(512) 463-5800

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Todd NICKNAME LAST Phelps	MI H SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER	ADDRESS (PO BOX: APT/SUITE # CITY: 3616 For West Blv1. Suit A ustin, TX 7873 AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Postman (#) Receipt # Amount Y Date Processed
PHONE 6 CAMPAIGN TREASURER NAME	(512) 619-1559 MS/MRS/MR FIRST SUMMER NICKNAME LAST Benford	MI SUFFIX	Date Imaged & X
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #:	as, Del Valle	zipcode , 78617
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 297	EXTENSION (
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	14 THP
11 ELECTION	ELECTION DATE Month Day Year Primery	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	ror
l .			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Tob	& Phelps 15 AC	COUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I 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	MITTEE TYPE COMMITTEE NAME				
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
	or Ediric					
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SE, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1588.03			
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED	\$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,052.76			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ O			
OUTSTANDING LOAN TOTALS	LAST D	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 8,500.00			
18 AFFIDAVIT	KAY WILLIAM OF THE PROPERTY OF	I swear, or affirm, under penalty of perjuis true and correct and includes all information me under Title 15, Election Code. Signature of Canadidate				
AFFIX NOTARY STAN	MP / SEAL ABOVE	Todd Phylos	Abia Abai			
Sworn to and sub	of J	me, by the said, 1000 F10 F10 F10 F10 F10 F10 F10 F10 F1	and and seal of office.			
Signature of officer adm	UUUW inistering path	Printed name of officer administering oath	NOTAM PUBLIC Title of officer administering oath			

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	The state of the s			
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 2
2 FILER NAME	Told Phelps		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5-26.14	Gene of Sue Juliuson 6 Contributor address; City; State; Zip Code 124E 13th Street		100.00	1
	124E 13th Street		}	
**	Hooston TX. 77008		(If travel outside o	 of Texas, complete Schedule T)
9 Principal opcu	pation / Job title (See Instructions) Hirch Principal Refired Te	10 Employer (See to	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
640	Parid Stojenink		350.00	
5-19-14	Contributor address; City; State; Zip Code			
	5801 Gentle Breeze Ter	rece		I
D	Austin, Tx 78731	Employee (See)		of Texas, complete Schedule T)
Real Estat	pation / Job title (See Instructions)	Employer (See In	er — Com	pany
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Tide Plays			
5-27-14	Contributor address; City: State; Zip Code		0.49\$	1 20 von good
3-27-14	Contributor address; City: State; Zip Code 76/6 Furnest Bl. Au	sth 78731		Test.
0.49	Contributor address: City: State; Zip Code 76/6 Furnest Bld. Au Switt 117 # 198 #	**	(If travel outside	Square of open Test. of Texas, complete Schedule T)
0.49	Contributor address; City: State; Zip Code 76/6 Furnest Bl. Au	S+4 78731 Employer (See I	(If travel outside	
U .49 Principal occu	Contributor address; City: State; Zip Code 36/6 Forces + Blob. Au Switt 17 # 199 # pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	**	(If travel outside	
U .49 Principal occu	Contributor address; City: State; Zip Code 36/6 Furnes + Bl. A. Switt 17 # 199 # pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See I	(If travel outside nstructions) Amount of	of Texas, complete Schedule T)
U .49 Principal occu	Contributor address; City: State; Zip Code 36/6 Furnest Bld. Au Suit // 1 # 198 ## pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See I	(If travel outside nstructions) Amount of contribution (\$)	of Texas, complete Schedule T)
U .49 Principal occu	Contributor address; City: State; Zip Code 36/6 Furnest Bld. Au Switt/17 # 198 ## pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See I	(If travel outside nstructions) Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	Contributor address; City: State; Zip Code 36/6 Furnest Bld. Au Suit // 1 # 198 ## pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See I	(If travel outside nstructions) Amount of contribution (\$)	of Texas, complete Schedule T)
Principal occu	Contributor address; City: State; Zip Code 36/6 Furnest Bl.d. Au Suit // 1 # / 198 ## pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See In 7873) Employer (See In 1997)	(If travel outside natructions) Amount of contribution (\$) O * \$/\$/ (If travel outside natructions)	of Texas, complete Schedule T) In-kind contribution description (if applicable) Some figure for the schedule T) In-kind contribution
Principal occu Date 5-39-44 Principal occu	Contributor address; City: State; Zip Code 36/6 Furnest Bl.d. Au Suit // 1 # / 198 ## pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See In 7873) Employer (See In 1997)	(If travel outside nstructions) Amount of contribution (\$) O · \$/\$	In-kind contribution description (if applicable) Solven lever for the state of Texas, complete Schedule T)
Principal occu Date 5-39-44 Principal occu	Contributor address; City: State; Zip Code 36/6 Furnest Bld. Au pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See In 7873) Employer (See In 1997)	(If travel outside natructions) Amount of contribution (\$) O * \$/\$/ (If travel outside natructions)	of Texas, complete Schedule T) In-kind contribution description (if applicable) Surface Texas, complete Schedule T) In-kind contribution
Principal occu Date 5-39-44 Principal occu	Contributor address; City: State; Zip Code 36/6 Furnest Bld. Au Suit //2 # /98 # pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See In 7873) Employer (See In 1997)	(If travel outside natructions) Amount of contribution (\$) O . \$/f (If travel outside natructions) Amount of contribution (\$) \$6.73	In-kind contribution description (if applicable) Spursey Test of Texas, complete Schedule T) In-kind contribution description (if applicable)
Principal occur Date 5-29-44 Principal occur Cate 6-04-14	Contributor address; City: State; Zip Code 36/6 Furnest Bld. Au Suit //2 # /98 # pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See In 7873) Employer (See In 1997)	(If travel outside natructions) Amount of contribution (\$) O . \$/f (If travel outside natructions) Amount of contribution (\$) 86 - 73	of Texas, complete Schedule T) In-kind contribution description (if applicable) Solven lyna f Test of Texas, complete Schedule T) In-kind contribution

