

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 20140704	2 PAGE # 1 of 21	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Ms. FIRST Majorie MI NICKNAME Margie LAST Burciaga SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Legal Date Processed Date Imaged
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final Report	Austin City Clerk RECEIVED JUL 17 PM 3 05
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 03/16/2014 THROUGH 06/30/2014	
6 EXPLANATION OF CORRECTION C/OH Totals for Political contributions maintained last day of report period & outstanding loan total left off by mistake when correcting from a S/COH to a COH. #2 Total Political Contributions corrected to \$13,166.00 instead of \$12,841.03 to reflect Schedule A corrections. G Braecklein \$17.97 for inkind not \$18, mistakenly left off Inkind by Gloria Hazelwood \$25, Gabe and Jessica Bruehl \$150, and Bill and Debbie Farnum \$150, correct Dr. Matthew Murray to be \$350(not \$500) and wife Susanna Murray \$150. Misspelled Edwina Worley listed as Mr Edwin Worley. R Mullins San Antonio not Austin. Corrected #6 on C/OH cover sheet pg 2 left off by mistake in converting form from S/COH to C/OH. Typo corrected to Montford instead of Montfort.		
7 AFFIDAVIT <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p>Check ONLY if applicable:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Semiannual reports: This report is an amendment/correction to a semi-annual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. </div> <div style="width: 45%;"> <input type="checkbox"/> Other reports (excluding semiannual reports): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. </div> </div> </div> <div style="width: 55%;"> <p style="text-align: center;">ANN MARGARET FRANKLIN MY COMMISSION EXPIRES October 17, 2014</p> </div> </div>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me by <u>Margie Burciaga</u> this the <u>17th</u> day of <u>July</u>, 20<u>14</u>.</p> <p>to certify which, witness my hand and seal of office.</p> <p><u>Ann Margaret Franklin</u> Notary Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>		

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 20140704		2 PAGE # 2 of 21	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.		FIRST Majorie		MI
	NICKNAME Margie		LAST Burciaga		SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	P.O. Box 28366 Austin, TX 78755				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR		FIRST Mindy		MI
	NICKNAME		LAST Montford		SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
100 Guadalupe Austin, TX 78701					
7 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER		EXTENSION
(512) 651-6375					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year		Month Day Year		
03/16/2014		THROUGH 06/30/2014			
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) <i>Austin City Council District 10</i>		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****13 C/OH NAME** Burciaga, Majorie (Ms.)**14 ACCOUNT #** (Ethics Commission filers)
20140704**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

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

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****16 CONTRIBUTION
TOTALS**

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

\$

0.00

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

\$

13,166.00

**EXPENDITURE
TOTALS**

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

6,065.16

**CONTRIBUTION
BALANCE**

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

\$

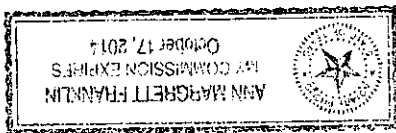
10,069.95

**OUTSTANDING
LOAN TOTALS**

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

\$

5,000.00

17 AFFIDAVIT

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

Majorie Burciaga
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Majorie Burciaga, this the 17th day of July, 2014, to certify which, witness my hand and seal of office.

Ann Margaret Franklin
Signature of officer administering oath

Ann Margaret Franklin
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/14 Report: 4/21

2 FILER NAME Burciaga, Majorie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

20140704

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Adams, Maurice (Mrs.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

06/03/2014

6 Contributor address; City; State; Zip Code
2516 Wooldridge
Austin, TX 78731

\$50.00

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Adrian, Jan (Mrs.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

06/28/2014

Contributor address; City; State; Zip Code
2801 Denton Tap Rd
Lewisville, TX 75067

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Allen, Lisa (Mrs.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

06/06/2014

Contributor address; City; State; Zip Code
1417 Bay Hill
Austin, TX 78746

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Amon, Harry and Penny (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

06/30/2014

Contributor address; City; State; Zip Code
6454 Hart Lane
Austin, TX 78731

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Arnold, Russell (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

06/27/2014

Contributor address; City; State; Zip Code
3916 Arbor Glen Way
Austin, TX 78731

\$150.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/14 Report: 5/21

2 FILER NAME Burciaga, Majorie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

20140704

4 Date

06/26/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ashworth, Stephanie (Ms.)

6 Contributor address; City; State; Zip Code
3713 Eastledge Drive
Austin, TX 78731

7 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)
Homemaker

10 Employer (See Instructions)
N/A

Date

06/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barr, Alan (Mr.)

