Austin, Texas 78711-2070

FORM COR-C/OH

(TDD 1-800-735-2989)

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT# DOO	00004	2 Total pages filed: 42	OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS	Katina M LAST Daniel SUFFIX	Date Received 7014 AUS			
4 ORIGINAL REPORT TYPE	January 15 July 15 30th day before election	Runoff Other (specify) Exceeded \$500 limit	Date Hand-delivered or Postmarked TITY Receipt # Amount D C Date Processed			
5 ORIGINAL PERIOD COVERED	5 / % /	2014 THROUGH 6/30/2014	Date Imaged			
Cover shout if L	1 10 0X 15 - AAALA	referred in attached report candidate PAC, Should have her have included loan of \$200 on S charger or occupation historia employer or occupation historia inadustry left off - Richard Co the Pewith, \$15	ched le			
7 AFFIDAVIT	300 300	report is true and correct.	that this corrected			
	abla	Check ONLY if applicable: Semiannual reports: This report is an arresemiannual report due on or after Septement/correction is filed on or after the eigreport was filed, I swear, or affirm, that the in good faith and without an intent to misle information contained in the report.	ember 1, 2011. If amend- ghth day after the original original report was made			
Other reports (excluding semiannual reports due on or after September 1, 2011): 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. Signature of Candidate or Officeholder						
	TAMP / SEAL ABOVE	, KATRINA M. Paniel this the 2	3rd day of July.			
20 / to o	certify which, witness my h	Printed name of officer administering oath	Title of officer administering oath			
		ch Any Part Of The Campaign Finance I ed To Report And Explain Corrections	Report Form			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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Th	e C/OH Instruction Guid	e explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000004	2 PAGE # 1 of 41			
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MS. Katrina NICKNAME LAST Daniel	MI	OFFICE USE ONLY Date Received			
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; P O Box 15082 Austin, TX 78761-5082	CITY; STATE: ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount			
5	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Ms. Carol NICKNAME LAST Huntsberger	MI	Date Imaged			
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S 4506 Shoal Creek Austin, TX 78756	SUITE#; CITY; STATE:	ZIP CODE			
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 829-1205	EXTENSION				
8	REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)			
9	PERIOD COVERED	Month Day Year THI 05/08/2014	Month Day IROUGH 06/30/20	Year			
10	ELECTION	ELECTION DATE ELECTION Month Day Year Prin 11/04/2014	I TYPE mary Runoff X	General Special			
11	I OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known Austin City Council I				
	GO TO PAGE 2						

Signature of officer administering dath

(512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 FORM C/OH **CANDIDATE / OFFICEHOLDER REPORT:** COVER SHEET PG 2 **SUPPORT & TOTALS** 13 C/OH NAME Daniel, Katrina (Ms.) 14 ACCOUNT # (Ethics Commission filers) 00000004 .. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may 15 NOTICE have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this FROM information only if they receive notice of such expenditures. ... **POLITICAL** COMMITTEE NAME COMMITTEE TYPE COMMITTEE(S) GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS **16 CONTRIBUTION** TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 0.00 \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTAL POLITICAL CONTRIBUTIONS 2. \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 30,480.00 **EXPENDITURE** TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **TOTALS** 0.00 **TOTAL POLITICAL EXPENDITURES** 7,693.75 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE 5. **BALANCE** 10,734.72 LAST DAY OF THE REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS \$ LAST DAY OF THE REPORTING PERIOD 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. **GUADALUPE CORTEZ** Notary Public, State of Texas My Commission Expires OCTOBER 22, 2017 ignature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said 20 , to certify which, witness my hand and seal of office.

Print name of officer administering oath

	OTTER THART LEDGES OR LOANS						
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/3	1 Report: 3/41		
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Aghamalian, Jenny	_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/25/2014	6 Contributor address; City; State; Zip Code 33 Cousteau Lane Austin, TX 78746		\$50.00 _[
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup none	ation / Job title (See Instructions)	10 Employer (See In none	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Alcedo, Marc)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/25/2014	Contributor address; City; State; Zip Code 1729 Canonero Dr. Austin, TX 78746		\$200.00	 		
		, , , , , , , , , , , , , , , , , , , ,		(if travel outside of	Texas, complete Schedule T)		
	Principal occup Government	ation / Job title (See Instructions) Affairs	Employer (See In Cigna	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 3808 Hidden Holw Austin, TX 78731		\$350.00	 		
ļ					Texas, complete Schedule T)		
		pation / Job title (See Instructions) Affairs Consultant	Employer (See Ir Hillco	nstructions)	·		
	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 1609 B Hartford Rd Austin, TX 78703		\$150.00	 		
			_	` .	Texas, complete Schedule T)		
	Principal occur Government	pation / Job title (See Instructions) Affairs Consultant	Employer (See In Arnold Public A				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/28/2014	Contributor address; City; State; Zip Code 1609 B Hartford Rd Austin, TX 78703		\$150.00	1 		
				(If travel outside of	Texas, complete Schedule T)		
٢		pation / Job title (See Instructions)	Employer (See I				
	Government	Affairs Consultant	Arnold Public A	Allairs			

	OTHER	THAN PLEDG	ES OR LOAM			
	The Instruction	N GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 2/3	31_Report: 4/41
2	FILER NAME	Daniel, Katrina (Ms.)	·		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor Averitt (Campaign), Kip	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/25/2014	6 Contributor address; 1212 Guadalupe #301 Austin, TX 78701	City; State; Zip Code		\$350.00	1
						Texas, complete Schedule T)
9		ation / Job title (See Instruction Affairs Consultant	ns)	10 Employer (See In Kip Averitt Cam		
	Date	Full name of contributor Bacarisse, Louis	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; PO Box 633 Austin, TX 78767	City; State; Zip Code		\$350.00	!
		, ,			<u> </u>	Texas, complete Schedule T)
	Principal occup Attorney	pation / Job title (See Instruction	ns)	Employer (See In Self	structions)	
	Date	Full name of contributor Bailes, Joseph (Mr.)	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/15/2014	Contributor address; P.O.Box 5460 Austin, TX 78763	City; State; Zip Code		\$350.00	
				F10	<u> </u>	Texas, complete Schedule T)
	Principal occup MD	oation / Job title (See Instruction	ns)	Employer (See In Self	ISUUCIIONS)	<u> </u>
	Date	Full name of contributor Banning, Thomas	□ out-of-state PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; 3106 Skylark Dr Austin, TX 78757	City; State; Zip Code		\$250.00	1
				,	<u></u>	Texas, complete Schedule T)
	Principal occur CEO	pation / Job title (See Instruction	ns)	Employer (See In Texas Academ	nstructions) y of Family Physic	cians
	Date	Full name of contributor Batton, Sandra	☐ out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; 1000 Cedar Gun Austin, TX 78745	City; State; Zip Code		\$50.00	!
					(If travel outside of	f Texas, complete Schedule T)
r	Principal occup	pation / Job title (See Instruction	ins)	Employer (See In	nstructions)	
				ĺ		