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

=				12 7 1 2 2 1	
L	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME	Todd Phelos	· ,	3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributor 「gout-of-state PAC(ID# Michael Andersox		7 Amount of contribution (\$)	8 tn-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code		700.00	
		2100 Broat Oaks Austin TX.		(If travel outside	I
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See	<u> </u>	or read, complete concedes ()
Ľ		rance Agent	Anderson	Rosers In	surance
	Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
		Mathew Felton	,	contribution (\$)	description (if applicable)
		Contributor address: City; State: Zip Code	•	\$100.00	
		Austin Tx.	/		
				(If travel outside (of Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See		rexas, complete scriedule 1)
		Hemon		Cattle Co	empany
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:_		Amount of	In-kind contribution
		Hub Beuhtel SR.		contribution (\$)	description (if applicable)
				250.00	
Ì		Contributor address; City: State; Zip Code			!
		Austin TX		(Marrial autrida	
	Principal securi	pation / Job title (See Instructions)	Employer /6 as	•	of Texas, complete Schedule T)
	- Incipal occu	salon / Job file (See Histractions)	Employer (See	instructions)	n-
	Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
		111011170		contribution (\$)	description (if applicable)
		Hub Beth 1 JR. Contributor address; City: State: Zip Code		250.06	
		Contributor address; City: State: Zip Code			
					<i>**</i>
-		Scite 824 AustaTK.	78734	(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
			Card	no Ent	c)X
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
_		Carlos Klutts Contributor address: City; State: Zip Code 1605 Preston Avenue, Aust		contribution (\$)	description (if applicable)
15	-19-14	Contributor address; City; State; Zip Code		350.00	
Ī	· / /	1605 Preston Avenue, Aust	rix TX.		
		78703			· ·
\vdash	Dringia at a service		F		of Texas, complete Schedule T)
l		pation / Job title (See Instructions)	Employer (See		2 how Tala
<u> </u>	Kewl	Estate Broker	Texas 1	HERITOGE I	Srokers, INC.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

LOANS

SCHEDULE E

<u> </u>			
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	Todd Phale		3 ACCOUNT # (Ethics Commission Filers)
4 тота	L OF UNITEMIZED LOANS:	* * * * *	⇒ \$
5 Date of loan	7 Name of lender Told Phops	out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State: Todd Phelps 36/6 Sute 11	Zip Code Furwart Blud 7#198 78731	10 Interest rate 11 Maturity date
	on / Job title (See Instructions) Lay - Cr. Funder	13 Employer (See Instructions) Phylosophysical	Philis Forms Ruch TME
14 Description of Coll	ateral MA	15 Check if personal funds wer	e deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City:	State: Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
7-15-/4	Name of lender Told Phelps	out-of-state PAC (ID#:	Loan Amount (\$) 6,000,00
Is lender a financial Institution?	1 0 1	zip Code 16 Forwest Blu	Interest rate
Y N	Suije	117#198 787	Maturity date
Principal occupati	on / Job title (See Instructions) You Co Funds	Employer (See Instructions)	Phys First Reach TME
Description of Coll	atéral	Check if personal funds/were	e depó≸ited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State: Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

