	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Kebecca	MI	OFFICE USE OFFICE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	"Becky Bray ADDRESS / POBOX: APT / SUITE #: CITY: 6820 VIA Corre Austin, TX 78 AREA CODE PHONE NUMBER (512) 762-540 MS / MRS / MR FIRST BIANCA NICKNAME LAST	STATE: ZIP CODI TO STATE: ZIP CODI TO EXTENSION MI SUFFIX	T 6
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOXPLEASE); APT/SUITE #: 8412 Big Tim Austin	otry, state: 16er 17x 78	zipcode 3735
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () 512 789 - 67	EXTENSION	
9 REPORT TYPE	July 15 Sth day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH		Say Year S Q Q U
11 ELECTION	Morith ELECTION DATE Primary OH 2014	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KI	Council 8
·	GO TO PAG	E 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

FORM C/OH

& TOTAL	.5	COVER SHEET PG 2
ecca (3ray 11	5 ACCOUNT # (Ethics Commission Filers)
THIS BOX IS FOR NOT CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD:	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE TYPE	COMMITTEE NAME	,
GENERAL SPECIFIC	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	-	
1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 0
2. TOTAL · (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$31,994.88
3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	ZED \$
4. TOTAL	POLITICAL EXPENDITURES	\$ 1,172.14
5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$86,119.72
6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	
IADISON A. GESSNI COMMISSION EXPI February 14, 2018	is true and correct and includes all in me under Title 15, Election Code.	nerjury, that the accompanying report information required to be reported by date or Officeholder
P / SEAL ABOVE	Dehecca Ria	
of Octobe	rie, by the said FCDCC C ST	/ hand and seal of office.
istering oath	Madison A. Chessiner Printed name of officer administering oath	Title of officer administering oath
	THIS BOX IS FOR NOTIC CANDIDATE / OFFICE CONSENT. CANDIDATE COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL FOR TOTAL POOR TOTAL POOR CONSENT. CANDIDATE 4. TOTAL POOR TOTAL POOR TOTAL POOR COMMISSION EXPLIPATION	THIS BOX IS ON NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY MAYE BEEN MADE WITHOUT THE CANDIC COMSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IT TO COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD I SWEAR, OR AFFIRM, UNDER PENIOD ADJSON A GESSNER COMMISSION EXPIRES February 14, 2018 CIPCED OF COMMISSION EXPIRES FEBRUARY 14, 2018 COMMITTEE NAME COMMI

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A;
2 FILER NAME		***	3 ACCOUNT # (E	Ethics Commission Filers)
_	<u> Lebecca</u> Bray			
4 Date	5 Full name of contributoroul-ol-state PAC (ID#:		7 Amount of	8 In-kind contribution
Ohe	Gary Andersor	٦ ا	contribution (\$)	description (if applicable)
9/18	6 Contributor address; City; State; Zip Code	<u>, </u>	100 00]
 -	11513 Coalwood Lr	`	$\Pi(X)$.	İ
2014		10770	' - 0	
	<u> </u>	18739		of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions) (
Date			<u>\</u>	1
	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/5	Leighton Barc	194		
	Contributor address; City: State; Zip Code	• -	100.00	
2011	3412 Mt. Barker	r	, , , , ,	
2014	Austin, TX 78	7731	//f traval autoida	-(T(ala Cabadida T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	Dlunteer	LNA		
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	Debra Bawcon	つ	contribution (\$)	description (if applicable)
8/4	Contributor address; City: State; Zip Code		100 00	1
•	405 Fresian Un		100.55	I
2014	Cedar Park, TX 7	18112		J
				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In TCXAS P		ustin, Inc.
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	
		· · · · · · · · · · · · · · · · · · ·	contribution (\$)	In-kind contribution description (if applicable)
7/35	Laura Beverlein		366 00	
1/00	Contributor address; City; State; Zip Code 2605 W000 M001 A	110	350.	
			i I	ļ
<u> 2014</u>	Austin, TX 7870	·3	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
executiv	R VP Marketing	Heritage	Title con	npany Austin
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
6117	Jim Bennett		contribution (\$)	description (if applicable)
8/11	Contributor address; City: State; Zip Code			
	11505 Rlage Drive		100.00	
2017	Austin, TX 7874	8	,	
Principal occup	pation / Job title (See (nstructions)	Employer (See II		of Texas, complete Schedule T)
COY	<u>nsultant</u>	seif e	mplou	ed
			1	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Sche	edule A:
2 FILER NAME	_		3 ACCOUNT # (Et	hics Commission Filers)
Ret	becca Bray			
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of	8 In-kind contribution
	Filling Bloker		contribution (\$)	description (if applicable)
7/7	E 1 4 nne Blaker 6 Contributor address; City; State; Zip Code		00 l	
	3411 S. Salem Church	Road	350,∞	
2011		1 Aug	l	
2014	DOVEY, PA 17315			of Texas, complete Schedule T)
	tation / Job title (See Instructions)	0 Employer (See I	nstructions)	
1 -		. 1 1 1 1 2	Amount of	In-kind contribution
Date	Full name of contributor	,	Amount of contribution (\$)	description (if applicable)
7/7	Philip Blaker		_	•
111	Contributor address; City; State; Zip Code	. Pd	350.00	
	3411 S. Salem Church	1 1-4.	- , - ,	
a014	Dover, PA 17315		(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer See I		<u> </u>
	tirea	N/A		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	David Bodchman		0002	
8/6	Contributor address; City; State; Zip Code		250,00	
	10821 Range View Dr.		a50,	
2014	Austin, TX 78730		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		x oc 100
real	<u>estate</u>	<u>Highlan</u>	a Resour	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
als	SKIP BONN			
11/	Contributor address; City; State; Zip Code	1	100.00	
	5405 Tortuga Trai	1	, -	1
2014	Austin, TX 78731		(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	1 '	1 Culabor
L COT	nputers II	-115T INTO	rnationo	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)
1010	Charles Brigance,	71		1
19/18	Contributor address; City: State, Zip Code	ì	150.00	I .
1	1411 Hargis Creek 1	1	150.	1
2014	Austin, TX 78717			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions) Briad NCC	+ Doering Inc
	NATIOCI II		17 1 Sellier	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
P	ebecca Bray			
4 Date	5 Full name of contributorout-of-state PAC(ID#:_)	7 Amount of	8 In-kind contribution
	James Broaddu	15	contribution (\$)	description (if applicable)
719	6 Contributor address; City; State; Zip Code		2 E ∪ ∞	
,	605 Rainbow Cove		· 200 ·	
2011				
<u> </u>	Austin, TX 7874			of Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See I		ciades
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		
Date			Amount of contribution (\$)	In-kind contribution description (if applicable)
	J Jim Brown			
814	Contributor address; City; State; Zip Code 2201 B. Ex position	's Blyd	350.00	
9014	Austin, TX 78703	3	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		
	rirea	I N/A		
Date	Full name of contributor oul-ol-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Dan Bullock		σοιπιβαιστ. (φ)	. accompany (ii applicable)
8)14	Contributor address; City; State; Zip Code	*	100.00	
·	P.O. BOX 5627		100.	
2014	Austin, ITX 787	63	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or roxes, complete solidade ()
re	tirea	L N/A		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
	Kevin Burns		contribution (\$)	description (if applicable)
8196	Contributor address: City; State; Zip Code		350.00	
	801 W5th St Suite	2100	550, -	
2014	Austin, TX 7870	3		. <u>.</u>
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
real	estate	Urban		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
·	Stephen + Molly Bu	tler	contribution (\$)	description (if applicable)
8/1	Contributor address: City: State; Zip Code		ED 00	
	905 old Stonehenge		, SO,	
2014	Austin TX 787412			
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
attorr	ney/consultant	Graves, Do	. ′	Hearon + Moodu
	1	D. 11	1010ProA-1	Consulting 1
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If c	ontributor is out-of-state PAC, please see inst			requirements.
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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Rebecca Bray			
4 Date	5 Full name of contributorout-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
-127	baron Butler		contribution (\$)	description (if applicable)
8/27	6 Contributor address; City; State; Zip Code		10000	1
	1708 Tracy Miller		100.	1
2014	Cedar Park, TX 7	_	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
C	onsultant	L AECO/	<u> </u>	·
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
. 1	Thomas Carls	0n	contribution (\$)	description (if applicable)
9/18	Contributor address; City; State; Zip Code		15000	1
, ,	250 Colonial Af	fair	1.30.	1
2014	Austin, TX 787	37	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		1700-100
	1911/06	Carlson B	rigance	4 DOSTING INC
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/2	Donald Carlto		continuation (4)	description (if applicable)
~ (Contributor address; City; State; Zip Code	ų.	250^{∞}	·
	403 N. Weston L	-M.	U 30.	ļ. _.
2014	Austin, TX 78	3733	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		,
	etirea	NIA		
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
_ , _	Scott Carr		contribution (\$)	description (if applicable)
9123	Contributor address; City; State; Zip Code			
.,	1105 Chatelaine	Cove	100.00	
2014	Austin, TX	18746	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
$\overline{}$	president	CHKK I	Evelopi	nent, Inc
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
	•		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
				1
				· 1
Principal as-	Patien / Joh title /See Jack - **			of Texas, complete Schedule T)
i inicipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
				
