# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this for	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS AUDREY NICKNAME LAST  ITINA " CANNON	SUFFIX	OFFICE USE ONLY  Date Received  2019 007				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address  5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX: APT/SUITE #:  9/00 MOUNTAIN RIO AUSTIN TO 7875  AREA CODE PHONE NUMBER  (5/2) 922-25/1	- I	Date Hand-delivered or Postmarked Receipt # Amount Date Processed 37				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  M. LAUL  NICKNAME LAST  CALVUZ	MI	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT /S  900 CONGRESS H Z  AUSTIN TX 7870	SUITE#; CITY; STATE;	ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (52) 814-0250	EXTENSION					
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THRO	Монth Day DUGH 0 <b>9</b> / <b>3</b> 0 /	Year 14				
11 ELECTION	Month Day Year ELECTION DATE Day Year Primary		General Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (I'known)  AUSTIN CIT	-				
	GOTO	PAGE 2					

# CANDIDATE/OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	AUDLE		5 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN THEASURER NAME			
additional pages		COMMITTEE CAMPAIGN THEASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	u ·		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,195. \$		
EXPENDITURE TOTALS					
CONTRIBUTION	4. TOTAL POLITICAL EXPENDITURES \$ 8, 930.				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 8,930.21		
OUTSTANDING LOAN TOTALS	· ·	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	HE \$ 4		
18 AFFIDAVIT	SAN ANGELIS		perjury, that the accompanying report alternation required to be reported by		
Notary Pu	ublic, State of Texas immission Expires une 11, 2018		idate or Officeholder		
_	AFFIX NOTARY STAMP / SEAL ABOVE  Sworn, to and subscribed before me, by the said AURRY TINA CAUNCY, this the				
		me, by the said HOURE LIGHT FILE			
Signature of officer admi	histering oath	SUS AN AUGE 15 Printed name of officer administering oath	NOTAZ Title of officer administering oath		
	V		<u> </u>		

#### SCHEDULE A

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	The	Instruction Guide explains how to complete this	form.	1 Total pages Sci	nedule A: /3
2	FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (E	thics Commission Filers)
		AUDREY " TINA" CANN	ON		
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	7/13	FRED + DEBLA BRINKEY		contribution (\$)	description (if applicable)
	1(1)	6 Contributor address; City; State; Zip Code		750	
		GOLF VISTA DUVE			
		AUSTIN 74 78730		(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See		
		DETILED	シピてしん	(5)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
		ELISABETH QUINTANILLA	<b>-</b>	contribution (\$)	description (if applicable)
	7/14	Contributor address; City; State; Zip Code		7~	ļ.
	,,,,	B329 DOUBLE TLEE		25	
	:				1
		NSTIN 7x 78750		(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of contributor  ut-of-state PAC (ID#;		Amount of	In-kind contribution
		MANY RAFES		contribution (\$)	description (if applicable)
		Amy BREES  Contributor address; City; State; Zip Code			I
	7/15	3009 CHATALAINE		100	1
					t I
	İ	AVITIN TK 78746		(If travel outside	 of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		1
		REKLTON	<del></del> .		DEN FROM GLOUP
	Date	Full name of contributor	)	Amount of	In-kind contribution
		DOUGLAS PONECE		contribution (\$)	description (if applicable)
	7/112	Contributor address: City; State; Zip Code			}
	414			250	• 
		127 WOUSLAWN			
		SAN ANTONIO TO TRACT	•	/If travel outside /	f Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See I		or reads, complete schedule 1)
		ATTOLNEY	ESCAMILLA	+ PONEZA	
	Date	Full name of contributor  uut-of-state PAC (ID#:	1	Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
	~1.	SUSAN NELLSON			
	1/18	Contributor address; City; State; Zip Code 450 CR 1750		50	
	,,,	OF CRIONO			
		PAMS TX 75462			
	Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	. p	Hoese Beener	SC	non actions)	
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#### SCHEDULE A