	OTHER THAN PLEDGES OR LOANS						
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/3	31 Report: 5/41		
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Beattie, Brenda Coleman)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/23/2014	6 Contributor address; City; State; Zip Code 8402 Burkwood Cove Austin, TX 78735		\$350.00	1 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup COO	ation / Job title (See Instructions)	10 Employer (See Ins Austin Travis Co	structions) ounty Integral Car	e		
	Date	Full name of contributor ut-of-state PAC (ID# Bell, Charles (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/12/2014	Contributor address; City; State; Zip Code 2615 Kinney Oaks Ct Austin, TX 78704		\$100.00	 		
	_				Texas, complete Schedule T)		
	Principal occup Administrator	ation / Job title (See Instructions)	Employer (See Ins Baylor Scott and				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 17006 Majestic Ridge Rd Austin, TX 78738		\$100.00	 		
					Texas, complete Schedule T)		
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In: MB Governmen				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/21/2014	Contributor address; City; State; Zip Code 1632 Resaca Blvd Austin, TX 78738		\$100.00	! 		
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(If traval outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	reads, complete schedule ()		
 -	Date	Full name of contributor ut-of-state PAC (ID#	,	Amount of	In-kind contribution		
	Date	Berry, Jim & Rose	/	contribution (\$)	description (if applicable)		
	06/28/2014	Contributor address; City; State; Zip Code 902 North Bend Drive		\$250.00	 		
		Austin, TX 78758		(If travel outside of	Texas, complete Schedule T)		
-	Principal occup Owner	 pation / Job title (See Instructions)	Employer (See In Bluemoon Glas	istructions)			
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The Instruct	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/3	31 Report: 6/41
2 FILER NAME	Daniel, Katrina (Ms.)	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # 00000004	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Blair, Dancy	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/30/2014	6 Contributor address; City; State; Zip Code 4933 Strass Drive Austin, TX 78731		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occi Lawyer	upation / Job title (See Instructions)	10 Employer (See In Buchanan DiMa	structions) asi Dancy & Grabo	ouski
Date	Full name of contributor ut-of-state PAC (ID# Blair, Michael (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/09/2014	Contributor address; City; State; Zip Code 7521 Meadowview Ln Austin, TX 78752		\$100.00	!
			(if travel outside of	Texas, complete Schedule T)
Principal occ Sales Mana	upation / Job title (See Instructions) ger	Employer (See In Aspyr Media In		
Date	Full name of contributor	4)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/13/2014	Contributor address; City; State; Zip Code 105 Spearpoint Cove Georgetown, TX 78628		\$350.00	
			<u> </u>	Texas, complete Schedule T)
Principal occ Attorney	upation / Job title (See Instructions)	Employer (See In Greenberg Trai		
Date	Full name of contributor ut-of-state PAC (ID: Brackin, Dewey & Melissa	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/25/2014	Contributor address; City; State; Zip Code 2501 Colby Cv. Austin, TX 78723		\$700.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occ Attorney	upation / Job title (See Instructions)	Employer (See Ir Self	istructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 12500 Memorial Park Austin, TX 78732		\$20.00	1 1 1
			(If travel outside of	Texas, complete Schedule T)
Principal occ Policy	upation / Job title (See Instructions)	Employer (See In State of Texas	nstructions)	

	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 5/3	31 Report: 7/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Britton, Chris)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/30/2014	6 Contributor address; City; State; Zip Code 1001 Congress, Ste 350 Austin, TX 78701		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Consulting	ation / Job title (See Instructions)	10 Employer (See In Caddo Associa		
	Date	Full name of contributor ut-of-state PAC (ID# Brown, Patricia)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 6204 Diamond Head Circle Austin, TX 78746		\$50.00	
					Texas, complete Schedule T)
	Principal occup President and	action / Job title (See Instructions)	Employer (See In Central Health	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 147 Oakhurst Place San Antonio, TX 78209		\$25.00	
					Texas, complete Schedule T)
	Principal occus Attorney	pation / Job title (See Instructions)	Employer (See Ir Kammer Browr		<u> </u>
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/12/2014	Contributor address; City; State; Zip Code 4010 Shoal Creek Blvd, Unit B Austin, TX 78756		\$350.00	
				(if travel outside of	Texas, complete Schedule T)
ľ	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Self	nstructions)	· · · · · ·
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/05/2014	Contributor address; City; State; Zip Code PO Box 29825 Austin, TX 78755		\$100.00	I I I
				(if travel outside of	Texas, complete Schedule T)
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See II	<u>1 ` </u>	
	retired	,	retired	,	

	OTHER THAN PLEDGES OR LOANS						
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/3	31 Report: 8/41		
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Burgess, Linda (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	05/13/2014	6 Contributor address; City; State; Zip Code 4401 Shoal Creed Blvd Austin, TX 78756		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Winstead PC	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/25/2014	Contributor address; City; State; Zip Code 7711 Ponoma Trl Austin, TX 78749		\$200.00	 		
				<u> </u>	Texas, complete Schedule T)		
	Principal occup President	pation / Job title (See Instructions)	Employer (See In Texas Pipeline				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 401 W 15th St, Ste 870 Austin, TX 78701		\$350.00	 		
l				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Capelo Law Fir				
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/16/2014	Contributor address; City; State; Zip Code 3426 Shady Valley Drive Austin, TX 78748		\$350.00	 		
		Austin, 1275740		/If traval outside of	Texas, complete Schedule T)		
┞	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u></u>	Texas, complete schedule 1/		
	Executive Di		Texas Assoc. o	of Life and Health	Insurers		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/25/2014	Contributor address; City; State; Zip Code 3425 Shady Valley Dr Austin, TX 78748		\$150.00			
		Auguit, IA (VIA)		(If travel outside of	1 f Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions) iner	Employer (See Ir self	<u> L'</u>	Totals, complete definition ()		
1							

	OTHER THAN PLEDGES OR LOANS						
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/3	31 Report: 9/41		
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cawley, Richard)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Food and beverage		
	06/25/2014	6 Contributor address; City; State; Zip Code 3425 Shady Valley Dr Austin, TX 78748		\$50.00	 		
				`	Texas, complete Schedule T)		
9	Principal occup Personal Trai	ation / Job title (See Instructions) ner	10 Employer (See Inself	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/25/2014	Contributor address; City; State; Zip Code 3426 Shady Valley Drive Austin, TX 78748		\$150.00	! 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Personal Trai	nation / Job title (See Instructions) iner	Employer (See In self	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 4545 Golf Vista Drive Austin, TX 78730		\$50.00	 		
			5-1		Texas, complete Schedule T)		
		pation / Job title (See Instructions) and Communications Consultant	Employer (See In Chatelle and As				
	Date	Full name of contributor ut-of-state PAC (ID# Chick, Craig	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 823 Congress Avenue Suite 1005 Austin, TX 78701		\$25.00	1 1 1		
				(If travel outside of	f Texas, complete Schedute T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 300 S Lamar Blvd Apt 205 Austin, TX 78704		\$150.00	1		
				(If travel outside o	f Texas, complete Schedule T)		
-	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	<u> L'</u>	Tennal sorriging sorriginal ()		
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SCHEDULE A