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If ^	ATTACH ADDITIONAL COPIES (ontributor is out-of-state PAC, please see insti			
•1 0	ontroducti is out-or-state FAC, please see insti	uction guide forado	iitionai reporting	requirements.

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	-		3 ACCOUNT # (E	thics Commission Filers)
<u> </u>	becca Bray			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
7/31	Peter Cesaro		contribution (\$)	description (if applicable)
1751	6 Contributor address; City; State; Zip Code		25,00	·
	54 Paincy St. #713		$\alpha \mathcal{I}$	
2014	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I	•	
Date		GDHM		
Date			Amount of contribution (\$)	In-kind contribution description (if applicable)
コカート	MICHAEL CIHOCK Contributor address; City: State: Zip Code			
,,,	5310 Musket Rdg.		150.°°	
2011	, J			
<u>2014</u>	Austin, TX 78759			of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See II	nstructions) 1 4 Howa	rdIID
Date	Full name of contributor out-of-state PAC (ID#:	7,004 01	Amount of	In-kind contribution
	Stephen clark		contribution (\$)	description (if applicable)
8/4	Contributor address; City; State; Zip Code		250∞	
	301 Congress, suite	1100	500.	
2014	Austin, TX 78701		(If traval outside	of Toyon complete School In Th
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
<u> </u>	rman	<u>Cypress</u>	Real Esta	ate Advisors
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution
	Cathy Coneway		contribution (5)	description (if applicable)
8)14	Contributor address; City; State; Zip Code	_	100,00	
	8701 Blue Creek Cove			
<u> </u>	Austin, TX 7873L	٥	(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See II	nstructions)	3
rea	ESTATE	Stanber	ry com	mercia
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
0122	Jusan Cox			, (,
וומט	Contributor address; City; State; Zip Code		100^{∞}	
2011	2650 Gate Ridge	Drive	, • •	
<u>2014</u>	Austin, TX 78748	Ś	(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) YCIA MANA QUT	Employer (See In	nstructions)	
111111			ч	<u>.</u>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	***		3 ACCOUNT# (E	thics Commission Filers)
2e	becca Bray			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	``	7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
811	Clinton Craven			
	6 Contributor address; City; State; Zip Code		75.00	
	8405 Summer Tre	e Ct.		
9014	Austinitx 78759		(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		or rexas, dompiete cereballe 1)
r	etirea	NIA	·	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	John Crissman	\\ \ \	contribution (\$)	description (if applicable)
8127	John Crissman,	Ÿ!・!ン・.	. 5	
0101	Contributor address; City; State: Zip Code 540 E. Canfield		100.00	
2014	Detroit, MI 4820	((If travel outside o	of Toyon, angelete Schodule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	ctired	NA		
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
0172	Tom Davies		contribution (\$)	description (if applicable)
8193	Contributor address; City; State; Zip Code			:
	3500 Hampton Rd.		50.00	<u>'</u>
				1
9014	Austin, TX 7870	5	(If travel outside	I for the state of
Principal occup	pation / Job title (See Instructions)	Employer (See I		
	awyer	<u>15thahl, Berv</u>	nal. Davies	5, Sewell, & Chaval
Date	Full name of contributor		Amount of	In-kind contribution
	Rhet Dawson		contribution (\$)	description (if applicable)
9125	l	• • • • • • • • • •	- (~ 00	
. –	Contributor address; City: State: Zip Code 4409 Sacred Arrow	Drive	260.°°	
3 \(11 \)				i
3014	Austin, TX 78735			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	,	-l. O
Idric	developer	RMD De	velopmer	T Partners
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution
ė la	William Deaton		CONTIDUTION (#)	description (if applicable)
819	Contributor address; City; State; Zip Code		2000	
	7 Green Laines			1
2011	Austin, TX 78703	2		
2017				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		Lagua Coranilla
		Thought Till	4+critica	I care consultant
		')	

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SCHEDULE A

The I	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Reb	ecca Bray			
	5 Full name of contributor out-of-stale PAC{ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 5	William Deaton 6 contributor address: City; State; Zip Code 7 Green Lares		150.00	
2014	Austin, TX 78703		`	of Texas, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See In Dulmonary 4		re consultants
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9125	Contributor address; City; State; Zip Code 3300 Gatlin Creek	Road	500.°°	
2014	Dripping Springs, TX	78620		of Texas, complete Schedule T)
Principal occup	endion / Job title (See Instructions)	Employer (See In	nstructions)	ates
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8118	MARIAN DOZIER Contributor address; City: State: Zip Code 1 NOO HIII		300.00	1
2014	Austin, TX 7874	46	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
7127	Contributor address; City; Stale; Zip Code 8701 Chalk Kho		100.00	i I
12014	Austin, TX 787	35	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9125	Brian Estes Contributor address; City; State; Zip Code 1725 Jarneyulle	\sim	100,00	
2014	Austin, TX 7873	35	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	مسسا	
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The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
R	Lebecca Bray			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
9110	Scott Flack 6 Contributor address; City; State; Zip Code 1401 Falcon Ledge F	prive	aso, po	description (if applicable)
2014	Austin, TX 78746		(If travel outside o	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	10 Employer (See I	. — "	
164	sing	Live oa	k Gottes	sman
Date	Full name of contributor oul-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9112	Contributor address; City; State; Zip Code 653 Fair Valley	Trail	25.00	
2014	Austin, TX 78749		(If travel outside o	of Texas, complete Schedule T)
	vation / Job title (See Instructions)	Employer (See I	nstructions)	
	etirea	NA		
Date .	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
815	Santord + Go contributor address; City: State; Zip Code 1900 Scenic Drive	ttesman.	700,∞	
2014	Austin, TX 7870			of Texas, complete Schedule T)
	vation / Job title (See Instructions)	Employer (See I	Instructions) QK-GOHe	SMAGIN
Date	Full name of contributor	100 (Amount of	In-kind contribution
7/10	Jamie Hagen contributor address; City: State; Zip Code 3700 Bonnie Road	· · · · · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable)
2014	Austin TX 78703			l <u></u>
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	ureer	l `	gineerin	g solutions
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
ଝାର5	Lawrence Hanro contributor address: City, State; Zip Code 434 Brady Lane	ahan	aso.00	description (if applicable)
2014	west Lake Hills, TX	78746	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or reveal complete ochequie 1)
CIVII	engineer	CIVILE	- 1-1-	
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lf c	ontributor is out-of-state PAC, please see instr	uction guide forade	ditional reporting	requirements.