Contributor address; City; State; Zip Code
7706 Stonewood Drive
Austin, TX 78701

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/29/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Baselice, Julie (Ms.)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Beck, Frank (Mr.)

Contributor address; City; State; Zip Code
8105 Ravello Ridge Cove
Austin, TX 78735

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Portfolio Manager

Employer (See Instructions)
Beck Capital Management

Date

06/11/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Blanton, Janis (Ms.)

Contributor address; City; State; Zip Code
8002 Cebery Drive
Austin, TX 78759

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Property Management

Employer (See Instructions)
Self Employed

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/14 Report: 6/21

2 FILER NAME Burciaga, Majorie (Ms.)**3** ACCOUNT # (Ethics Commission filers)

20140704

4 Date

05/30/2014

5 Full name of contributor

Bowers, Corrine (Mrs.)

☐ out-of-state PAC (ID# _____)**6** Contributor address; City; State; Zip Code2620 Spring Lane
Austin, TX 78703**7** Amount of
contribution (\$)

\$100.00

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

Date

06/03/2014

Full name of contributor

Boyce, Jim (Mr.)

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

P.O. Box 341596
Austin, TX 78738Amount of
contribution (\$)

\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/25/2014

Full name of contributor

Braecklein, Gayle (Ms.)

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1704 E. 5th Street
Suite 100
Austin, TX 78702Amount of
contribution (\$)

\$332.03

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

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Yellow Jacket Bar and Grill

Date

06/25/2014

Full name of contributor

Braecklein, Gayle (Ms.)

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1704 E. 5th Street
Suite 100
Austin, TX 78702Amount of
contribution (\$)

\$17.97

In-kind contribution
description (if applicable)

Food

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

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Yellow Jacket Bar and Grill

Date

06/30/2014

Full name of contributor

Brown, Sheryl (Ms.)

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

4748 Cat Mountain Drive
Austin, TX 78731Amount of
contribution (\$)

\$200.00

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

Principal occupation / Job title (See Instructions)

Business

Employer (See Instructions)

Objets Austin Lt.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/14 Report: 7/21	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 05/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruehl, Gabe and Jessica 6 Contributor address; City; State; Zip Code 5202 Scenic View Dr Austin, TX 78746	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) Food (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Gibert (Mr.) Contributor address; City; State; Zip Code 3734 Hunterwood Point Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Oil and Gas		Employer (See Instructions) Accent Mgmt	
Date 06/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Kevin (Mr.) Contributor address; City; State; Zip Code 29213 Harbour Vista Circle ST Augustine, FL 32080	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Rick (Mr.) Contributor address; City; State; Zip Code 1910 Clear Creek Weatherford, TX 78608	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Chase Bank	
Date 06/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Virginia (Ms.) Contributor address; City; State; Zip Code 3734 Hunterwood Point Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/14 Report: 8/21

2 FILER NAME Burciaga, Majorie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

20140704

4 Date

05/14/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Cohick, Don and Lisa (Mr.)

6 Contributor address; City; State; Zip Code
24 Eton Green Circle
Austin, TX 78257

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cook, Tom (Mr.)

05/28/2014

Contributor address; City; State; Zip Code
1515 Resaca Blvd
#1
Austin, TX 78738

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Businessman

Employer (See Instructions)
Retired

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Covert, Melinda (Ms.)

06/27/2014

Contributor address; City; State; Zip Code
3204 Stratford Hills Lane
Austin, TX 78746

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cowden, Coley (Mr.)

06/10/2014

Contributor address; City; State; Zip Code
3708 Bonnell Dr
Austin, TX 78731

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cowden, Jeanie (Mrs.)