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 8/3	31 Report: 10/41	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Collins, Lawrence (Mr.)		7 Amount of contribution (\$)	8	
	06/10/2014	6 Contributor address; City; State; Zip Code 2017 Tillotson Ave. Austin, TX 78702		\$350.00	 	
				,	Texas, complete Schedule T)	
9	Principal occup Lobbyist	ation / Job title (See Instructions)	10 Employer (See In: Self	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Coopwood, Tom and Paula (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/12/2014	Contributor address; City; State; Zip Code 6717 Valburn Dr. Austin, TX 78731		\$150.00	 	
					Texas, complete Schedule T)	
	Principal occup retired	pation / Job title (See Instructions)	Employer (See In none	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Craven, Eric	1	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; City; State; Zip Code 1036 Liberty Park Drive Apt. 29 Austin, TX 78746		\$200.00	 	
					Texas, complete Schedule T)	
	Principal occup Sr. VP Gover	pation / Job title (See Instructions) rnment Relations and Legal Affairs	Employer (See In Texas Electric (
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/21/2014	Contributor address; City; State; Zip Code 9415 McNeil Dr #1224 Austin, TX 78750		\$75.00	 	
				(If travel outside of	f Texas, complete Schedule T)	
-	Principal occuj Media Relation	pation / Job title (See Instructions) ons	Employer (See In Tx Dept Family	structions) Protective Servic	es	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/03/2014	Contributor address; City; State; Zip Code 13 Bud Cove West Lake Hills, TX 78746	,	\$350.00	! 	
		·		(If travel outside of	· f Texas, complete Schedule T)	
-	Principal occu Administration	 pation / Job title (See Instructions) on	Employer (See In Austin Cyber K	istructions)		
					Electronic Ciling Version 3.4	

	OTHER THAN PLEDGES ON LOANS						
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 9/3	1 Report: 11/41		
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Csekitz, Jill)	7 Amount of contribution (\$)	In-kind contribution description (if applicable) Hosted a neighborhood meeting so others could		
	06/28/2014	6 Contributor address; City; State; Zip Code 607 Hammack Drive Austin, TX 78752		\$100.00	get to know Katrina Daniel as a candidate		
			_	(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 ut-of-state PAC (ID# Czekitz, Jill (Ms.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/14/2014	Contributor address; City; State; Zip Code 607 Hammack Drive Austin, TX 78752		\$50.00) 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Aquatic Scien	pation / Job title (See Instructions) htist	Employer (See In Texas Commis	structions) sion on Environme	ntal Quality		
_	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/15/2014	Contributor address; City; State; Zip Code 705 21st Street Beaumont, TX 77706		\$350.00	 		
					Texas, complete Schedule T)		
	Principal occup Homemaker	pation / Job title (See Instructions)	Employer (See In Self	nstructions)			
	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 600 Wilmes Dr Austin, TX 78752		\$350.00	! !		
		Additi, 177702		(If traval outside of	Texas, complete Schedule T)		
⊩	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	Texas, complete schedule 17		
	Retired	,	Retired				
	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 8814 Young Lane Austin, TX 78737		\$350.00	1 		
				(If travel outside of	Texas, complete Schedule T)		
H	Principal occu	pation / Job title (See Instructions)	Employer (See 1)				
	Attorney		Mitchell Willian	ns			

	OTHER THAN PLEDGES OR LOANS						
	The Instructio	N Guide explains how to com	plete this form.		1 PAGE# Schedule: 10	/31 Report: 12/41	
2	FILER NAME	Daniel, Katrina (Ms.)			3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor Delisi, Ted & Deirdre	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/30/2014	6 Contributor address; 1704 Windsor Rd Austin, TX 78703	City; State; Zip Code		\$250.00	 	
					,	Texas, complete Schedule T)	
9	Principal occup Consultant	ation / Job title (See Instruction	ns)	10 Employer (See Inc Delisi Communi			
	Date	Full name of contributor Delk, Meredith (Ms.)	out-of-state PAC (ID#	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/13/2014	Contributor address; 5803 Valley Circle Austin, TX 78731	City; State; Zip Code		\$350.00	1 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Government	ation / Job title (See Instruction Affairs	15)	Employer (See In: WellPoint	structions)		
	Date	Full name of contributor Demerath, Janelle (Ms.)	☐ out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/12/2014	Contributor address; 908 Blanco Street Austin, TX 78703	City; State; Zip Code		\$350.00	 -	
					<u> </u>	Texas, complete Schedule T)	
	Principal occup homemaker	ation / Job title (See Instruction	ns)	Employer (See Inself	structions)		
	Date	Full name of contributor Doner, Katherine	out-of-state PAC (ID#	 	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; 815 Brazos St STE 701 Austin, TX 78703	City; State; Zip Code		\$350.00	1 []	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup consultant	pation / Job title (See Instruction	ns)	Employer (See In Congress Ventu			
	Date	Full name of contributor Doughty, Ronald (Mr.)	□ out-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; 13210 Mansfield Rd Austin, TX 78732	City; State; Zip Code		\$250.00	 	
		,			(If travel outside of	f Texas, complete Schedule T)	
		l pation / Job title (See Instruction nt, Government Affairs	ns)	Employer (See In Prudential Fina	nstructions)	<u> </u>	

SCHEDULE A

POLITICAL CONTRIBUTIONS

	OTHER	THAN PLEDGES OR LOAD	M9		
	The Instruction	GUIDE explains how to complete this form.		1 PAGE# Schedule: 11	/31 Report: 13/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Dunkerley, Betty)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/25/2014	6 Contributor address; City; State; Zip Code 299 Makaha Bastrop, TX 78602	:	\$25.00	
					Texas, complete Schedule T)
9	Principal occup	vation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 3310 River Rd Austin, TX 78703		\$100.00	 -
				<u> </u>	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)
	05/13/2014	Contributor address; City; State; Zip Code 4800 Clarkson Avenue Austin, TX 78751		\$350.00	1
					Texas, complete Schedule T)
	Principal occup Foreign Serv	pation / Job title (See Instructions) ice Officer	Employer (See In U.S. Departmer		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/15/2014	Contributor address; City; State; Zip Code 1015 Highland St. Houston, TX 77009		\$100.00	
					Texas, complete Schedule T)
	Principal occup Executive	oation / Job title (See Instructions)	Employer (See In EDP Renewabl	estructions) les North America	LLC
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 4214 Sinclair Ave Austin, TX 78756		\$200.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Texas Strate	 pation / Job title (See Instructions) gy Group	Employer (See In Government Af	nstructions)	
L					

	OTHER	THAN PLEDGES OR LOAD	43 		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 12/	31 Report: 14/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Garza, Charlotte)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/30/2014	6 Contributor address; City; State; Zip Code 601 Wilmes Drive Austin, TX 78752		\$50.00 	
				(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)
	06/30/2014	Contributor address; City; State; Zip Code 601 Wilmes Drive Austin, TX 78752		\$50.00	
				(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)
	06/21/2014	Contributor address; City; State; Zip Code 4012 Camacho St. Austin, TX 78723		\$50.00	
				(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)
	06/25/2014	Contributor address; City; State; Zip Code 384 Colorado Dr Cedar Creek, TX 78612		\$150.00	↓
				1 `	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/21/2014	Contributor address; City; State; Zip Code 6511 Torrey Pines Cove Austin, TX 78746		\$50.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Actuary	 pation / Job title (See Instructions)	Employer (See In Texas Departm	L'	