SCHEDULE A

The	Instruction Guide explains how to complete this	; form.	1 Total pages Sch	nedule A:
2 FILER NAME			<u> </u>	Ethics Commission Filers)
Rel	hecca Bray			!
4 Date	becca Bray 5 Full name of contributor □out-of-state PAC(ID#:		7 Amount of	8 In-kind contribution
9122	KCN HGTTIS 6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	66 24 Duincy Cove			l ,
2014 2 Principal accur	Austin, TX 78730		·	of Texas, complete Schedule T)
	Pation / Job title (See Instructions)	10 Employer (See I	Instructions) Proper	+ ipc
Date			T	Т
	Full name of contributor	*	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/10	Contributor address; City; State; Zip Code		100.00	ļ 1
2014	Dripping Springs, TX	: 786201	07	
Principal occup	pation / Job title (See Instructions)	Employer (See Ii		of Texas, complete Schedule T)
	gireer	Brown 1	ر سا	halneers
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18	HBA HOME PAC Contributor address; City; State; Zip Code 8140 EXChange Dr.	· · · · · · · · · · · · · · · · · · ·	360.°°	
9014	Austin, TX 78	154	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
-1111	James Heath		contribution (\$)	description (if applicable)
7/14	Contributor address; City; State; Zip Code 107 Settlers Valley Dr.		350.00	
2014	Pflugerville, TX 7861	40	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In	Instructions)	•
<u> </u>	ineer	Alliance	<u>Transport</u>	ation Group, Inc
Date	Full name of contributor oul-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	11m Hendricks]	
7/10	Contributor address; City; State: Zip Code 1400 CITCLE RIDGE Rd.		350.00	ł I
2014	Austin, TX 78746		/If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In		- Texas, complete consession,
real	estate	<u>Cousins</u>	s proper	ties
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
₽	Lebecia Bray			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
	_		contribution (\$)	description (if applicable)
8/16	DAMA HERNAON 6 Contributor address; City; State, Zip Code 2903 TARY Tr1.		300.°°	
2014	Austin, TX 7870	3	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	<u> </u>
(217)	orney	GDHN	Λ	···
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Dealey Herndon		contribution (\$)	description (if applicable)
8/10	Contributor address; City; State; Zip Code		100,00	
2014	Austin, TX 7870)3		
· · · · · · · · · · · · · · · · · · ·	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	etired	NIA	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
		· · ·	contribution (\$)	description (if applicable)
912	C.W. & Wanda Heth Contributor address; City; State; Zip Code 4805 Greystone	ner 14	700.00	!
2014	Austin, TX 78731	ı	Af travel outside	of Toyas, complete Schoolule Ti
	pation / Job title (See Instructions)	Employer (See I	·	of Texas, complete Schedule T)
	wnerthausewife	CW AUS		Farms
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
814	Fred Higgins contributor address; City: State: Zip Code 3514 Pinnacle Rd		100.∞	!
19014	Austin, TX 78746			
				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Conmerci	al real estate broker	SEH		
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Brian Higgins		contribution (\$)	description (if applicable)
8/15	Contributor address; City: State: Zip Code 1612 Menteer Dr.		250.00	
2014	Cedar Park, TX 78	613	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (Şee I		The second second second in the second secon
rcale	state development	<u> Wualic</u>	<u>0 US </u>	<u> </u>
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SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
Rel	pecca Bray			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	<u> </u>	7 Amount of	8 In-kind contribution
			contribution (\$)	8 In-kind contribution description (if applicable)
~.\I	Ronald Hill			1
8)14	6 Contributor address; City; State; Zip Code		75,∞	
	10402 Orourk Lane		15,	
2014	Austin, TX 7873	9	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See ו		·
	ival officer	rctire	u	
Date	Full name of contributor Out-of-slale PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	James Hoeffner	-	contribution (4)	description (il applicable)
813	Contributor address; City; State; Zip Code		100 00	
013	5501 Scout Island	Cir.	100.00	
2014	Austin, TX 78731			
				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Full name of contributor out-of-state PAC (ID#:		<u>V I</u>	
Date			Amount of contribution (\$)	In-kind contribution description (if applicable)
	SUSAN Hoover			
8/10	Contributor address; City: State; Zip Code		25/700	
,	6633 Estana Lane		<i>JJO.</i>	}
9014	Austin, TX 787	39	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		
small be	usiness owner	Circle C	<u> Lahasa</u>	ape
Date	Full name of contributor)	Amount of	In-kind contribution
	Jo Ann Howard		contribution (\$)	description (if applicable)
915	Contributor address; City; State; Zip Code			
110	1501 Easy St.		100,00	
0001	· · · · · · · · · · · · · · · · · · ·	1 1		'
<u> </u>	Austin, TX 7874			i of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
		7140	valer_	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Patrick Hudson		(4)	doodinplion (ii applicable)
7/1	Contributor address; City; State; Zip Code		10000	!
·	7105 Beauford Pr	-	100.55	
2014	Austin TX 7875	\sim		1
	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	ornev		4 Howar	d. LLP
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SCHEDULE A

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2 FILER NAME	Die Die		3 ACCOUNT # (E	thics Commission Filers)
Ke	becca Broly	•		
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
717	John Jansing 6 Contributor address; City; State; Zip Code			(* applicable)
	800 W. 38th St. #	3301	a50.°°	
9014	Austin. TX 78705		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
	agmeer	TRE E	Engince	ring
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of contribution (\$)	In tind contribution description (if applicable)
8197	Wesky Jasek Contributor address; City; State; Zip Code 1805 E Messick La	 ⊙₽	100,00	
2014	Roundrock, TX 78	1	/If traval outside a	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete schedule r)
	nameer	Brown	1 & Gal	P .
Date	Full name of contributor ul-of-state PAC (ID#:		Amount of	
	·		contribution (\$)	In-kind contribution description (if applicable)
8196	CORBY Jastrow contributor address; City: State; Zip Code 1515 Mohle Drive		100.∞	! !
2014	Austin, TX 7870	3	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
	e insurance	<u>Lirom</u>	inent T	itle
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution
816	Milam Johnson, 3	<u>5</u> r.	contribution (#)	description (if applicable)
010	Contributor address; City; State; Zip Code		50.00	
	4 Boardman Lan	re		
2014	Austin, TX 787	46	(If travel outside o	of Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See I	nstructions)	_
X	oanker	retired	<u>L</u> bank	er
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
_ \ _	DH Johnston		contribution (\$)	description (if applicable)
912 1	Contributor address; City: State: Zip Code		10000	
	116 Birnam wood	Ct.	100.00	l
2014	Austin, TX 787L	16	(If travel outside o	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
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2 FILER NAME	ebecca Bray		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-slate PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
7/10	Mark Jones 6 Contributor address; City: State; Zip Code P.O. Box 982		60,001	 	
2014	Kyle, TX 78640			of Texas, complete Schedule T)	
	nation / Job title (See Instructions)	10 Employer (See I	nstructions) Cuntu		
Date	Full name of contributor ut-of-stale PAC (ID#:		Amount of	In-kind contribution	
	W, E JUCN Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)	
9125	1301 W. 25th St. Sul	te 510	350.°°		
2014	Austinitx 78705	· .	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	eation / Job title (See Instructions)	Employer (See I	• ~	isultina	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution	
	Joel Katz		contribution (\$)	description (if applicable)	
8129	Contributor address: City: State: Zip Code 7901 Southwest Pkw	Uni+ 10	aso.00	 	
2014	Austin, TX 7873			of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I	nstructions) SUNDERS,	Inc	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
814	Randy Kemper Contributor address; City; State; Zip Code 64A Copano Ridge	Rd	350.∞		
<u>a014</u>	Rockport, TX 783	382	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions), MANAGEMENT	Employer (See 1	nstructions) 770UVd	Corp.	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution	
8196	Sandra Khoury contributor address; City; State; Zip Code 307 5 Lynwood Trai	1	contribution (\$)	description (if applicable)	
2014	I—————————————————————————————————————	613	(If travel outside	of Texas, complete Schedule T)	
Principal occup	Dation / Job title (See Instructions)	Employer (See !	instructions)	ssociates, Inc	
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P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:		
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)	
Re	5 Full name of contributor Oul-of-state PAC (ID#_			
4 Date	5 Full name of contributor Doul-of-slate PAC (ID#:		7 Amount of	8 In-kind contribution
7/10	Robert Kleeman 6 Contributor address; City; State; Zip Code 9607 Dawning Cou		contribution (\$)	description (if applicable)
2014	Austin, TX 78731	0	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		
att	Torne II	Sheed V	ine + Pel	cry, P.C.
Date	Full name of contributor)	Amount of	In-kind contribution
	Tomes len alat		contribution (\$)	description (if applicable)
8)1	James Knight contributor address; City; State; Zip Code 8904 Butler Circle		100.00	
2014	Austin, Tx 78737		(16 tanual autoida	
	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	cial real estate	5614	i i struction sy	
	Full name of contributor out-of-state PAC (ID#:_	, , ,	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
817	ROYCE Lacey Contributor address; City; State; Zip Code 10008 McFarlie Cov		10000	
2014	Austin, TX 787	5 <i>D</i>	(If traval outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (Şee I		or rexas, complete schedule 1)
	retired	NA	,	
Date	Full name of contributor out-ot-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
7121	Contributor address; City: State: Zip Code 6605 W. Courtyard	Dr.	100.00	
2014	Austin, TX 78730)	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or loxas, complete schedule 1)
l hou	sewite	NIA		•
Date	Full name of contributor out-of-state PAC (ID#:	, ,	Amount of	In-kind contribution
		· · · · · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable)
9125	Kob Latsha			1
1100	Contributor address; City; State; Zip Code		19.88	<u>.</u>
	5014 west France	:5	1.00	I
2014	Austin, TX 787	131	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	C '	-
tinanci	<u>al analyst</u>	State o	t Texas	
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The	Instruction Guide explains how to complete th	is form.	1 Total pages Scr	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
K	ebella Bray			
4 Date	5 Full name of contributor		7 Amount of	8 In-kind contribution
~ \~	John Lay		contribution (\$)	description (if applicable)
815	6 Contributor address; City; State: Zip Code			1
	5309 Tortuga Tro	ail	100.00	1.
2014	Austin, TX 787	31	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See		
Date	tired	1 NIA		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Paul Linehan		, ,	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
8139	Contributor address; City; State: Zip Code 3500 LOST Creek	"a Not	350.00	
'	_ •		000.	 -
2014	Austin, TX 787	135	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
	ape architect		rategie	<u>S</u>
Date	Full name of contributor Dout-of-state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)
alia	William Locke		φ,	(ii applicable)
9/19	Contributor address; City; State; Zip Code		100.00	<u> </u>
2014	4024 Deepwoods	Dr.	100.	
2019	Austin, TX 7873	31	(If travel outside i	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See i		· · · · · · · · · · · · · · · · · · ·
	Nyer	T ADHI	<u> </u>	
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8118	10m Lynch		combaton (4)	description (ir applicable)
0110	Contributor address; City; State; Zip Code		200.00	
20.44	9520 Inding Hill	12	$\infty.00$,	
2014	Austin, TX 787	17	(If travel outside o	of Texas, complete Schedule T)
	nation / Job title (See Instructions)	Employer (See I	nstructions)	- reverse complete contection in
hor		race:	setter_	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
7170	Pamela madere		SCHUIDAUGH (#)	description (ii applicable)
7198	Contributor address; City; State; Zip Code 4207 Bennedic+ Lo		25,00	
		_		
2014	Austin, TX 78741	9	(If travel outside a	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See I	nstructions)	z. Iwawa, complete ochaquia ()
<u> </u>	torney	LCoats	20.50	
	•			
16. 4.	ATTACH ADDITIONAL COPIES			
ii Ci	ontributor is out-of-state PAC, please see inst	ruction guide foradd	Itional reporting	requirements.

<u> </u>				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	cbecca Bray		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
816	Blake 4 And Mo	agce	contribution (\$)	description (if applicable)
,	1409 Kent Lane		700.00	
2014	Austin, TX 787	03	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	A	_
Date Control	- COUNTY TIME WIND	Blake M	ragee co	mpany, L.P.
•	Full name of contributor Out-of-state PAC (IDH:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8)3	Contributor address; City; State; Zip Code 704 East 45 12 57		350.00	<u> </u>
2014	Austin, TX 7875		(If travel outside o	of Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See)	·\	
Date	Full name of contributor ut-of-state PAC (ID#:	1 1 1	7, 10,11	
			Amount of contribution (\$)	In-kind contribution description (if applicable)
,	VEYA MASSAYO Contributor address; City; State; Zip Code			1
817	3000 Savoy Place		100,00	1
2014	Austro, TX 7875]	/If traval outside	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See I	nstructions)	or raxas, complete ochequie ()
real es-	tate development	<u>Quali</u>	<u>co us</u>	
Date	Full name of contributor oul-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution
	Steve Mathews	:	contribution (\$)	description (if applicable)
8/19	Contributor address; City; State: Zip Code 3003 A West 35	+h	350.°°	
2014	Austin, TX 78		(If travel outside o	of Texas, complete Schedule T)
10	ation / Job title (See Instructions) STATE DYDKEY	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
9/12	John Mc Far Jan Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
(1.5)	1620 Northumber	Q Q 9	250.°°	
2014	Rustin, TX 7870	3	(If travel outside n	of Texas, complete Schedule T)
\sim 11 -	ation / Job title (See Instructions)	Employer (See I	nstructions)	ahertu
				
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if co	ontributor is out-of-state PAC, please see instr			requirements.
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SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (E	thics Commission Filers)
	pecca Bray			
4 Date	5 Full name of contributor ' out-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
9/25	Lauren McSwee 6 Contributor address; City; State; Zip Code 1214 Barton Hills Dr	ney nve, #303	contribution (\$)	description (if applicable)
2014	Austin, TX 7870		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
exec_	<u>assistant</u>	Dominio	<u>n Advisi</u>	ors
Date	Full name of contributor ut-of-state PAC (IDIF)	Amount of	In-kind contribution
8/27	Federico Mendi Contributor address; City; State; Zip Code	, ,	contribution (\$)	description (if applicable)
	5721 Sunset Ridge	C .	100.	
2014	Austin, TX 78735		(If travel outside o	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete ochedule 1)
	ngineer	Brown 4	Gau Er	malheers
Date	Full name of contributor out-of-state PAC (ID#_ SIGNON MERONE)		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25	Contributor address; City; State; Zip Code		100.00	
2014	Austin, TX 7873	M_{\odot}	(If travel outside o	f of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstrucțions)	
	<u>nsultant</u>	Meroney	Public Af	Ffairs, LLC
Date	Full name of contributor		Amount of	In-kind contribution
į	Don Miller	·	contribution (\$)	description (if applicable)
8198	Contributor address: City: State: Zip Code 2012 Ford Street		350,∞	
<i>≈</i> 014	Austin, TX 7870	- 		
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	of Texas, complete Schedule T)
	esident	The ca	intu Lu	re. Inc
Date	5.00			
90.0	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/19	Contributor address; City; State; Zip Code 12906 Pork Drive		350.00	
2014	Austin, TX 78730	a l	(If Iraval outside a	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See II		n rexas, complete schedule 1)
<u> </u>	sultant	MORRISON	1'1	$d_{i}LP$
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SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME		,	3 ACCOUNT # (E	Ethics Commission Filers)
<u>Re</u>	becca Bray			
4 Date	5 Full name of contributor ul-of-state PAC(ID#:_		7 Amount of	8 In-kind contribution
	Patricia Morrisi)h	contribution (\$)	description (if applicable)
9/17	6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	350.00	
	1804 Rockmoor		35U,	1
2014	Austin, TX 78	703	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See		
	etired	<u> NIA</u>		<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
016	Charles Morris	on	commoditor (\$)	description (if applicable)
8)5	Contributor address; City; State; Zip Code		250.00	
	1717 W. With St. Ste		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
<u>2014</u>	Austin, TX 787	63	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		
Date		101/4	· · · · · · · · · · · · · · · · · · ·	1
Date			Amount of contribution (\$)	In-kind contribution description (if applicable)
01-	CCCI II a Neuhal Contributor address; City; State; Zip Code	45]
A) I	4501 Island CV		10000	
2011	Austin, TX 787	121		·
Principal occur	pation / Job title (See Instructions)	,		of Texas, complete Schedule T)
	ETIVED	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
_	Gerry Newkirk		contribution (\$)	description (if applicable)
7/25	Contributor address; City; State; Zip Code		250.°°	
	7836 Escala Dr.			
2014	Austin, TX 78	735	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See II		riexas, complete schedule ()
	Etired	101A	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-slate PAC (IDIF:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8107	Michael Nicho	<u> </u> S		decomposit (ii applicable)
0,0.	Contributor address; City; State; Zip Code 513 KOCIAK Tro	si l	15000	
2014	Cedar Park, TX			of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See In		nls
			<u> </u>	
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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	al acce Dim		3 ACCOUNT# (E	thics Commission Filers)
	e becca Bray			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/10	J. Kent O'Brien		(4)	- Country (ii applicable)
	6 Contributor address; City; State; Zip Code 5/5 EXPIORER		50.°°	
2014	Lakeway, TX 78	734	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I		2.6.1-0
Date	gineer	U Brier	engine	
_ 、 .	Full name of contributor out-of-state PAC (ID#:_ Todd Olsen)	Amount of contribution (\$)	In-kind contribution description (if applicable)
814	Contributor address; City; State; Zip Code 3101 Perry Lane		350.°°	
	Austin, TX 7873	.1		
2014		·		of Texas, complete Schedule T)
direct	mail consultant	OISCN 4		nu
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/07	And rew + Laura F Contributor address; City: State: Zip Code	Pastor .	contribution (\$)	description (if applicable)
, 1	2908 Sparkling Brook	Ln	700.00	
2014	Austin, TX 78746		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
	1 estate/housewite	Endeavo	r real es	state Group
Date	Full name of contributor Out-of-state PAC (iD#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
7193	John Patton Contributor address; City; State; Zip Code			
1195	7701 RIGITO BIVO F	± 1336	100.00	
2014	Austin, TX 7873	35	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
director	O O C P C O O O O	Hustin	n Sonic	s Inc.
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9112	Contributor address; City; State: Zip Code	:c1	70000	Coscinpitori (il applicabio)
1110	P.O. BOX 248		100°	
2014	Austin, TX 787	67	(If travel outside r	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
DUILA	er developer/housewite	Larry	reci Cor	rpany
	ATTAON ADDITIONAL CONTRA			
If c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru	F THIS SCHEDULE action guide foradd	AS NEEDED itional reporting	requirements.

SCHEDULE A

The	Instruction Guide explains how to complete th	is form.	1 Total pages Sci	hedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
Reb	pecca Bray			,
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
7/16	Bert Pence		contribution (\$)	description (if applicable)
1710	6 Contributor address; City; State; Zip Cod.	e 57,	250.00]
2014	Austin, TX 787	01	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		1)
		<u>ser</u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
99	RICK Perkins		φ)	description (ii applicable)
<i>)</i> '	Contributor address; City; State; Zip Code		100000	
	8503 EI Pey Blu		100.	1
2014	Austin, TX 7873	37	(if travel outside o	of Texas, complete Schedule T)
Chem	pation / Job title (See Instructions)	Employer (See I	Instructions)	
		Chemia	al Logic	Inc.
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
912	Edward Pierce		(*)	i i i i i i i i i i i i i i i i i i i
, ,	Contributor address; City; State; Zip Code 843 F15her Road	•	35000	
	-	1 20 777	<u> </u>]
2014	Sharpsburg, 窗GI	7 300 1 1	(If travel outside of	l of Texas, complete Schedule T)
Yeal e	pation / Job title (See Instructions)	Employer (See I	nstructions)	211
Date		1 11/01/105 (_	evelopment
	Ma) [Amount of (contribution (\$)	In-kind contribution description (if applicable)
7/10	Contributor address; City; State: Zip Code		1 - 00	
,,,,	1280 Drifting Win	d Run	100.00	
2014	Dripping Springs, TX	78620	į	
	pation / Job title (See Instructions)			of Texas, complete Schedule T)
	CHIORS	Employer (See II		Ч
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Sunny Phodes, J	īr	contribution (\$)	description (if applicable)
A115	Contributor address; City; State; Zip Code			
	6506 Mesa Dr.		200.00	
2014	Austin, Tx 787	31	(16.6	/ *
	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
	<u>etired</u>	NIA	<u> </u>	

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sci	hedule A:
2 FILER NAME	ecca Bray		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8197	Brian Rice 6 Contributor address; City: State: Zip Code 2905 Brian Wood	ct,	250.00	
2014	Cedar Park, TX 7	8613	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See BINKIEY	Instructions)	
Date	Full name of contributor out-of-state PAC (IDft:_		Amount of	In-kind contribution
7/10	H. Ken Rigsbee Contributor address: City: State; Zip Code	• • • • • • • • • • • •	contribution (\$)	description (if applicable)
	6406 old Harber		100.00	
2014	Austin, TX 7873	9	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
915	Mary Robneth contributor address; city; State; zip Code 4424 Gaines Ranch	Loop	contribution (\$)	description (if applicable)
2014	#1211 Austin, TX 78	735	(if travel outside	of Texas, complete Schedule 王)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	<u> </u>
Date	Full name of contributor out-of-state PAC (10#:	<u> </u>	Consulti	
Olu	JOCI + LINGA ROBU Contributor address; City; State; Zip Code	1CK	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/4	3816 Bryn Mawr		700,00	
2014	Dallas, TX 752	25	(If travel outside o	i Texas, completé Schedule T)
	State deivelooment	Employer (See I	nstructions)	I housewife
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Adrian Rosas		contribution (\$)	description (if applicable)
7/7	Contributor address; City: State; Zip Code 57274 MOON Shadov	~ Dr.	250.00	
2014	AUSTINITX 78735	5 '	(If travel outside o	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See I	nstructions)	no Sal tono
)		<u>nginceri</u>	.) <u>Joiunois</u>
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If c	ontributor is out-of-state PAC, please see instru	ction guide foradd	itional reporting	requirements.

	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Rebecca Bray	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC(ID#:) 7 Amount of 8 In-kind contribution
9/18 Mitch Schwartz 6 Contributor address: City; State; Zip Code 106 Melody St.	contribution (\$) description (if applicable)
2014 Lakeway, Tx 78734	(If travel outside of Texas, complete Schedule T)
	er (See Instructions)
	vartz Custom Homes
James Schwerdtfege	Amount of In-kind contribution contribution (\$) description (if applicable)
7110 Contributor address; City: State: Zip Code 1704 SUSAN DY.	250.00
2014 Austin, TX 78734	(If travel outside of Texas, complete Schedule T)
	r (See Instructions)
	raffic Engineering LLC
) Amount of In-kind contribution contribution (\$) description (if applicable)
8127 Michael Sexton contributor address; City; State: Zip Code 11212 Real Quiet Dr.	250.00
2014 Austin, TX 78748	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employee JACO	r (See Instructions)
Date Full name of contributor □ out-of-state PAC (ID#:	
James + Betty Skagas	Amount of In-kind contribution contribution (\$) description (if applicable)
8/17 Contributor address; City; State; Zip Code 4700 To reador Dr.	700.°°
2014 Austin, TX 78746	(If travel outside of Texas, complete Schedule T)
	r (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution contribution (\$) description (if applicable)
8)8 Contributor address; City; State; Zip Code	
2603 Velasquez Drive	100.00
2014 Austin, TX 78703	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer	r (See Instructions)
4101114	
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Texas Ethics Commission

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
12e.)	becca Bray			
4 Date	5 Full name of contributor Oul-of-state PAC(ID#_		7 Amount of	8 In-kind contribution
	Brent Stahl		contribution (\$)	description (if applicable)
813	6 Contributor address; City; State; Zip Code		EC 00	
01)	10501 Brannon Co		<i>5</i> 0,	
2014	AUSTIN, TX 7875		(if travel outside (of Texas, complete Schedule T)
	gation / Job title (See Instructions)	10 Employer (See		or review
	torney	Stahl, Bernal	Davics, Swell,	+chavarria, LLP
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Don Starling		contribution (\$)	description (if applicable)
8122	Contributor address; City; State; Zip Code		25000	
8/03	445 kandys cove		JUC	
	' ' - ' ' '	コレクススス		
2014	china Springs, Tx			of Texas, complete Schedule T)
· ~ '	pation / Job title (See Instructions)	Employer (See	O TOXA	S
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
, Jake	Jay Stern		contribution (\$)	description (if applicable)
1717	Contributor address; City, State, Zip Code			1
', '	314 Reveille RO		100.00	1
2014	Austin, TX 78	746	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
	wer		0.000 -1.00	In blad and the state
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8120	Morgan Stone			}
0107-1	Contributor address; City; State; Zip Code 2002 Indian Trail		100.00	1
,			-	I I
12014	Austin, TX 7870		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) VPSTMCNTS	STONE AS	Instructions) SET MOIL	agement
Date	Full name of contributor	:)	Amount of	In-kind contribution
	Stone Asset Mar	nagement	contribution (\$)	description (if applicable)
1816	Contributor address; City: State; Zip Cod	e . J	10000	.1
, -	703 W. 10th Str	eet		1
	Austin, TX 78	701	(if Iravel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	·· · · · · · · · · · · · · · · · · · ·	
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SCHEDULE A

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	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
2 FILER NAME		,	3 ACCOUNT# (E	thics Commission Filers)
<u> </u>	becca Bray			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	David Tandy		contribution (\$)	description (if applicable)
9125	6 Contributor address; City; State: Zip Code 124 Hazeltine Dr.		a50.00	[[
2011	Georgetown, TX 786	28		Ì
9 Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)
3 7 micipal occup	CCO	10 Employer (See	TIHE	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Tim + Kathy Taylo)r	contribution (\$)	description (if applicable)
8/19	Contributor address; City: State: Zip Code		700 00	
·	1900 Stamford Lr	-	700.00	\ [
2011	•			1
2014	Austin, TX 78	103	. (if travel outside o	l of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		
<u> </u>	ney/nousewite	se1+/	NA	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Kent Taylor		σοπικοιιστί (φ)	description (it applicable)
814	Contributor address; City; State; Zip Code		350.°°	
0,1	2900 Northwood		330.	1 .
2014	Austin, TX 78703		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		
commerc	ial real estate broker	Taylor C	ommercial	Real Estate
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/11	Robert Tims		Commodition (4)	description (it applicable)
0111	Contributor address; City; State; Zip Code		25000	
	5014 Westfield Dr.		500.	·
2014	Aushn, TX 78	131	(If Iravel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	·	or revide, semplete concessor 17
<u> </u>	ailder	3017	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	John Trotter		(4)	decomposit (ii applicable)
813	Contributor address; City; State; Zip Code		0.00	
	4 Rockway Cove		a50.00	
2014	Austin, TX 7874	16	(If travel nutside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		and an observe measurement of
Inve	estor	<u>sel+</u>		
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P.O. Box 12070

SCHEDULE A

(512) 463-5800

			<u></u>	<u>.</u>
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
K-e	becca Bray			
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7110	GERMAN USTARIZ 6 Contributor address; City; State; Zip Code 10 FOREST MES9	, —	250,00	
2014	Roundrock, TX 78L	064	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		Mc Dondlds
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
712	Brian Van De V contributor address; City: State; Zip Code 2218 Founder Drive		ason, oo	description (if applicable)
2014	Cedar Park, TX 7	18613	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	1
<u> </u>	fic engineer		-Hom+	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8111	Ann Vanderbur(contributor address; City: Stale: Zip Code 602 E 46th St.		250.00	! · · ·
2014	Austin, TX 7879			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Hurst S	Instructions) AVAQE 4	Vanderburg 1
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
8/98	Andrew Vander L Contributor address; City; State; Zip Code 2817 GIENVIEW AL		350.00	description (if applicable)
2014	Austin, TX 787	103	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See Vardey	Instructions)	Williams
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
814	Ben Vayghan contributor address; City; State; Zip Code 2403 Sweet Bru		350 00	
2014	Austin, TX 787	03	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		,
<u>u</u> 11	orney	LUH	I A Í	
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			<u> </u>	
	pecca Bray		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
_ ,	Steffen Waltz		contribution (\$)	description (if applicable)
9125	6 Contributor address; City, State, Zip Code	en de la companya de La companya de la co	350°°	Ì
	6 Contributor address; City; State; Zip Code 1301 w. 25th St. S	ste 510	500,	1
2014	Austin, TX 78	3765	(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	·	on Adv	
			Amount of contribution (\$)	In-kind contribution description (if applicable)
9/23	Gail Whitfield Contributor address; City; State; Zip Code			
	1520 Ben Crenshau	u way	350.00	
2014	Aptaal Austin, TX	• 1	 	
	pation / Job title (See Instructions)	,		of Texas, complete Schedule T)
real e	state broker	Employer (See N	nstructions)	
Date	Full name of contributor ul-ol-state PAC (ID#:_		Amount of	In kind contribution
0121	Jim + Terry whor	ton	contribution (\$)	description (if applicable)
8191	Contributor address; City; State; Zip Code	101.01	700001	
	1200 Barton Hills	BIVA	100.	1
2014	Aushnitx 7873	5_	(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:	Whorton		Cet Finance Co
	Δ Λ -		Amount of contribution (\$)	In-kind contribution description (if applicable)
7.1	Contributor address; City: State; Zip Code		I	
· l	228 N. Crossing	Tr1.	100.00	
2014	J	3665	i .	·
	ation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
<u> </u>	tired	NIA	<u> </u>	
Date	Full name of contributor		Amount of	In-kind contribution
	William William	S	contribution (\$)	description (if applicable)
713	Contributor address; City; State; Zip Code 228 N. CVO SSING	Trl.	100.00	
	J	_	100.	
2014	Poundrock, TX 781	065		f Texas, complete Schedule T)
Principal decupa	ation / Job title (See Instructions)	Employer (See In	istructions)	

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SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Zebecca Bray		· · · · · · · · · · · · · · · · · · ·	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
[8]나	Louis Williams		100 00	
, ,	6 Contributor address; City; State; Zip Code action Lavaca St.		1.00.	
2014	mustin, TX 7870)	(If travel outside o	l. of Texas, complete Schedule T)
1 ' - '		10 Employer (See I	1	
Date	Full name of contributor	cricag	Amount of	In-kind contribution
	K.C. WILLS		contribution (\$)	description (if applicable)
1818	Contributor address; City; State; Zip Code		~~ °°	
	3103 Honey Thee	Lane	350°°	
2014	Austin, TX 7874	6	(If travel outside o	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
812	Marvin + Eva Wor	mack	contribution (\$)	description (ii applicable)
	Contributor address; City; State; Zip Code 4305 Water Ford P	doice	700.00	
2014	Austin, TX 7873	_	_	!
	pation / Job title (See Instructions)	Employer (See	l	of Texas, complete Schedule T)
refil		NIA		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-11-	Picardo Zamar	ripa		1
7110	Contributor address; City; State; Zip Code 8208 Alophia Dr	11/6.	100.00	
2014	Austin, TX 787	_ ^		
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Civiler	igineering consultant	Klotz	2 <u>Assoc</u>	ciate
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8126	Rent + Lora Zarl	ock .	700 PD	1
8/36	Contributor address; City; State; Zip Code 7105 W. RIM DK		100.	!
2014	Austin, TX 787		If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		wes
I CONTRACTOR	MIN/HOUSENIC		ICILIL	
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If o	contributor is out-of-state PAC, please see instru		,	requirements.