06/09/2014

Contributor address; City; State; Zip Code
3708 Bonnell Dr
Austin, TX 78731

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/14 Report: 9/21	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Shirley (Ms.) 6 Contributor address; City; State; Zip Code 6310 Mercedes Avenue Dallas, TX 75214	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Partner		10 Employer (See Instructions) Trammell Crow	
Date 06/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Stuart (Mr.) Contributor address; City; State; Zip Code 6310 Mercedes Avenue Dallas, TX 75214	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Trammell Crow	
Date 06/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Danks, Kelly (Mr.) Contributor address; City; State; Zip Code 3805 Green Trails N Austin, TX 78731	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self Employed	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donovan, John (Mr.) Contributor address; City; State; Zip Code 2511 Spring Lane Austin, TX 78703	Amount of contribution (\$) \$301.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Bowling Center Magazine		Employer (See Instructions) Family Sports Inc.	
Date 06/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duwe, GD (Mr.) Contributor address; City; State; Zip Code 6802 Rockledge Cove Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/14 Report: 10/21	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 05/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farnum, Bill and Debbie 6 Contributor address; City; State; Zip Code 4813 Prairie Dunes Austin, TX 78747	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) Food (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gomes, Bonnie (Mrs.) Contributor address; City; State; Zip Code 2305 Barton Creek Blvd Unit 6 Austin, TX 78746	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions) Scarab Consulting	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gossard, Tracy (Ms.) Contributor address; City; State; Zip Code 1603 W. 40th Street Austin, TX 78756	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hazelwood, Gloria (Mrs.) Contributor address; City; State; Zip Code 6500 Lost Horizon Drive Austin, TX 78759	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) food (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Retired	
Date 06/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hazelwood, Mark (Mr.) Contributor address; City; State; Zip Code 6500 Lost Horizon Drive Austin, TX 78759	Amount of contribution (\$) \$325.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/14 Report: 11/21	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 05/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howlett, Col Byron and Billie (Mr.) 6 Contributor address; City; State; Zip Code 10 Chester Downs San Antonio, TX 78257	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jenkins, Joe (Mr.) Contributor address; City; State; Zip Code 4201 Zuni Drive Austin, TX 78759	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CH2M Hill	
Date 06/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Ginny (Mrs.) Contributor address; City; State; Zip Code 3211 Stratford Dr Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judah, Diane (Ms.) Contributor address; City; State; Zip Code 2917 Brittany Point Lane Austin, TX 78734	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laws, Robert and Bernice (Mr.) Contributor address; City; State; Zip Code 212 Far Vela Lane Austin, TX 78734	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/14 Report: 12/21	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liljenwall, Becky (Ms.) 6 Contributor address; City; State; Zip Code 4130 Spicewood Springs Rd. Austin, TX 78759	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Madry, Lisa (Ms.) Contributor address; City; State; Zip Code 2808 Nordham Dr. Austin, TX 78745-4740	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Jack and Liza (Mr.) Contributor address; City; State; Zip Code 401 Bulian Lane Austin, TX 78746	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Martin Frost and Hill	
Date 06/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Teri Dee (Ms.) Contributor address; City; State; Zip Code 3401 Westside Dr Austin, TX 78731	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCabe, Tim (Mr.) Contributor address; City; State; Zip Code P.O. Box 5236 Austin, TX 78763	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) real estate developer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Real Estate Development	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/14 Report: 13/21	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGillicuddy, Kevin (Mr.) 6 Contributor address; City; State; Zip Code 4020 Pinckney St Austin, TX 78723	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Staff		10 Employer (See Instructions) JT Parker and Associates, LLC	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Jill (Ms.) Contributor address; City; State; Zip Code 3928 Myrick Dr. Austin, TX 78731	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mullins, Robert (Mr.) Contributor address; City; State; Zip Code 706 Garraty Court San Antonio, TX 78209	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Romoco Equipment Co (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Romoco Equipment Co.	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murray, Matthew (Dr.) Contributor address; City; State; Zip Code 303 Wallis Drive Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Community Radiology Associates	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murray, Susanna (Mrs.) Contributor address; City; State; Zip Code 303 Wallis Dr Austin, TX 78746	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 11/14 Report: 14/21	
2 FILER NAME Burciaga, Majorie (Ms.)				3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 05/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norman, JS (Mr.) 6 Contributor address; City; State; Zip Code 3917 Myrick Dr. Austin, TX 78731		7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Businessman			10 Employer (See Instructions) Retired		
Date 05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norman, LD (Mr.) Contributor address; City; State; Zip Code 3917 Myrick Dr. Austin, TX 78731		Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Businessman			Employer (See Instructions) Retired		
Date 05/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parrs, Cheryl (Ms.) Contributor address; City; State; Zip Code 3725 Hunterwood Point Aystin, TX 78746		Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Dell		
Date 05/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parrs, Rosendo (Ms.) Contributor address; City; State; Zip Code 3725 Hunterwood Point Aystin, TX 78746		Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Dell		