	OIRER	THAN PLEDGES OR LOAD	40 		
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	/31 Report: 15/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gupta, Samir)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/30/2014	6 Contributor address; City; State; Zip Code 15803 Windermere Dr., Suite #400 Pflugerville, TX 78660		\$25.00	1
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Dentist	ation / Job title (See Instructions)	10 Employer (See In Pflugerville Den		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 3313 Poquita Ct El Paso, TX 79904		\$50.00	
		21. 230, 77. 1000		(if travel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; City; State; Zip Code 2720 Kinney Oaks Ct. Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In National Insura		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Hayden, Rose	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 919 West Lynn Street Austin, TX 78703		\$200.00	1
				1	Texas, complete Schedule T)
	Principal occup Business De	pation / Job title (See Instructions) velopment and Management Consultant	Employer (See In RAH Consulting		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/04/2014	Contributor address; City; State; Zip Code 3702 Eastledge Austin, TX 78731		\$350.00	
				(If travel outside of	· Texas, complete Schedule T)
	Principal occup Lawyer	Dation / Job title (See Instructions)	Employer (See Ir Graves, Dough		

	The Instruction	GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	/31 Report: 16/41
2	FILER NAME	Daniel, Katrina (Ms.)	•	3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hello, Andrew & Cassie)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/21/2014	6 Contributor address; City; State; Zip Code 601 Ima Dr Austin, TX 78752		\$50.00	
				(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 ut-of-state PAC (ID# Hield, Melissa (Ms.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/07/2014	Contributor address; City; State; Zip Code 7521 Northcrest Blvd Austin, TX 78752		\$50.00	!
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup Executive	ation / Job title (See Instructions)	Employer (See In Texas Departm	structions) ent of Insurance	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2014	Contributor address; City; State; Zip Code 4501 Westlake Drive #14 Austin, TX 78746		\$350.00	
			<u> </u>	<u> </u>	Texas, complete Schedule T)
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See Ir Greg D Hooser	estructions) Consulting, LLC	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 823 Congress Ave Ste 900 Austin, TX 78701		\$350.00	
İ				(If travel outside of	Texas, complete Schedule T)
-	Principal occup Government	I pation / Job title (See Instructions) Affairs Consultant	Employer (See Ir Hillco	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/21/2014	Contributor address; City; State; Zip Code 503 Swanee Drive Apt. 20 Austin, TX 78752		\$200.00	! ! !
				(If travel outside of	f Texas, complete Schedule T)
\vdash	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Cosmetologi		Self Employed		

	OTHER THAN PLEDGES OR LOANS				
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 15	/31 Report: 17/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor uut-of-state PAC (ID# Hubbard, David)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/26/2014	6 Contributor address; City; State; Zip Code 926 E. 54th St. Unit A Austin, TX 78751		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Lobbyist	ation / Job title (See Instructions)	10 Employer (See In: Premier Legisla		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 101 Quarry Park Cove Liberty Hill, TX 78642		\$100.00	 -
					Texas, complete Schedule T)
	Principal occup Legislative Co	eation / Job title (See Instructions) onsultant	Employer (See In Hance Scarbore		
	Date	Full name of contributor ut-of-state PAC (1D# Hudson, Lynne)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 2403 Wildgrove Austin, TX 78704		\$150.00	
					Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/21/2014	Contributor address; City; State; Zip Code 4506 Shoal Creek Blvd Austin, TX 78756		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Owner	pation / Job title (See Instructions)	Employer (See In Quality Seafood		-
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 2607 Tri of the Madrones Austin, TX 78746		\$100.00	!
				(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	
	Government	Affairs Consultant	Jackson Waller		

	OTHER	THAN PLEDGI	ES OR LOAD	10		
	The Instruction	N GUIDE explains how to comp	olete this form.		1 PAGE # Schedule: 16	/31 Report: 18/41
2	FILER NAME	Daniel, Katrina (Ms.)			3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor Jensen, Daniel	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/26/2014	6 Contributor address; 4004 Hartwood Fort Worth, TX 76109	City; State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Vice Presider	ation / Job title (See Instructional at	s)	10 Employer (See In UNTHSC	structions)	
	Date	Full name of contributor Johns, Johnny & Dorothy	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/21/2014	Contributor address; 7701 Creston Ln Austin, TX 78752	City; State; Zip Code		\$200.00	1
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instruction	s)	Employer (See In		<u> </u>
				retired		
	Date	Full name of contributor Johnson, Julie	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; 7107 Red Maple Cove Austin, TX 78759	City; State; Zip Code		\$250.00	
					l `	Texas, complete Schedule T)
	Principal occup Project Mana	pation / Job title (See Instruction ger	s) 	Employer (See In Chisholm Trail	structions) Communities Fou	ndation
	Date	Full name of contributor Jones, Marsha (Ms.)	☐ out-of-state PAC (ID#	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/12/2014	Contributor address; 200 Congress Ave 18F Austin, TX 78701	City; State; Zip Code		\$350.00	!
		, , , , , , , , , , , , , , , , , , , ,			If the same and a side of	'
\vdash	Principal occur	pation / Job title (See Instruction	s)	Employer (See In	<u> L'</u>	Texas, complete Schedule T)
		Affairs Consultant	<u>.</u>	Hillco Partners		
	Date	Full name of contributor Jones, Neal (Mr.)	☐ out-of-state PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; 823 Congress Ave Ste 900 Austin, TX 78701	City; State; Zip Code		\$350.00	!
					(If travel outside o	f Texas, complete Schedule T)
\vdash		 pation / Job title (See Instruction Affairs Consultant	os)	Employer (See Ir Hillco	<u> </u>	. ,
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The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 17	/31 Report: 19/41	
2 FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT# 00000004	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Jones, Robert (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
06/15/2014	6 Contributor address; City; State; Zip Code 1508 Raleigh Avenue Austin, TX 78703		\$350.00	! 	
			(if travel outside of	Texas, complete Schedule T)	
9 Principal occup Director	pation / Job title (See Instructions)	10 Employer (See In Pfizer	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/30/2014	Contributor address; City; State; Zip Code 2113 West 11th Street Austin, TX 78703		\$350.00	! 	
1			(if travel outside of	Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See In			
	ernment Relations Advisor	Texas Lobby G			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/25/2014	Contributor address; City; State; Zip Code 2100 Exposition Blvd Austin, TX 78703		\$100.00	 	
1			(If travel outside of	Texas, complete Schedule T)	
Principal occup	 pation / Job title (See Instructions)	Employer (See In	L:		
Date	Full name of contributor ut-of-state PAC (ID:	#)	Amount of	In-kind contribution	
	Kuykendall, Deanna		contribution (\$)	description (if applicable)	
06/26/2014	Contributor address; City; State; Zip Code 3008 Crosscreek Drive Austin, TX 78757		\$150.00	 	
	, 1000.1, 100,00		(If traval autoida et	Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)	
Legislative C		Deanna L. Kuy			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/30/2014	Contributor address; City; State; Zip Code 1514 Richcreek Road Austin, TX 78757		\$50.00	 	
			<u> 1 </u>	f Texas, complete Schedule T)	
Principal occu PR	pation / Job title (See Instructions)	Employer (See Ir Mike Lavigne F			

