

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 20140704	2 PAGE # 1 of 22-18 MB													
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Majorie NICKNAME LAST SUFFIX Margie Burciaga	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 2em; transform: rotate(-90deg);"> 2014 JUL 29 PM 11 09 AUSTIN CITY CLERK RECEIVED </div> Date Hand-delivered or Date Postmarked Receipt # Legal Date Processed Date Imaged												
4 ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td colspan="2"><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td colspan="2"><input type="checkbox"/> Final Report</td> </tr> </table>		<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	
<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													
5 ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td>Month Day Year</td> <td>Month Day Year</td> </tr> <tr> <td>03/16/2014</td> <td>06/30/2014</td> </tr> </table>		Month Day Year	Month Day Year	03/16/2014	06/30/2014								
Month Day Year	Month Day Year													
03/16/2014	06/30/2014													

6 EXPLANATION OF CORRECTION

After filing report it came to our attention that our online donation company had not given us 4 donations that came in on 6/30/2014 which was the last day of the reporting period but gave us donation amounts for early July so we had no way of knowing these had come in until they posted under our account. The correction is to add Melanie Johnson at \$150, Susan Myers Dudley for \$25, Deborah Clark for \$100, and Shailee & Samir Gupta for \$25.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



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.



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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Marjorie Burciaga this the 29th day of July, 2014, to certify which, witness my hand and seal of office.

J. Richardson
Signature of officer administering oath

Jennifer Richardson
Printed name of officer administering oath

Notary
Title of officer administering oath

**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 22	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.		FIRST Majorie		MI
	NICKNAME Margie		LAST Burciaga		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	P.O. Box 28366 Austin, TX 78755				
<input type="checkbox"/> Change of Address					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR		FIRST Mindy		MI
	NICKNAME		LAST Montford		
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		ELECTION TYPE		
	Month	Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
				Austin City Council - District 10	
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)
2014070415 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
TOTALS1. 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)

\$ 13,466.00

EXPENDITURE
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 6,065.16

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 10,069.95

OUTSTANDING
LOAN TOTALS6. 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.

Marjorie Burciaga
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marjorie Burciaga, this the 29th day
of July, 2014, to certify which, witness my hand and seal of office.

J. Richardson
Signature of officer administering oath

Jennifer Richardson
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: 1/15 Report: 4/22

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: 2/15 Report: 5/22	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/26/2014	5 Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) N/A	
Date 06/20/2014	Full name of contributor <input type="checkbox"/> 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) <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# _____) 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/27/2014	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Portfolio Manager		Employer (See Instructions) Beck Capital Management	
Date 06/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blanton, Janis (Ms.) Contributor address; City; State; Zip Code 8002 Ceberry 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) 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: 3/15 Report: 6/22	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 05/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowers, Corrine (Mrs.) 6 Contributor address; City; State; Zip Code 2620 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) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyce, Jim (Mr.) Contributor address; City; State; Zip Code P.O. Box 341596 Austin, TX 78738	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braecklein, Gayle (Ms.) Contributor address; City; State; Zip Code 1704 E. 5th Street Suite 100 Austin, TX 78702	Amount of contribution (\$) \$17.97	In-kind contribution description (if applicable) Food (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Yellow Jacket Bar and Grill	
Date 06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braecklein, Gayle (Ms.) Contributor address; City; State; Zip Code 1704 E. 5th Street Suite 100 Austin, TX 78702	Amount of contribution (\$) \$332.03	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) Yellow Jacket Bar and Grill	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Sheryl (Ms.) Contributor address; City; State; Zip Code 4748 Cat Mountain Drive 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) 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: 4/15 Report: 7/22

2 FILER NAME Burciaga, Majorie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

20140704

4 Date

05/08/2014

5 Full name of contributor ☐ 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) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

06/25/2014

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) ☐

Principal occupation / Job title (See Instructions)
Oil and Gas

Employer (See Instructions)
Accent Mgmt

Date

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

06/01/2014

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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