, SCHEDULE F

Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Rela	
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made B	y
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Politic	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not lis	ted above)
·	The Instruction Guid	e explains how to complete this		
Total pages Schedule F:	2 FILER NAME OUL Pha		3 ACCOUNT # (Ethics Cor	nmission Filers)
Pate 7/6//4	Foce Book 2	Tre.	_	····.
Amount (\$)		tate: Zip Code		
25.55	Fuce book	;		
PURPOSE	(a) Category (See categories listed at the to	op of this schedule). (b) Description	on (If travel outside of Texas, complete Sch	edule T)
OF EXPENDITURE	Adultism Ex	pense	· · · · · · · · · · · · · · · · · · ·	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office folder name	e Office sou	ght Office	held
7/03/14	Payee name Focebook	Trc		
Amount (\$)	Payee address: City: S	itate; Zip Code		
50.66	roccas			
PURPOSE	Category (See categories listed at the to	op of this schedule) Description	On (If travel outside of Texas, complete Sch	edule T)
OF EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	e Office sou	ght Office	held
Pate 7/07/14	Payee name Stitch Am	er/ca_		
Amount (\$)	Payee address; City; S	itate; Zip Code		
311.55				
PURPOSE	Category (See categories listed at the t	op of this schedule) Description	On (If travel outside of Texas, complete Sci	nedule T)
OF EXPENDITURE	Advertising			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	e Office sou	ight Office	held
Date /19/ 14	Payeepame Affire (elect)	True Self Event		
Amount (\$)	Payee address; City; S	State; Zip Code		*.
2)5.00				
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule) Descripti	On (If travel outside of Texas, complete Sci	nedule T)

P.O. Box 12070

SCHEDULE F

4	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	•	4
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Co Solicitation/Fundra	_	•	nent & Related Expense
Consulting Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of Dist	rict	Contributions/Donatio	ns Made by older/Political Committee
Event Expense Fees				OTHER (enter a cate	
1 665	The Instruction Guid		•	•	
Total pages Schodulo E: T	2 FILER NAME , O				(Ethics Commission Filers)
Total pages Schedule F:	Toda Phal	05		• Acception	(20100 0011111000)
Date	6 Payee name	111]
6-02-14	Network S	olution!	<u> </u>		
Amount (\$)		tate; Zip Code			
12.99	8886429675 P	<i>L</i> ,			
PURPOSE	(a) Category (See categories listed at the to	op of this schedule).	(b) Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Website				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	e	Office sough	ht	Office held
Date 2-/4	Payee name Network	E Solut	'int	•	
Amount (\$)	Payee address; City: S	State: Zip Code			
144.61	888-647-9675	FL,		·	
PURPOSE	Category (See categories listed at the t	op of this schedule)	Description	(If travel outside of Texas.	complete Schedule T)
OF EXPENDITURE	Website				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam	e ·	Office soug	ht	Office held
Date /	Рауее пате //	10 1			
5/30/64	Books Ho	1/200	4		
Amount (\$)	1 4,00 444,000, 41.7,	State; Zip Code		•	<u>,</u>
360.00	2/94 East,	Anderson	Lone	Austin T	X # 1033 78751
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Staff Wa	50.1		ta i Majarra Majarra	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam H	· б	Office soug	ht	Office held
5/27/H	Payee name M. W. Mau	f Coronel	Grund	Lodge	
Amount (\$)	Payee address; City: S	State; Zip Code	10-1-		
150,00	M W · Mou Payee address; City: S 1784 Ecal	12th 5f.	78702		
PURPOSE	Category (See categories listed at the	top of this schedule)	Description) (If travel outside of Texas.	complete Schedule T)
OF EXPENDITURE	Advertising E	Xpconse		·	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam OH	ne	Office soug	ght	Office held