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	/31 Report: 20/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT# 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Lee, Tim (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/14/2014	6 Contributor address; City; State; Zip Code 1622 Scenic Shore Dr Kingwood, TX 77325		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Consulting Ac	ation / Job title (See Instructions) ctuary	10 Employer (See In Milliman, Inc	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/15/2014	Contributor address; City; State; Zip Code 1912 Collier St. Austin, TX 78704		\$350.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup Executive	ation / Job title (See Instructions)	Employer (See In The Nature Cor		
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/23/2014	Contributor address; City; State; Zip Code 520 Academy Austin, TX 78704		\$100.00	
L				<u> </u>	Texas, complete Schedule T)
	Principal occup Executive Dir	ector	Employer (See In Texas Applese		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 1802 Ann Arbor Austin, TX 78704		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Chief of Staff	pation / Job title (See Instructions)	Employer (See Ir Texas of Repre	structions) esentatives	
	Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/23/2014	Contributor address; City; State; Zip Code 2806 Stratford Drive Austin, TX 78746		\$350.00	1
				(if travel outside of	Texas, complete Schedule T)
厂		pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Investor		None		

	O I I I L			. <u>. </u>	
	The Instruction	GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	/31 Report: 21/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Maxwell, Barbara		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/25/2014	6 Contributor address; City; State; Zip Code PO Box 160642 Austin, TX 78716		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup EVP	ation / Job title (See Instructions)	10 Employer (See In TAHP	structions)	
-	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 823 Congress Ave Suite 1030 Austin, TX 78701		\$350.00	!
	•			(If travel outside of	Texas, complete Schedule T)
		oation / Job title (See Instructions) Affairs Consultant	Employer (See In Self	structions)	·
	Date	Full name of contributor out-of-state PAC (ID# McCandless, Bruce III (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2014	Contributor address; City; State; Zip Code 909 Live Oak Ridge Rd Austin, TX 78746		\$100.00	
				l :	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	·
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; City; State; Zip Code 909 Live Oak Ridge Rd Austin, TX 78746		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Ir Blue Cross Blu		
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 1015 Gaston Ave Austin, TX 78703		\$350.00	1
				(If travel outside of	Texas, complete Schedule T)
H	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	

	The Instruction	N GUIDE explains how to complete this form.			1 PAGE # Schedule: 20	/31 Report: 22/41
2	FILER NAME	Daniel, Katrina (Ms.)			3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PA McCartt, Martha (Ms.)	C (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
i	06/17/2014	6 Contributor address; City; State; Zip C 1712 W 29th St Austin, TX 78703	Code		\$350.00] -
9	Principal occup Homemaker	ation / Job title (See Instructions)		10 Employer (See In: Homemaker		Texas, complete Schedule T)
	Date	Full name of contributor	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip (906 Crystal Creek Drive Austin, TX 78746	Code		\$350.00	
					(If travel outside of	Texas, complete Schedule T)
_	Principal occup Real Estate	ation / Job title (See Instructions)		Employer (See In Austin Fairchild		
	Date	Full name of contributor	C (ID#	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2014	Contributor address; City; State; Zip 6 7633 Rockpoint Dr Austin, TX 78731	Code		\$350.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)		Employer (See In Deltek	structions)	
	Date	Full name of contributor	AC (ID	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip (602 Wilmes Drive Austin, TX 78752	Code		\$350.00	
					(if travel outside of	Texas, complete Schedule T)
	Principal occup retired	ation / Job title (See Instructions)		Employer (See In self	nstructions)	
	Date	Full name of contributor	AC (ID:	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/09/2014	Contributor address; City; State; Zip l 602 Wilmes Drive Austin, TX 78752	Code		\$350.00	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(If travel outside of	f Texas, complete Schedule T)
	Principal occur Stain Glass A	Dation / Job title (See Instructions)	-	Employer (See In Blue Moon Gla	nstructions)	43rd St, Austin, Texas
1	5.5 Sidoo F]		<u> </u>

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	The Instruction	GUIDE explains how to complete this form.		1 PAGE# Schedule: 21/	/31 Report: 23/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Meadows, Donna (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/13/2014	6 Contributor address; City; State; Zip Code 631 Amesbury Lane Austin, TX 78752		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Librarian	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)
	06/27/2014	Contributor address; City; State; Zip Code 3412 Green Emerald Terrace Austin, TX 78739		\$350.00	
				<u> </u>	Texas, complete Schedule T)
		eation / Job title (See Instructions) lic Accountant	Employer (See In R. Mendoza & (
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 8922 Sterling Gate Circle Spring, TX 77379		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Professor	pation / Job title (See Instructions)	Employer (See In University of Te		
	Date	Full name of contributor ut-of-state PAC (ID# Miller, William (Mr.)	<u>‡</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/12/2014	Contributor address; City; State; Zip Code 2905 Gilbert St		\$350.00	
		Austin, TX 78703			_
		<u> </u>		l '	Texas, complete Schedule T)
		pation / Job title (See Instructions) Affairs Consultant	Employer (See Ir Hillco	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2014	Contributor address; City; State; Zip Code 501 Hammack Austin, TX 78752		\$150.00	1
				(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occur	Loation / Job title (See Instructions)	Employer (See Ir	<u> </u>	
	Program Mar		City of Austin	,	

Austin, Texas 78711-2070 (512)463-5800

POLITICAL	CONTRIBUTIONS
OTHER THA	AN PLEDGES OR LOANS

	<u> </u>				<u></u>
	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 22	2/31 Report: 24/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Moorhead, Barbara	<u> </u>	7 Amount of contribution (\$)	8
	06/30/2014	6 Contributor address; City; State; Zip Code 4300 Rosedale Ave Austin, TX 78756		\$25.00	I . I
			İ	(If travel outside of	Texas, complete Schedule T)
9	Principal occup Executive Dire	pation / Job title (See Instructions) ector	10 Employer (See In: Texas Impact	structions)	
_	Date	Full name of contributor ut-of-state PAC (ID# Morales, Tammy (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2014	Contributor address; City; State; Zip Code 4720 54th Ave. S. Seattle, WA 98118		\$250.00	
			İ	(If travel outside of	Texas, complete Schedule T)
	Principal occup Food System	pation / Job title (See Instructions) s Consultant	Employer (See In: Urban Food Lin		
	Date	Full name of contributor ut-of-state PAC (ID# Moran, Ashley	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/19/2014	Contributor address; City; State; Zip Code 45 Pillow Road Sunset Valley, TX 78745		\$200.00	
L	Date 1	nation (lab Mile (De- leading)	Employee (Or ex)		Texas, complete Schedule T)
	Principal occup Associate Dir	pation / Job title (See Instructions) rector	Employer (See In University of Te		· · · · · · · · · · · · · · · · · · ·
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/21/2014	Contributor address; City; State; Zip Code 1405 Delaney St. Austin, TX 78721		\$25.00	
		·		(If travel outside of	f Texas, complete Schedule T)
	Principal occup retired	pation / Job title (See Instructions)	Employer (See In self employed	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; City; State; Zip Code 5702 Shoal Creek Blvd Austin, TX 78757		\$250.00	!
				(If travel outside of	f Texas, complete Schedule T)
H		pation / Job title (See Instructions)	Employer (See In		
	Chief Perforn		Superior Health	nplan Inc	