Date 06/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pasternak, Allison (Mrs.) Contributor address; City; State; Zip Code 8309 Saber Creek Trail Austin, TX 78759		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/14 Report: 15/21	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Presley, Daniel (Mr.) 6 Contributor address; City; State; Zip Code 8479 Fair Oaks Dr Frisco, TX 75033	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Accountant		10 Employer (See Instructions) Comstock Resources	
Date 05/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rich, Sidney and Marlene (Mr.) Contributor address; City; State; Zip Code 8842 Honeysuckle Trl Austin, TX 78759	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Retired	
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simons, Larry and Debbie (Mr.) Contributor address; City; State; Zip Code 4633 Far West Blvd Austin, TX 78731	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Retired	
Date 06/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Bob and Kathy (Mr.) Contributor address; City; State; Zip Code 4005 Belmont Park Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Snowden, Jo Carol (Ms.) Contributor address; City; State; Zip Code 7511 Downridge Dr Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 13/14 Report: 16/21	
2 FILER NAME Burciaga, Majorie (Ms.)				3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spohr, Cindy and Wolfgang (Mr.)		7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 108 Chippewa Way Gunnison, CO 81230			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 06/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanford, Kim (Ms.)		Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3509 Bridle Path Austin, TX 78703			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 06/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, John and Nina		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3267 Bee Caves Rd #107 Austin, TX 78746			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 06/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wangler, Betty (Mrs.)		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 5903 Lonesome Valley Austin, TX 78731			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 05/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wayne, Ralph (Mr.)		Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3902 Pebble Path Austin, TX 78731			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Businessman			Employer (See Instructions) Retired		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/14 Report: 17/21	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 05/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Neel (Mrs.) 6 Contributor address; City; State; Zip Code 4220 Garden River Trl Austin, TX 78746	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) White Construction	
Date 05/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Pam (Mrs.) Contributor address; City; State; Zip Code 4220 Garden River Trl Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) White Construction	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wood, Beth Ann (Ms.) Contributor address; City; State; Zip Code 8820 Silverarrow Circle Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Worley, Edwina (Mrs.) Contributor address; City; State; Zip Code 4007 Edgefield Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wright, Ancanetta (Ms.) Contributor address; City; State; Zip Code 12529 Hornbeam Dallas, TX 75243	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) retired (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 18/21
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704
4 TOTAL OF UNITEMIZED LOANS: ⇌⇌⇌⇌⇌⇌		\$
5 Date of loan 05/05/2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Marjorie (Ms.)	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 3900 Myrick Drive Austin, TX 78731	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 19/21		2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (TEC filers) 20140704	
4 Date 06/26/2014	5 Payee name American Party Rental				
6 Amount (\$) \$80.00	7 Payee address City; State; Zip Code Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Helium for Balloons		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/10/2014	Payee name Bruce Elfant				
Amount (\$) \$74.40	Payee address City; State; Zip Code Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Data File		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 05/14/2014	Payee name Greystone Media				
Amount (\$) \$1,500.00	Payee address City; State; Zip Code Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting for Campaign		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/06/2014	Payee name Greystone Media				
Amount (\$) \$2,944.18	Payee address City; State; Zip Code Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Logo Design and Collateral Printing		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 20/21		2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (TEC filers) 20140704	
4 Date 06/03/2014	5 Payee name Harland Clarke				
6 Amount (\$) \$34.95	7 Payee address City: State; Zip Code Austin, TX 78731				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Checks for Campaign		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 05/08/2014	Payee name HEB				
Amount (\$) \$28.96	Payee address City: State; Zip Code Austin, TX 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cake for Kickoff Event		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 05/08/2014	Payee name HEB				
Amount (\$) \$19.49	Payee address City: State; Zip Code Austin, TX 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Balloons for Kickoff Event		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/30/2014	Payee name Raise the Money				
Amount (\$) \$192.00	Payee address City: State; Zip Code Little Rock, AR				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Vendor Fees		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 21/21		2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (TEC filers) 20140704	
4 Date 06/05/2014	5 Payee name Wells Fargo				
6 Amount (\$) \$15.00	7 Payee address City; State; Zip Code Austin, TX 78731				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Wire Fee		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/02/2014	Payee name Worley, Kristen (Ms.)				
Amount (\$) \$108.00	Payee address City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Administrative support		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/07/2014	Payee name Worley Printing				
Amount (\$) \$47.09	Payee address City; State; Zip Code 3227 N IH 35 Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/26/2014	Payee name Worley Printing				
Amount (\$) \$1,021.09	Payee address City; State; Zip Code 3227 N IH 35 Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held: