

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b> FIRST <b>GEORGE</b> MI <b>W</b> NICKNAME LAST SUFFIX <b>HINDMAN</b>		<b>OFFICE USE ONLY</b> Date Received <b>2014 OCT 6 PM 12:32</b> Date Hand-delivered or Postmarked Receipt # <b>Amount</b> Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>2100 GREENWOOD AVE AUSTIN, TX 78723</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 476-4628</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>DR.</b> FIRST <b>DELIA</b> MI <b>M</b> NICKNAME LAST SUFFIX <b>BROWNSON</b>		
	7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2100 GREENWOOD AVE AUSTIN, TX 78723</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 476-4628</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>08 / 18 / 2014</b> <b>09 / 25 / 2014</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 4 / 2014</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) <b>N/A</b>		
13 OFFICE SOUGHT (if known) <b>AUSTIN CITY COUNCIL DISTRICT 1</b>			

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

GEORGE HINDMAN

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

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

\$ 0

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

\$ 8661.79

EXPENDITURE  
TOTALS

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

\$ 341.11

4. TOTAL POLITICAL EXPENDITURES [INCLUDES LINE 3]

\$ 4403.98

CONTRIBUTION  
BALANCE

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

\$ 4257.81

OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 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.



George Hindman  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said George Hindman, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

Ann Margrett Franklin  
Signature of officer administering oath

Ann Margrett Franklin  
Printed 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 Total pages Schedule A:

1

2 FILER NAME

GEORGE HINDMAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/18/14

5 Full name of contributor ☐ out-of-state PAC (ID#)

GEORGE HINDMAN

7 Amount of  
contribution (\$)2,000.<sup>00</sup>8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

2100 GREENWOOD AVE  
AUSTIN, TX 78723

9 Principal occupation / Job title (See Instructions)

ENGINEER

10 Employer (See Instructions)

SELF EMPLOYED

Date

8/27/14

Full name of contributor ☐ out-of-state PAC (ID#)

GEORGE HINDMAN

Amount of  
contribution (\$)1,161.<sup>79</sup>In-kind contribution  
description (if applicable)

LARGE SIGNS

Contributor address; City; State; Zip Code

2100 GREENWOOD AVE  
AUSTIN, TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

SELF EMPLOYED

Date

9/8/14

Full name of contributor ☐ out-of-state PAC (ID#)

GEORGE HINDMAN

Amount of  
contribution (\$)3,000.<sup>00</sup>In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

2100 GREENWOOD AVE  
AUSTIN, TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

SELF EMPLOYED

Date

9/25/14

Full name of contributor ☐ out-of-state PAC (ID#)

GEORGE HINDMAN

Amount of  
contribution (\$)2,500.<sup>00</sup>In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

2100 GREENWOOD AVE  
AUSTIN, TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

SELF EMPLOYED

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1 of 2</b>		2 FILER NAME <b>GEORGE HINDMAN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/18/14</b>		5 Payee name <b>CITY OF AUSTIN</b>			
6 Amount (\$) <b>500.00</b>		7 Payee address; City; State; Zip Code <b>301 W. SECOND ST AUSTIN, TX 78701</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>FEES</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>FILING FEE</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/25/14</b>		Payee name <b>SUPER CHEAP SIGNS</b>			
Amount (\$) <b>738.27</b>		Payee address; City; State; Zip Code <b>9804 GRAY BLVD AUSTIN, TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>YARD SIGNS</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/8/14</b>		Payee name <b>BUTTRASS PROPERTIES</b>			
Amount (\$) <b>300.00</b>		Payee address; City; State; Zip Code <b>P.O. BOX 5396 AUSTIN, TX 78763</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD/RENTAL</b>		Description (If travel outside of Texas, complete Schedule T) <b>STORAGE ROOM</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/11/14</b>		Payee name <b>VOTER TROVE</b>			
Amount (\$) <b>250.00</b>		Payee address; City; State; Zip Code <b>701 BRAZOS ST STE 1611 AUSTIN, TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>DATA MANAGEMENT</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials 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.

<b>1</b> Total pages Schedule F: <div style="text-align: center;">2/2</div>	<b>2</b> FILER NAME <div style="text-align: center;">GEORGE HINDMAN</div>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center;">9/22/14</div>	<b>5</b> Payee name <div style="text-align: center;">THOMAS GRAPHICS</div>	
<b>6</b> Amount (\$) <div style="text-align: center;">382.12</div>	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center;">9501 N. IH 35 AUSTIN, TX 78753</div>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <div style="text-align: center;">PRINTING EXPENSE</div>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center;">PUSHCARDS</div>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
<b>Date</b> <div style="text-align: center;">9/22/14</div>	<b>Payee name</b> <div style="text-align: center;">LEFT HAND DESIGN</div>	
<b>Amount (\$)</b> <div style="text-align: center;">730.69</div>	<b>Payee address; City; State; Zip Code</b> <div style="text-align: center;">7233 MANCHACA RD STE 37 AUSTIN, TX 78745</div>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <div style="text-align: center;">PRINTING EXPENSE</div>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <div style="text-align: center;">ARTWORK DESIGN</div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>GEORGE HINDMAN</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>8/27/14</b>	5 Payee name <b>SUPER CHEAP SIGNS</b>	
6 Amount (\$) <b>1161.79</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>9804 GRAY BLVD AUSTIN, TX 78758</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>LARGE SIGNS</b>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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