	OTHER THAN PLEDGES ON LOANS				
	The Instruction	Guide explains how to complete this form.		1 PAGE # Schedule: 23	/31 Report: 25/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Neavel, Nancy)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/28/2014	6 Contributor address; City; State; Zip Code 2905 Scenic Drive Austin, TX 78703		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Behavioralsci	ation / Job title (See Instructions) entist	10 Employer (See In: Independent He		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/21/2014	Contributor address; City; State; Zip Code 2233 Antone St Austin, TX 78723		\$100.00	
				(if travel outside of	Texas, complete Schedule T)
┝	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
	i ililapai oseap		• • • •	·	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Papavasiliou, Karmyn	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 405 Wilmes Austin, TX 78752		\$350.00	
					Texas, complete Schedule T)
	Principal occur Designer	pation / Job title (See Instructions)	Employer (See In Rachel Mast De		
	Date	Full name of contributor ut-of-state PAC (ID# Patterson, Betty	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 8909 El Rey Blvd Austin, TX 78737		\$40.00	
				//Samuel evitalide ed	Towas complete Schodule T\
L	Dringing agou	pation / Job title (See Instructions)	Employer (See In	'	Texas, complete Schedule T)
L	Consultant	Janott 7 Job line (Gee Instituctions)	Self		
	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 201 Lavaca #402 Austin, TX 78701		\$50.00	1
				(If travel outside of	Texas, complete Schedule T)
r		Paletiana Disaster	Employer (See In	nstructions)	
	Government	Relations Director	Pfizer		

	Official figures of coars				
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 24	/31 Report: 26/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Pearson, Dan & Sheri)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/12/2014	6 Contributor address; City; State; Zip Code 9300 Ashton Ridge Austin, TX 78750		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9		ation / Job title (See Instructions) Affairs Consultant	10 Employer (See In Hillco	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 1015 Gaston Ave Austin, TX 78703		\$350.00	!
	į			(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions) Affairs Consultant	Employer (See In Self	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable) food and beverage
	06/30/2014	Contributor address; City; State; Zip Code 1015 Gaston Ave Austin, TX 78703		\$15.00	1
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions) Affairs Consultant	Employer (See In Self	L -	
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; City; State; Zip Code PO Box 50272 Austin, TX 78763		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Ir Self	nstructions)	
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 100 Wood Trail Austin, TX 78746		\$200.00	1 1 }
				(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occur	Dation / Job title (See Instructions)	Employer (See Ir		
	Consultant		The Graydon G	Proup	

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 25	/31 Report: 27/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date 06/03/2014	 5 Full name of contributor ☐ out-of-state PAC (ID# Ramos, Sandra (Ms.) 6 Contributor address; City; State; Zip Code 811 W. St. John's Ave. #2302 Austin, TX 78751)	7 Amount of contribution (\$) \$350.00	8
					Texas, complete Schedule T)
9	Principal occup Owner/Photog	ation / Job title (See Instructions) grapher	10 Employer (See In Sandra Ramos	structions) Photography, LL0	2
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/19/2014	Contributor address; City; State; Zip Code 1309 Concho St. Austin, TX 78702		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lobbyist	ation / Job title (See Instructions)	Employer (See In Premier Legisla		
	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 10605 Signal Hill Rd. Austin, TX 78737		\$700.00	
<u> </u>	D.:- :: 1	etion / lob title (Con Instructions)	Employer (See In	<u> L'</u>	Texas, complete Schedule T)
	Principal occup Program Spe	ation / Job title (See Instructions) cialist IV	State of Texas		· · · · · · · · · · · · · · · · · · ·
	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 1271 Austin, TX 78767		\$350.00	1 1 1
L				<u> </u>	f Texas, complete Schedule T)
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See Ir Self Employed	nstructions)	· · · · · · · · · · · · · · · · · · ·
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 6516 Twin Creek Holw Austin, TX 78750		\$50.00	i _
L				l `	f Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 26	/31 Report: 28/41	
2 FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Salmon, Andy)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
06/25/2014	6 Contributor address; City; State; Zip Code 6711 Telluride Trl Austin, TX 78749		\$75.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor uut-of-state PAC (ID# Samuels, Marc	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/30/2014	Contributor address; City; State; Zip Code 823 Congress Ave STE 900 Austin, TX 78701		\$350.00	[[
			(If travel outside of	Texas, complete Schedule T)	
Principal occup Founder and	pation / Job title (See Instructions) CEO	Employer (See In ADVI	structions)		
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/25/2014	Contributor address; City; State; Zip Code 710 Colorado St Unit 4G Austin, TX 78701		\$200.00	! ! !	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	Texas, complete Schedule T)	
Principal occup Director of A	pation / Job title (See Instructions) ffairs	Employer (See Ir United Health (
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/03/2014	Contributor address; City; State; Zip Code 1822 W. 10th St. Austin, TX 78703		\$350.00	! !	
			(if travel outside of	Texas, complete Schedule T)	
Principal occu homemaker	pation / Job title (See Instructions)	Employer (See Ir homemaker			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/12/2014	Contributor address; City; State; Zip Code 5904 Marilyn Dr Austin, TX 78757		\$50.00		
			(If travel outside of	f Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See In			
Program Dev	velopment	Texas			

Texas Ethics Commission

POLITICAL CONTRIBUTIONS SCHEDULE A

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 27/	/31 Report: 29/41	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Shell, Kayla)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/25/2014	6 Contributor address; City; State; Zip Code 1822 W. 10th St. Austin, TX 78703	, , , , , , , , , , , , , , , , , , , ,	\$350.00 		
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See Inc Dell	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/12/2014	Contributor address; City; State; Zip Code 3812 Cherrywood Road Austin, TX 78722		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In: Fox, Smolen & A			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/20/2014	Contributor address; City; State; Zip Code 1450 Hargis Creek Trl Austin, TX 78717		\$75.00	1 	
				(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)	
	05/13/2014	Contributor address; City; State; Zip Code 1903 Brackenridge Street Austin, TX 78704		\$100.00	I I I	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Teacher	ation / Job title (See Instructions)	Employer (See In UT	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; City; State; Zip Code 2716 Barton Creek Blvd. #424 Austin, TX 78735		\$100.00	I I I	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In			
			•			