P.O. Box 12070

SCHEDULE

	EXPENDITU	RE CATEGORIES FOR	K BOX 8(a)		Ī
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract	t Labor Lo	an Repayment/Reimb	ursement
Accounting/Banking	Legal Services	Solicitation/Fundraising	Expense Tr	ansportation Equipme	nt & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Co	entributions/Donations	
Event Expense	Polling Expense	Travel Out Of District		Candidate/Officehold	er/Political Committee
Fees	Printing Expense	Office Overhead/Rental	l Expense 🔘 Oʻ	THER (enter a catego	ry not listed above)
	The Instruction G	uide explains how to com	plete this form	•	·
Takal - a - a Cahadula E:	2 FILEB-NAME / / //			3 ACCOUNT # (E	hics Commission Filers)
Total pages Schedule F:	Jodd Phe	hr		V 7.0000	
Date 5/54/14	5 Payee name	Lock JACC			
Amount (\$)	7 Payee address; City;	State: Zip Code	- · · · · ·	 .	
42.18	NA WEDLA	y was	Poerast	-	
PURPOSE	(a) Category (See categories listed at t	the top of this schedule). (b)	Description (If	travel outside of Texas, cor	nplete Schedule T)
OF EXPENDITURE	Accountry Bunk	Long (Checks)			4
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na H	ame	Office sought		Office held
Daje /	Payee name	(111			
6/02117	Network	Solutions			
Amount (\$)	Payee address: City;	; State; Zip Code			į
59.99		FL			
PURPOSE	Category (See categories listed at (the top of this schedule)	Description (If	travel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	Nebeite			_	·
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6/02/14	Payee name	Sulutions			
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Øate ,	Payee name	1/ // 1	,		
6-17-14	Books	2 Holderh	4		· .
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BURDOEF	Category (See categories listed at	the top of this schedule)	Description (I travel outside of Texas, co	mplete Schedule T)
PURPOSE OF	C/ // L		(
EXPENDITURE	Hest Wase	25			·
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholeer r	name	Office sought		Office held

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this for		ntract Labor sing Expense rict ental Expense	Loan Repayment/Reid Transportation Equipm Contributions/Donation Candidate/Officeho OTHER (enter a cate	ment & Related Expense
Total pages Schedule F:	2 FILER HAME Phot	(a C			(Ethics Commission Filers)
G/65/14	5 Payee name Veluvi	Solutions	·	· · ·	
31.97	7 Payee address; City; S	`			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule) .	(b) Description	(If travel outside of Texas.	complete Schedule T)
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Amount (\$) 94, 76	Payee address: City; S	State; Zip Code			
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6/04/14	Payee name, Network	L Su/L+1. State: Zip Code	کے		
17-95	Payee address; City; S	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
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6-9-14	Payee name Browk Hull	lorhy			
Amount (\$) (00.06	Payee address: City: S 2184 Eost A	state: Zíp Code nderson L	one Ausi	In Tx. t	£ 1033 7875)
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule)	Description	(If travel outside of Texas.	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/			Office sough	ht	Office held

P.O. Box 12070

SCHEDULE F

	EXPENDITURI	CATEGORIES FOR BO	X 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expens Travel In District Travel Out Of District	se Transportation Equip Contributions/Donati	ment & Related Expense
Fees	Printing Expense	Office Overhead/Rental Exper		egory not listed above)
	The Instruction Guid	e explains how to complete t		
Total pages Schedule F:	2 FILER MANNE	elm .	3 ACCOUNT #	(Ethics Commission Filers)
5/23/4	Brooke A	olderby		
Amount (\$)	7 Payee address: City: S	tate; Zip Code	a 1.c4	Tr#1033
180.00	2/04 Eost	Anderson G	me mostin	78752
PURPOSE	(a) Category (See categories listed at the t	op of this schedule). (b) Desc	cription (If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Statt Vag.	. (·	!
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder ham	e Office	e sought	Office held
Dota - 1	Payee name			
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0-17				
PURPOSE	Category (See categories listed at the	top of this schedule) Desc	cription (If travel outside of Texas	complete Schedule 7)
OF EXPENDITURE	Parnal Veridia	akden		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam	e Office	e sought	Office held
Date 5/20/4		lication		
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0.1/	Paypal		-	
PURPOSE	Category (See categories listed at the	top of this schedule) Desi	cription (If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Rosalle iti	ation	•	
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Date	Payee name			
5-22-14	Manno!	eritication	·	
Amount (\$)	Payee address; City;	State; Zip Code	•	
0.30				and the Charles To
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule) Des	cription (If travel outside of Texa	s, complete Schedule (f)
Complete ONLY if direct expenditure to benefit C		ne Offic	e sought	Office held