06/25/2014

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) ☐

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Chase Bank

Date

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

06/12/2014

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) ☐

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: 5/15 Report: 8/22	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Deborah 6 Contributor address; City; State; Zip Code 8903 Split Oak Circle Austin, TX 78731	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 05/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cohick, Don and Lisa (Mr.) Contributor address; City; State; Zip Code 24 Eton Green Circle Austin, TX 78257	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# _____) Cook, Tom (Mr.) 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Retired	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Covert, Melinda (Ms.) 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) <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# _____) Cowden, Coley (Mr.) 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) <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: 6/15 Report: 9/22	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowden, Jeanie (Mrs.) 6 Contributor address; City; State; Zip Code 3708 Bonnell Dr Austin, TX 78731	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 06/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Shirley (Ms.) 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 06/11/2014	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.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 7/15 Report: 10/22	
2 FILER NAME Burciaga, Majorie (Ms.)				3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dudley, Susan (Mrs.)		7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 1809 Tobin Trail Garland, TX 75043			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 06/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duwe, GD (Mr.)		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6802 Rockledge Cove Austin, TX 78731			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 05/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farnum, Bill and Debbie		Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) Food	
Contributor address; City; State; Zip Code 4813 Prairie Dunes Austin, TX 78747			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 06/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gomes, Bonnie (Mrs.)		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2305 Barton Creek Blvd Unit 6 Austin, TX 78746			(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.)		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1603 W. 40th Street Austin, TX 78756			(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: 8/15 Report: 11/22	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gupta, Samir & Shailee (Mr.) 6 Contributor address; City; State; Zip Code 5828 Brittllys Court Austin, TX 78730	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 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	
Date 05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howlett, Col Byron and Billie (Mr.) Contributor address; City; State; Zip Code 10 Chester Downs San Antonio, TX 78257	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 05/12/2014	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	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/15 Report: 12/22

2 FILER NAME Burciaga, Majorie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

20140704

4 Date

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

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

06/30/2014

6 Contributor address; City; State; Zip Code
14501 Falcon Head Blvd #44
Bee Cave, TX 78738

\$150.00

(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# _____)
Jones, Ginny (Mrs.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

06/09/2014

Contributor address; City; State; Zip Code
3211 Stratford Dr
Austin, TX 78746

\$350.00

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

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
N/A

Date

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

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

06/03/2014

Contributor address; City; State; Zip Code
2917 Brittany Point Lane
Austin, TX 78734

\$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# _____)
Laws, Robert and Bernice (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/29/2014

Contributor address; City; State; Zip Code
212 Far Vela Lane
Austin, TX 78734

\$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# _____)
Liljenwall, Becky (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

06/11/2014

Contributor address; City; State; Zip Code
4130 Spicewood Springs Rd.
Austin, TX 78759

\$100.00

(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: 10/15 Report: 13/22

2 FILER NAME Burciaga, Majorie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

20140704

4 Date

05/19/2014

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

6 Contributor address; City; State; Zip Code
2808 Nordham Dr.
Austin, TX 78745-4740

7 Amount of
contribution (\$)

\$25.00

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# _____)
Martin, Jack and Liza (Mr.)

06/27/2014

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) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Martin Frost and Hill

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Martin, Teri Dee (Ms.)

06/08/2014

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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

05/28/2014

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) ☐

Principal occupation / Job title (See Instructions)
Investor

Employer (See Instructions)
Real Estate Development

Date

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

06/11/2014

Contributor address; City; State; Zip Code
4020 Pinckney St
Austin, TX 78723

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
Staff

Employer (See Instructions)
JT Parker and Associates, LLC

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/15 Report: 14/22

2 FILER NAME Burciaga, Majorie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

20140704

4 Date

06/30/2014

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

6 Contributor address; City; State; Zip Code
3928 Myrick Dr.
Austin, TX 78731

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

05/16/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Romoco Equipment Co.

Date

06/30/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Physician

Employer (See Instructions)
Community Radiology Associates

Date

06/30/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2014

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

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: 12/15 Report: 15/22	
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, LD (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 05/30/2014	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)		
Date 06/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Presley, Daniel (Mr.) Contributor address; City; State; Zip Code 8479 Fair Oaks Dr Frisco, TX 75033		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) Accountant			Employer (See Instructions) Comstock Resources		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/15 Report: 16/22	
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# _____) Rich, Sidney and Marlene (Mr.) 6 Contributor address; City; State; Zip Code 8842 Honeysuckle Trl Austin, TX 78759	7 Amount of contribution (\$) \$300.00	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) Author		10 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)	
Date 06/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spohr, Cindy and Wolfgang (Mr.) Contributor address; City; State; Zip Code 108 Chippewa Way Gunnison, CO 81230	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/15 Report: 17/22	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanford, Kim (Ms.) 6 Contributor address; City; State; Zip Code 3509 Bridle Path Austin, TX 78703	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, John and Nina Contributor address; City; State; Zip Code 3267 Bee Caves Rd #107 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 06/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wangler, Betty (Mrs.) Contributor address; City; State; Zip Code 5903 Lonesome Valley 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 05/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wayne, Ralph (Mr.) Contributor address; City; State; Zip Code 3902 Pebble Path 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 05/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Neel (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	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 15/15 Report: 18/22	
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, Pam (Mrs.)		7 Amount of contribution (\$) \$350.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4220 Garden River Trl Austin, TX 78746			(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 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wood, Beth Ann (Ms.)		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8820 Silverarrow Circle Austin, TX 78759			(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.)		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4007 Edgefield Austin, TX 78731			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wright, Ancanetta (Ms.)		Amount of contribution (\$) \$350.00		In-kind contribution description (if applicable) retired
Contributor address; City; State; Zip Code 12529 Hornbeam Dallas, TX 75243			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		