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FILER NAM	E		3 ACCOUNT # (E	thics Commission Filers)
12	ebecca Brau			
Date	5 Full name of contributor out-of-state PAC (ID#;	1	7 Amount of	8 In-kind contribution
	D10100 00		contribution (\$)	description (if applicable
2 4	1 Diaria Zuniga			
7/ /	6 Contributor address; City; State; Zip Code		25000	,
	300 BOWIE St.		<i>530.</i>	l 1
7014	Hustin, Tx 7870	23	(If travel outside o	l of Texas, complete Schedule T)
Principal occ		10 Employer (Seq I	nstructions)	1
<u>rec</u>	a estate	Invest	ors all	<u>lance Inc.</u>
Date	Full name of contributor)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code			
				'
			(if travel outside o	i of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I		
				· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
			contribution (4)	description (ii applicable
	Contributor address; City; State; Zip Code			
			:	
				of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#;		Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description (if applicable
				1
	Contributor address; City; State; Zip Code			,
	·		Of housel estable	A Tanana annualista Cabadula TV
Principal oc	cupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		, , ,		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
			contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Code			!
				1
			(If travel outside	 of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See		
			<u> </u>	
			•	

PLEDO	SED CONTRIBUTIONS			SCHEDULE B
	e Instruction Guide explains how to complete this	s form.	1 Total pages Sche	dule B:
2 FILER NAME	Zebecca Bray		3 ACCOUNT # (Et	hics Commission Filers)
4 TOT	AL OF UNITEMIZED PLEDGES:	\$ \$	D D	\$
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
	·		(If travel outside of	Texas, complete Schedule T)
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See Ir		
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
_			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Ptedgor address; City; State; Zip Code		1	
	•		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		Texas, complete schedule 1)
Date	Full name of pledgor oul-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
				<u>.</u>
Date	Full name of pledgor oul-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City; State; Zip Code		İ	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		Sample Control ()
If c	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru	F THIS SCHEDULE A	AS NEEDED litional reporting r	equirements.

LOANS			••••==================================
			SCHEDULE E
The	e Instruction Guide explains how to co	omplete this form.	otal pages Schedule E:
FILER NAME		3 A	CCOUNT # (Ethics Commission File
Rebe	cca Bray		
ТОТА	AL OF UNITEMIZED LOANS:		\$
Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N			11 Maturity date
2 Principal occupat	tion / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Co	llateral	15 Check if personal funds were depr	osited into political account
		The second second second dep.	solida into political account
none			
	17 Name of guarantor	1. —	
6 GUARANTOR	17 Name of guarantor 18 Guarantor address; City;	1. —	
6 GUARANTOR INFORMATION			
6 GUARANTOR INFORMATION	18 Guarantor address; City;	State; Zip Code	
6 GUARANTOR INFORMATION not applicable Principal Occupat	18 Guarantor address; City;	State: Zip Code 21 Employer (See Instructions)	19 Amount Guaranteed (\$
GUARANTOR INFORMATION not applicable Principal Occupat Date of loan Is lender a financial	18 Guarantor address; City; tion (See Instructions) Name of lender	State: Zip Code 21 Employer (See Instructions)	19 Amount Guaranteed (\$ Loan Amount (\$)
GUARANTOR INFORMATION not applicable Principal Occupat Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; tion (See Instructions) Name of lender	State: Zip Code 21 Employer (See Instructions)	Loan Amount (\$)
GUARANTOR INFORMATION not applicable Principal Occupat Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; tion (See Instructions) Name of lender Lender address; City; State;	State: Zip Code 21 Employer (See Instructions) Out-of-state PAC (ID#: Zip Code Employer (See Instructions)	Loan Amount (\$) Interest rate Maturity date
GUARANTOR INFORMATION not applicable Principal Occupat Date of loan Is lender a financial Institution? Y N Principal occupation	18 Guarantor address; City; tion (See Instructions) Name of lender Lender address; City; State;	State: Zip Code 21 Employer (See Instructions) Out-of-state PAC (ID#:	Loan Amount (\$) Interest rate Maturity date
GUARANTOR INFORMATION not applicable Principal Occupat Date of loan Is lender a financial Institution? Y N Principal occupation	18 Guarantor address; City; tion (See Instructions) Name of lender Lender address; City; State;	State: Zip Code 21 Employer (See Instructions) Out-of-state PAC (ID#: Zip Code Employer (See Instructions) Check if personal funds were depo	Loan Amount (\$) Interest rate Maturity date
GUARANTOR INFORMATION Interpretation of Collimone GUARANTOR GUARANTOR	18 Guarantor address; City; tion (See Instructions) Name of lender Lender address; City; State; ion / Job title (See Instructions)	State: Zip Code 21 Employer (See Instructions) Out-of-state PAC (ID#: Zip Code Employer (See Instructions) Check if personal funds were depo	Loan Amount (\$) Interest rate Maturity date

POLITICAL EXPENDITURES

SCHEDULE F

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)
1 Total pages Petrodute F	· · · · · · · · · · · · · · · · · · ·	explains how to complete this	
1 Total pages Schedule F:	2 FILER NAME	1	3 ACCOUNT # (Ethics Commission Filers)
4 Date	Rebecca Braz		
9.26.14	PIYUX		
6 Amount (\$)	7 Payee address; City; St.	ate; Zip Code	1
101-2 00	144 2nd St	. 1St F1001	
1063.89	San Fran	ICISCO, CA	94105
8 PURPOSE	(a) Category (See categories listed at the to		n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	fees	ONII	
9 Complete ONLY if direct	Candidate / Officeholder name	<u></u>	<u> </u>
expenditure to benefit C/C	DH .		g.v Cilico Heid
Date	Payee name		
8.6.14	Annetican	Bank	
Amount (\$)	Payee address; City; St	ate; Zip Code	
11 76	3530 Bee	cave Rd.	
9. IO	westlake	HIIIS, TX	787410
PURPOSE	Category (See categories listed at the top		n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	accounting 16	anking ba	nk fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sour	
Date	Payee name	·	
9.6.14	American	Bank	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
2 50	3520 Bee C	ave Rd:	
5.50	westlake t	tills, TX 78	3746
PURPOSE	Category (See categories listed at the top		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	accountinglibar	nkina bar	ok fees
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sour	
Date	Payee name		
8 29 14	Stone Asse	et manage	ment
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
1000	703 W. 10th		
,00,	Austr	1, TX 7870	
PURPOSE	Category (See categories listed at the top	of this schedule) Descriptio	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	refund	refun	d for invenour
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ght Office held
expenditure to benefit C/C	DH		creck
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS	SNEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/R	ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By rict Candidate/Officeholder/Political Committee
	The Instruction Guide explains how to	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
5	Rebecca Bray	
4 Date	5 Payee name	
7.6.14	KC Strategies	
6 Amount (\$)	7 Payee address; City: State: Zip Code	4.1-1.
Reimbursement from political contributions	3571 Far West Blvd	
intended	Austin, TX 7873	<u> </u>
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	consulting expense	Communications
Date	Payee name	·
7.25.14	Mail Chimp	
Amount (\$)	Payes address: City: State: Zin Code	+e 1104
50.	512 means St. Sui	10 707
Reimbursement from political contributions intended	Atlanta, GA 303	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising	email newsletter
Date	Payee name	
7.31.14	ITNT	
Amount (\$)	Payee address: City; State; Zip Code	
90,50	507 Pressier stree	et
Reimbursement from political contributions intended	Austin, TX	78703
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	food expense	campaign strategy
Date	Payee name	
8.12.14	Manuels	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from	310 Congress Ave.	
political contributions intended	Austin, TX 78	701
PURPOSE	Category (See categories listed at the lop of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	food expense	campaign strategy
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE G