	OTHER THAN PLEDGES OR LOANS				
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 28	/31 Report: 30/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Suehs, Thomas		7 Amount of contribution (\$)	8 In-kind contribution description (if-applicable)
	06/30/2014	6 Contributor address; City; State; Zip Code 1800 West 29th St Austin, TX 78703		\$350.00 	
				(If travel outside of	Texas, complete Schedule T)
9		ation / Job title (See Instructions) Affairs Consultant	10 Employer (See In Self	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Taylor, Timothy)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 1902 Stamford Lane Austin, TX 78703		\$250.00	
				l '	Texas, complete Schedule T)
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Jackson Walke	structions) r LLP	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/20/2014	Contributor address; City; State; Zip Code 3105 Boweman Ave. Austin, TX 78703		\$350.00	
					Texas, complete Schedule T)
	Principal occup Real Estate D	pation / Job title (See Instructions) Development	Employer (See In FourT Realty	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; City; State; Zip Code 6803 Winterberry Dr Austin, TX 78750		\$150.00	
		, rasim, rx rolso		(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	<u> </u>
-	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/18/2014	Contributor address; City; State; Zip Code 823 Congress Ave, Suite 1505 Austin, TX 78701		\$100.00	1
				(If travel outside of	Texas, complete Schedule T)
Γ	Principal occup County Com	pation / Job title (See Instructions) missioner	Employer (See In Travis County (nstructions) Commissioner, Pr	ecinct 2

L						
	The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 29	/31 Report: 31/41	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Traylor, Kitty (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/05/2014	6 Contributor address; City; State; Zip Code 100 W. O'Dell St Austin, TX 78752		\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup retired	ation / Job title (See Instructions)	10 Employer (See In retired	structions)		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/24/2014	Contributor address; City; State; Zip Code 3603 Bonnie Rd. Austin, TX 78703		\$200.00	 	
L					Texas, complete Schedule T)	
	Principal occup Business Cor	ation / Job title (See Instructions) sultant	Employer (See In Self	estructions)		
	Date	Full name of contributor ut-of-state PAC (ID# Vane, Mark	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/28/2014	Contributor address; City; State; Zip Code 6809 Via Correto Austin, TX 78749		\$100.00	 	
				<u></u>	Texas, complete Schedule T)	
	Principal occup Lawyer	oation / Job title (See Instructions)	Employer (See Ir Gardere	nstructions)	·	
	Date	Full name of contributor ut-of-state PAC (ID# Vasek, Heather	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 2102 Cypress Pt E Austin, TX 78746		\$75.00	1 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occur Lobbyist	ation / Job title (See Instructions)	Employer (See Ir Delisi Commun			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/22/2014	Contributor address; City; State; Zip Code 6001 Bullard Dr Austin, TX 78757		\$50.00		
				(If travel outside of	Texas, complete Schedule T)	
\vdash		Dation / Job title (See Instructions)	Employer (See Ir		· · · · · · · · · · · · · · · · · · ·	
	Attorney		State			

	OTHER THAN PLEDGES OR LUANS				
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 30/	31 Report 32/41
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Warner, David & Phyllis		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/21/2014	6 Contributor address; City; State; Zip Code 5701 Trailridge Dr Austin, TX 78731		\$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)
	06/27/2014	Contributor address; City; State; Zip Code 4214 Sinclair Ave Austin, TX 78756		\$200.00	
		Trosin, Trosoc		(If travel outside of	Texas, complete Schedule T)
	Principal occup Architect	ation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 4001 LOB Cove Austin, TX 78730		\$350.00	
L				<u></u>	Texas, complete Schedule T)
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In Self-Law Office		
	Date	Full name of contributor ut-of-state PAC (ID# Wilson, Stacy		Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/21/2014	Contributor address; City; State; Zip Code 114 Valley Cir San Marcos, TX 78666		\$100.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code PO Box 7711 Austin, TX 78713		\$5.00	1
L				<u></u>	Texas, complete Schedule T)
		pation / Job title (See Instructions) ation Administration	Employer (See In The University	structions) of Texas at Austin	

OTHER THAN PLEDGES OR LOANS				
The Instruc	пом Guide explains how to complete this form.		1 PAGE # Schedule: 31/31 Report: 33/41	
2 FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date	5 Full name of contributor ut-of-state PAC (ID: Yelkin, Kimberly	#)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)	
06/30/2014	6 Contributor address; City; State; Zip Code 5903 Saratoga Cv Austin, TX 78746		\$200.00 	
g Principal occ Attorney	upation / Job title (See Instructions)	10 Employer (See In Self	(If travel outside of Texas, complete Schedule T)	

PLEDG	ED CONTRIBUTIONS		SCHEDULE B
The Instruction	ON GUIDE explains how to complete this form.	1 PAGE # Schedule: 1/1	Report: 34/41
2 FILER NAME	Daniel, Katrina (Ms.)	3 ACCOUNT # 00000004	(Ethics Commission filers)
4 TOTAL (OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒	\$	\$
5 Date	6 Full name of pledgor □ out-of-state PAC (ID#) Berlanga, Hugo	8 Amount of pledge (\$)	9 In-kind description (if applicable)
06/30/2014	7 Pledgor address; City; State; Zip Code PO Box 6546 Austin, TX	\$350.00	
:			Texas, complete Schedule T)
10 Principal occur Govenment A	Affairs Consultant 11 Employer (See Self	Instructions)	
Date	Full name of pledgor	Amount of pledge (\$)	In-kind description (if applicable)
06/30/2014	Pledgor address; City; State; Zip Code	\$350.00	!
	TX		1
		(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions) Affairs Consultant Employer (See Self	Instructions)	
Date	Full name of pledgor	Amount of pledge (\$)	In-kind description (if applicable)
06/30/2014	Pledgor address; City; State; Zip Code 300 W. 6th Street Suite 2050	\$100.00	
		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of pledgor	Amount of pledge (\$)	In-kind description (if applicable)
06/30/2014	Pledgor address; City; State; Zip Code 105 Timber Ridge Cv	\$200.00	
	Austin, TX 78733	(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Employer (See		Texas, complete ochosale 17
			·

SCHEDULE F

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Soli ise Food/Beverage Expense Trai Polling Expense Trai Printing Expense Offi	aries/Wages/Contract Labor citation/Fundraising Expense vel In District vel Out Of District ce Overhead/Rental Expense xplains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Tm.
1 PAGE#	2 FILER NAME	<u> </u>	3 ACCOUNT # (TEC filers)
Schedule: 1/5 Re			0000004
	5 Payee name		3 0000007
06/19/2014	American Printing and Mailing		
6 Amount (\$)	7 Payee address City; State; Zip C	ode .	
\$378.88	1606 Headway Circle Austin, TX 78754		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Printing Expense		(If travel outside of Texas, complete Schedule T) etterhead #10 Envelopes
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ght: Office held:
Date	Payee name		
05/25/2014	Azul Strategies		<u> </u>
Amount (\$)	Payee address City; State; Zip C	Code	
\$270.00	1802 Ann Arbor Austin, TX 78704		
	Category (See Categories listed at the top of this so		(If travel outside of Texas, complete Schedule T)
PURPOSE OF	Consulting Expense	Video and M	eeting Consulting
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ght: Office held:
Date	Payee name		
05/25/2014	Brass, Chelsea (Ms.)		
Amount (\$)	Payee address City; State; Zip (Code	-
\$1,000.00	8205 Brettonwoods Lane Austin, TX 78753		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor		(If travel outside of Texas, complete Schedule T) eeks of 5/11/2014 - 5/24/2014
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ght: Office held:
Date	Payee name		
06/01/2014	Brass, Chelsea (Ms.)		. <u></u>
Amount (\$)	Payee address City; State; Zip (Code	
\$500.00	8205 Brettonwoods Lane Austin, TX 78753		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this si Salaries/Wages/Contract Labor		(If travel outside of Texas, complete Schedule T) eek 5/25/2014 - 5/31/2014
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ight: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking
Consulting Expense Event Expense

