filers) 00000011			
4 Date	5 Full name of contributor	#) 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)			
06/30/2014	6 Contributor address; City; State; Zip Code 321 Chisholm Trl Sherman, TX 75092-7615	\$100.00 			
		(If travel outside of Texas, complete Schedule T)			
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Instructions)			

LOANS	(4.2).00 0000	SCHEDULE E
The Instruction Guide explains how to complete this form.	_l	Report: 34/40
2 FILER NAME Pierce, Darrell	3 ACCOUNT# (00000011	Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇔⇔⇔⇔⇔		\$
5 Date of loan 7 Name of lender	·	9 Loan Amount (\$) \$2,500.00
6 Is lender a 8 Lender address; City; State; Zip Code 901 East 12th St. Austin, TX 78702	,	10 Interest rate
No		11 Maturity date 11/04/2014
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instru	ctions)	
14 Description of Collateral In Signature In Signature	ds were deposited into	o political account
16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation 21 Employer		

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how		ter a category not listed above)
1 PAGE#	2 FILER NAME	- to complete this term	3 ACCOUNT # (TEC filers)
Schedule: 1/6 Re	1 - B B		00000011
4 Date	5 Payee name	1717 - 1	00000011
06/04/2014	Ampro Productions		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$2,673.78	7202 Smokey Hill Rd., Austin, TX 78736		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (if travel outs Yard Signs	ide of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name	,	
06/02/2014	BOAZ Enterprises		
Amount (\$)	Payee address City; State; Zip Code		
\$650.00	1701 Intervail Dr. Austin, TX 78746		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outs Consulting	ide of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
06/03/2014	First Data		
Amount (\$)	Payee address City; State; Zip Code		
\$6.90	5565 Glenridge Connector NE Atlanta, GA 30342		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outs Credit Card Processing	ide of Texas, complete Schedule T) Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
06/03/2014	First Data		
Amount (\$)	Payee address City; State; Zip Code		
\$102.79	5565 Glenridge Connector NE Atlanta, GA 30342		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outs Credit Card Processing	ide of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought.	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

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

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

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

OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 2/6 Report: 36/40 00000011 5 Payee name ▲ Date First Data 06/03/2014 6 Amount (\$) 7 Pavee address City; State; Zip Code 5565 Glenridge Connector NE \$20.62 Atlanta, GA 30342 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Accounting/Banking Credit Card Processing Fees OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: to benefit C/OH Date Payee name NGP Van, Inc 06/19/2014 Amount (\$) Pavee address City; State; Zip Code 1101 15th Street, NW, Suite 500 Washington, DC 20005 \$750.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Office Overhead/Rental Expense Database software OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/16/2014 Nunez, Alyssa Amount (S) Payee address City; State; Zip Code 53 Riverbend Drive \$375.00 San Marcos, TX 78666 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/19/2014 Party City Payee address Amount (\$) City; State; Zip Code 5601 Brodie Lane \$24.26 Austin, TX 78745 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Events **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

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

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

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

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 3/6 Report: 37/40 00000011 4 Date 5 Payee name Party City 06/30/2014 6 Amount (\$) 7 Payee address City; State; Zip Code \$11.91 5601 Brodie Lane Austin, TX 78745 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Expense **Events** OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 06/30/2014 Party City Amount (\$) Payee address City; State; Zip Code 5601 Brodie Lane \$11.91 Austin, TX 78745 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Events OF EXPENDITURE Candidate / Officeholder name Office held. Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name 06/30/2014 Party City Amount (\$) Pavee address City; State; Zip Code 5601 Brodie Lane \$11.91 Austin, TX 78745 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Expense Events **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/02/2014 Rountree, Chelsea Payee address City; State; Zip Code Amount (\$) 4810 Walden Circle \$2,046.00 Austin, TX 78723 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

PURPOSE

OF EXPENDITURE

to benefit C/OH

05/21/2014

\$24.96

Amount (\$)