(512) 463-5800

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundraising Expense Legal Services Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Travel In District Consulting Expense Polling Expense Travel Out Of District Event Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME Pebecca Bral 4 Date 8-25.14 100000 809 Canyon Creek Drive Reimbursement from political contributions intended AUSTIN 1 TX 78746

(a) Category (See categories listed at the top of this schedule) (b) [(b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE consulting expense campaign manager 8.25.14 Starbucks

Payee address; City; State; Zip Code

715 Exposition Amount (\$) Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If Iravel oulside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE volunteer coffee food/beverage 8-25-14 Mail Chimp Payee address; City: State; City: State: Zip Code Amount (\$) 512 means St Suite 404 political contributions intended Atlanta, GA 30318 Description (If travel outside of Texas, complete Schedule T) PURPOSE advertising email rewsletter EXPENDITURE Payee name 8.27.14 Mozarts Payee address; City; State; Zip Code 3805 Lake Austin Blvd Amount (\$) Austin, TX 78703 Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF beverage expense volunteer coffee EXPENDITURE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

P.O. Box 12070

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

1 300	The Instruction Guide explains how to c		ER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
5	Rebecca Bray			
4 Date	5 Payee name			
8.09.14	HEB			
6 Amount (\$)	7 Payee address; Cily; State; Zip Code			
Reimbursement from	5800 W. Slaughter	Lare		
political contributions intended	Austin, TX 787	49		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	l	rel outside of Texas, complete Schedule T}	
OF EXPENDITURE	beverage expense	volunte	eer supplies	
Date	Payee name			
9-1-14	KC Strategies			
Amount (\$)	Payee address; City; State; Zip Code	h 11.20 c		
Reimbursement from	3571 Far West Bl	va #14(D	
political contributions intended	Austin, TX 787	31		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra-	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	consulting expense	commu	inications	
Date	Payee name			
9.9.14	Lowes #02513	<u> </u>		
Amount (\$)	Payee address; City; State; Zip Code			
S5, 41	6400 Brodie Ln	,		
political contributions intended	Austin, TX 7874	16		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra-	vel outside of Texas, complete Schedule T)	
EXPENDITURE	other	51gh :	supplies	
Date	Payee name			
9.9.14	Home Depot # 6570			
Amount (\$)	Payee address; City; State; Zip Code	ام. ١		
Reimbursement from	1200 Home pepot B			
political contributions intended	Austin, TX 787	45		
PURPOSE	Category (See categories listed at the top of this schedule)	T	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	other	sign.	Supplies	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEL	DED	

SCHEDULE G

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai	
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of District	Contributions/Donations Made By
Fees	Printing Expense Office Overhead/R	
	The Instruction Guide explains how to	<u> </u>
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
<u> </u>	Recella Bray	
4 Date	5 Payee name	<i></i> ,
9 11 14		563
6 Amount (\$) 15 59	7 Payee address; City, State; Zip Code	
Reimbursement from	8801 S 1H-35	
political contributions intended	Austin, TX 78	744
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	other	sign supplies
Date	Payee name	
9.13.14	Magess Consulta	na
Amount (\$)	Payee address; City; State; Zip Code	J
	1710 E Oltorf #74	9
Reimbursement from political contributions intended	Austin. TX T	18741
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting	finance
Date	Payee name	
9.14.14	TC Notes Advert	isina
Amount (\$)	Payee address; City; State; Zip Code	<u> </u>
90.00	4504 Travis Cour	try Circle
Reimbursement from political contributions intended	Prustin, TX 78	135
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	advertising expense	ads in papers
Date	Payee name	
9-21-14	Home Depot # 6	570
Amount (\$)	Payee address; City; State; Zip Code	RIVA
443.87 Reimbursement from	· '	
political contributions intended	Austin, TX 787	CPI
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	other	sign supplies
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of Printing Expense Office Overhei	s/Contract Labor Loan Repayment/Reimbursement draising Expense Transportation Equipment & Related Expense ct Contributions/Donations Made By District Candidate/Officeholder/Political Committee dd/Rental Expense OTHER (enter a category not listed above)	
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule G:	Rebecca Bray	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name	400	
9.22.14	Strange Brew		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
4.60	15326 Manchaca	Road 1	
Reimbursement from political contributions intended	Austin, TX 78	745	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	beverage expens	e refreshments	
Date	Payee name		
9.25.14	Departure Lou	inge	
Amount (\$)	Payee address: City; State; Zip Code		
45,00	1 311 west 5th st	reet Suite 10a	
Reimbursement from political contributions intended	Austin, TX 78		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If Iravel outside of Texas, complete Schedule T)	
EXPENDITURE	tood expense	retreshments	
Date	Payee name		
7.23.14	Myers Consult	ina	
Amount (\$)	Payee address; City; State; Zip Code) 809 Canyon Creek Drive		
Reimbursement from political contributions intended	Austin, TX 7874	16	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Consulting expen	se campaign manager	
Date	Рауев пате		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Toxas, complete Schedule T)	
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED	

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

	EXPENDITURE	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	lemorials Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Coles Travel Out Of District		an Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)	
1 003	The Instruction Guide		•	= = =	
1 Total pages Schedule H:	2 FILER NAME REDECCA BY	704	omplete this form.	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; St.	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	o of this schedule)	(b) Description (If t	ravel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name PH		Office sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held	
	ATTACH ADDITIONAL O	OPIES OF THIS S	CHEDULE AS N	FEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule I:	2 FILERNAME REDECCO Bray	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

			
The	Instruction Guide explains how to complete this form.	1 Total pages Sched	lule K:
2 FILER NAME	ebecca Bray	3 ACCOUNT # (Ethi	ics Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Cod		
	7 Purpose for which amount is received	<u>. </u>	· · · · · · · · · · · · · · · · · · ·
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State, Zip Cod	l	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	, . ,	
	Purpose for which amount is received		·
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED	

	NTRIBUTION OR POLITICAL L OUTSIDE OF TEXAS	L EXPEND	ITURE SCHEDULE T
The Instr	iction Guide explains how to complete this	form.	1 Total pages Schedule T:
2 FILER NAME	ecci Bray		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor	Corporation or Labor Organization / Pledgor / Pa	yee	
5 Contribution / Expend	iture reported on:		
	edule A Schedule B Schedule Schedule N COH-UC	C Schedule	D Schedule F Schedule G
6 Dates of travel	7 Name of person(s) traveling		
	8 Departure city or name of departure location		
	9 Destination city or name of destination locati	on	
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)			
Name of Contributor /	Corporation or Labor Organization / Pledgor / Pay	ee	
Contribution / Expendit	ure reported on:		
Sci	edule A Schedule B Schedule	C Schedule	D Schedule F Schedule G
☐ Sc	edule H Schedule N COH-UC	□ сон-т	PAC-C PAC-E
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation	Purpose of travel (including name	of conference, semi	nar, or other event)
Name of Contributor /	Corporation or Labor Organization / Pledgor / Pay	ee	
Contribution / Expendi	ure reported on:		
Sch	edule A Schedule B Schedule	C Schedule	D Schedule F Schedule G
Sch	edule H Schedule N COH-UC	Сон-т	PAC-C PAC-E
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation	Purpose of travel (including name	of conference, semi	nar, or other event)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE	AS NEEDED