to benefit C/OH

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

EXPENDITURE CATEGORIES 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

Polling Expense Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Daniel, Katrina (Ms.) 00000004 Schedule: 2/5 Report: 37/41 4 Date 5 Payee name Brass, Chelsea (Ms.) 06/15/2014 6 Amount (\$) Payee address City; State; Zip Code 8205 Brettonwoods Lane \$1,000.00 Austin, TX 78753 (If travel outside of Texas, complete Schedule T) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Payroll for wks 6/1/2014-6/15/2014 Salaries/Wages/Contract Labor OF EXPENDITURE Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Pavee name Brass, Chelsea (Ms.) 06/30/2014 Payee address City; State; Zip Code Amount (\$) 8205 Brettonwoods Lane \$34.04 Austin, TX 78753 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Office Depot, 7-Eleven, HEB **Event Expense** OF EXPENDITURE Complete ONLY if Office sought: Office held: Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name Brass, Chelsea (Ms.) 06/30/2014 Amount (\$) Pavee address City: State: Zip Code \$1,000.00 8205 Brettonwoods Lane Austin, TX 78753 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) PURPOSE Salaries/Wages/Contract Labor Payroll for wks 6/16/2014 - 6/30/2014 OF EXPENDITURE Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/19/2014 **Net Victories** City; State; Zip Code Payee address Amount (\$) 1545 NW Market Street \$1,697.39 Seattle, WA 98107 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE Website Design and Development, Branding, Advertising Expense OF Website Hosting, Domain Names EXPENDITURE Office held: Office sought: Complete ONLY if Candidate / Officeholder name direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Daniel, Katrina (Ms.) 00000004 Schedule: 3/5 Report: 38/41 5 Payee name 4 Date 06/07/2014 Office Depot Payee address City: State: Zip Code Amount (\$) 816 Tirado Street \$35.72 Austin, TX 78752 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Printing handouts for an event Printing Expense OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Opinion Analysts, Inc. 06/23/2014 City: State; Zip Code Amount (\$) Pavee address 906 Rio Grande St \$72.72 Austin, TX 78701 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** OTHER - Voter File - likely voter file Likely voter file OF EXPENDITURE Office held: Office sought: Camplete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 05/18/2014 Stoneking, Taryn (Ms.) Payee address City: State: Zip Code Amount (\$) 2208 Pearl St. #307 \$240.00 Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) PURPOSE Payroll for week 5/111/2014 - 5/17/2014 Salaries/Wages/Contract Labor OF EXPENDITURE Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Payee name 05/25/2014 Stoneking, Taryn (Ms.) City; State; Zip Code Payee address Amount (\$) 2208 Pearl St. #307 \$240.00 Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Payroll for week 5/18/2014 - 5/24/2104 Salaries/Wages/Contract Labor OF EXPENDITURE Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH

P.O.Box 12070

POLITICAL EXPENDITURES

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/R		a category not listed above)
	The Instruction Guide explains how	to complete this form.	3 ACCOUNT # (TEC filers)
1 PAGE#	2 FILER NAME Daniel, Katrina (Ms.)		00000004
Schedule: 4/5 Re	port. 30/41		1 00000004
4 Date	5 Payee name Stoneking, Taryn (Ms.)		
06/01/2014	7 Payee address City; State; Zip Code		
6 Amount (\$)	2208 Pearl St. #307		
\$240.00	Austin, TX 78705		
	,		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor Salary for week 5/25/2014 - 5/31/2014		
OF EXPENDITURE			
		055	06-1-1-14
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
06/08/2014	Stoneking, Taryn (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$240.00	2208 Pearl St. #307		
	Austin, TX 78705		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside Payroll for week 6/1/2014	of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	Payroll for week 6/1/2014	-0///2014
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure		ū	İ
to benefit C/OH			
Date	Payee name		
06/15/2014	Stoneking, Taryn (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$240.00	2208 Pearl St. #307 Austin, TX 78705		
	,		*
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE	Salaries/Wages/Contract Labor	payroll wk 6/82014-6.18.2	2014
OF EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			<u> </u>
Date	Payee name		
06/20/2014	Stoneking, Taryn (Ms.)		
Amount (\$)	Payee address City; State; Zip Code	•	•
\$25.00	2208 Pearl St. #307		
	Austin, TX 78705		
		Description of the second	of Tours and John Ball and The
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside Pd \$25 at the door for call	e of Texas, complete Schedule T)
OF	OTHER - Campaign Training	FG \$25 at the door for cal	mpaign calling
EXPENDITURE		i	÷ 1
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		-	
I to belieff C/Off	1		

SCHEDULE F

Advertising Expense Accounting/Banking

Texas Ethics Commission

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Experi Event Expense Fees	Polling Expense Printing Expense	Travel Out Of 0	District Can id/Rental Expense OTHE	outions/Donations Made By Ididate/Officeholder/Political Committee R (enter a category not listed above)
1 PAGE#	2 FILER			3 ACCOUNT # (TEC filers)
Schedule: 5/5 Re	l' Danie	el, Katrina (Ms.)		00000004
4 Date	5 Payee name			
06/22/2014	Stoneking, Taryn (Ms			·
6 Amount (\$)	7 Payee address	City; State; Zip Code		j
\$240.00	2208 Pearl St. #307 Austin, TX 78705			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description (If travel outside of Texas, complete Schedule T) Payroll wk 6/16/2014-6/22/2014			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office sought:	Office held:
Date	Payee name			
06/29/2014	Stoneking, Taryn (Ms.)			
Amount (\$)	Payee address	City: State; Zip Code		-
\$240.00	2208 Pearl St. #307 Austin, TX 78705			
PURPOSE OF EXPENDITURE	Category (See Categorie Salaries/Wages/Cont	s listed at the top of this schedule) ract Labor	Description (If travel outside of Texas, complete Schedule T) Payroll for wk 6/23/2104 - 6/29/2014	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Office sought:	Office held:

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES 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. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Daniel, Katrina (Ms.) 00000004 Schedule: 1/5 Report: 41/41 4 Date 5 Payee name Piryx 06/30/2014 Payee address City; State; Zip Code Amount (\$) \$819.90 TX (b) Description (See instructions regarding type of information required.) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Piryx charges a 6% fee for handling the donations Fees OF EXPENDITURE coming into their site