Payee name

Payee address

Austin, TX 78723

1201 Barbara Jordan Blvd.

Staples

Date

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

Salaries/Wages/Contract Labor

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

Salary

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

Loan Repayment/Reimbursement

Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pierce, Darrell Schedule: 4/6 Report: 38/40 00000011 4 Date 5 Payee name Rountree, Chelsea 06/16/2014 6 Amount (\$) Pavee address City; State; Zip Code 4810 Walden Circle \$1,500.00 Austin, TX 78723 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
04/29/2014	Staples		
Amount (\$)	Payee address City; State; Zip Code		
\$69.79	1201 Barbara Jordan Blvd. Austin, TX 78723		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel of Office Supplies	utside of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/21/2014	Staples		
Amount (\$)	Payee address City; State; Zip Code		
\$49.00	1201 Barbara Jordan Blvd. Austin, TX 78723		
	Category (See Categories listed at the top of this schedule)	Description (If travel or	utside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Postage	· · · · · ·
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:

PURPOSE
OF
EXPENDITURE

Category (See Categories listed at the top of this schedule)
Office Overhead/Rental Expense
Office Overhead/Rental Expense
Office Overhead/Rental Expense

Complete ONLY if direct expenditure to benefit C/OH

City; State; Zip Code

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

Fees	Printing Expense Office Overhead/ The Instruction Guide explains hor		nter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 5/6 Re	I - p. p. u		00000011
4 Date	5 Payee name		1 0000011
05/27/2014	Staples		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$205.97	1201 Barbara Jordan Blvd.		•
*	Austin, TX 78723		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	1, ,	side of Texas, complete Schedule T)
QF	Office Overhead/Rental Expense	Office Supplies	
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		5 mos coag	, ,
to benefit C/OH			
Date	Payee name		
06/09/2014	Staples		
Amount (\$)	Payee address City; State; Zip Code		
\$29.75	1201 Barbara Jordan Blvd. Austin, TX 78723		
	71001111, 777 701 20		
	Category (See Categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Office Supplies	and or remost complete conceans 1,
OF EXPENDITURE	'		
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name	··· · · · · · · · · · · · · · · · · ·	
06/12/2014	Staples		
Amount (\$)	Payee address City; State; Zip Code		
\$66.52	1201 Barbara Jordan Blvd.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Austin, TX 78723		
PURPOSE	Category (See Categories listed at the top of this schedule)		side of Texas, complete Schedule T)
OF	Office Overhead/Rental Expense	Office Supplies	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Garlaidad / Giriodicidal (Idina)	omoo ooagii	Cilido Holo.
to benefit C/OH	<u> </u>		
Date	Payee name		
06/26/2014	Staples		
Amount (\$)	Payee address City; State; Zip Code		
\$53.33	1201 Barbara Jordan Bivd. Austin, TX 78723		
	Transition for the second		
	Category (See Categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Office Supplies	
OF EXPENDITURE	<u>'</u>	100	
2, 2			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/QH			

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Exper Event Expense Fees	Polling Expense Printing Expense	Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete	Candidate/ nse OTHER (enter	Donations Made By Officeholder/Political Committee a category not listed above)
1 PAGE #	2 FILER NAME			3 ACCOUNT # (TEC filers)
Schedule: 6/6 Re	1			00000011
4 Date	5 Payee name	<u> </u>		
06/30/2014	Staples			
6 Amount (\$)	7 Payee address City; State; Z	ip Code		
\$70.35	1201 Barbara Jordan Blvd. Austin, TX 78723			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Office Overhead/Rental Expense		scription (If travel outside ice Supplies	of Texas, complete Schedule T)
EXPENDITURE				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date	Payee name			
05/19/2014	Susan Harry Consulting, LLC			
Amount (\$)	Payee address City; State; Z	ip Code		
\$575.00	P.O. Box 301074 Austin, TX 78703			
PURPOSE OF	Category (See Categories listed at the top of th Consulting Expense	, I	scription (If travel outside mpliance consulting	of Texas, complete Schedule T)
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	1	Office sought:	Office held:
Date	Payee name			
06/20/2014	Susan Harry Consulting, LLC			
Amount (\$)	Payee address City; State; Z	ip Code		
\$1,355.00	P.O. Box 301074 Austin, TX 78703			
PURPOSE OF	Category (See Categories listed at the top of th Consulting Expense	· ·	Description (If travel outside of Texas, complete Schedule T) Compliance & fundraising consulting	
EXPENDITURE				l
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	<u></u>	Office sought:	Office held:
·				