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: 13		
2 FILER NAMI		-	3 ACCOUNT # (E	Ethics Commission Filers)		
	AUDREY "TINA" CANNON			·		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
7/21	MALY POWELL					
+(2)	6 Contributor address; City; State; Zip Code		200	 		
	1320 BOSTIL			1		
	CAT STRING TX 78933		(If travel outside	of Texas, complete Schedule T)		
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See	•			
	RETILED	120	TIMESD			
Date	Full name of contributor		Amount of	In-kind contribution		
,	MARTHA PETERSON		contribution (\$)	description (if applicable)		
7/22	Contributor address; City; State; Zip Code		100	_		
100	114 Crecksian Tr.		100	[		
	Boerne Tr 78006		(If travel outside	of Texas, complete Schedule T)		
Principal occi	upation / Job title (See Instructions)	AHUSD	Instructions)			
Date	Full name of contributor   out-of-state PAC (ID#:	l				
Date	DANA BARTHOLOMEN		Amount of contribution (\$)	In-kind contribution description (if applicable)		
7/22	Contributor address; City; State; Zip Code					
7/23	PO BOX 252		50			
	Pflygerville 7x 78691		(II travel outside	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	· · · · · · · · · · · · · · · · · · ·		
	RECOLD SPECKUST	TRAVIS	دمايم ددو	PAL		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution		
,	JOHN FGAN		contribution (\$)	description (if applicable)		
7/23	Contributor address; City; State; Zip Code	A 20.11	ne.			
	2223 WATERLOD CITY LANG	# 319	85			
	Austin 77 78741			<u> </u>		
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
	EDITOR	SPAREFI	107			
Date	Full name of contributor  ut-of-state PAC (ID#		Amount of	In-kind contribution		
,	Stella Shealer		contribution (\$)	description (if applicable)		
7/23	Contributor address; City; State; Zip Code					
101	1812 Purple Sack LD		50			
	DAWART TX 79000		III traval autoida	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	or rexas, complete Schedule 1)		
	TRAIN CONOUCTOR	UNION FA	uhe			
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P.O. Box 12070

## SCHEDULE A

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	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2	FILER NAME	AUDLEY "TINA" (ANNON		3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributor Dout-of-state PAC (ID#:_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	7/24	6 Contributor address: City: State; Zip Code 8404 STONE VK Howston TF 77 040		25	 
		Houston TK 77 040		(If travel outside	of Texas, complete Schedule T)
9	Principal occup	oation / Job title (See Instructions)	10 Employer (See	Instructions)	
1	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	7/24	Contributor address; dity; State; Zip Code  210 LAUACA & 2602		100	 
		AUSTIN TR 78701		(If travel outside o	] of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) アルビいのデザイ	Employer (See I	Instructions)	
	Date	Full name of contributor   out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	7/28	Contributor address; City; State; Zip Code 30-1 ESPETANG 4 WAY # 10	¢Y	50	 
		AUSTIN TK 78789	,	(If travel outside o	 of Texas, complete Schedule T)
	Principal occup	Property STAGES	Employer (See I		,
	Date	Full name of contributor   out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	0 (0-	Contributor address: City: State: Zip Code		(0)	l
	7(30	Po box 41418		250	
		AUSTIN 14 78704			
	Principal occup	ation / Job title (See Instructions)	Employer (See )	astructions)	of Texas, complete Schedule T)
	Date	Full name of contributor   out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	7/30	Contributor address; City; State; Zip Code		75	
		VANCOUVEL MA 9848		- حامله المردوع ال	N Tours, complete Cabadida Ti
	Principal occup	ATION / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
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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	AUDREY "TINA" CAMO		3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributorout-of-state PAC (ID#:_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	7(30	6 Contributor address; City; State; Zip Code		50	<b>!</b> 
		405TN TO 78727		(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	7/30	Contributor address; City; State: Zip Code		50	 
		Ausla 7x 78753		(II travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) MLF TECH	Employer (See I AUSでん		_
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	7(31	Contributor address: City: State; Zip Code		25	 
		AUSTINTY 78734		(If travel outside o	] of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See 1	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	7(31	Contributor address; City; State; Zip Code 6205 SHORWOOD		100	
		AUTIN 14 78787		If travel outside a	of Tours complete Schoolide Ti
	Principal occup	ation / Job title (See Instructions) PUBLI FELM(ON)	Employer (See )	nstructions)	of Texas, complete Schedule T)
	Date	Full name of contributor   out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	8/2	Contributor address; City; State; Zip Code 403 Blackson Ave		50	
		AUSTIN TY 78782		(If travel outside o	of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions) PUUTICAL CONSULTANT	Employer (See In		

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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: 13
2	FILER NAME		- · · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (E	Ethics Commission Filers)
		AUDREY "TINA" CAN	~a~		
4	Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	-10	Rosie AAIA		contribution (\$)	description (if applicable)
	818	6 Contributor address; City; State; Zip Code		100	1
•	• (	207 VA OST/And		/0-	
		WIRNIE TR 77665		(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	>.141 A 4-7% = \
		- Decogery co	DIFFERENT	RITY ( HIM F	20 K P // 1/00
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution
	la.	DAMES Gobert		Contribution (\$)	description (if applicable)
	8/4	Contributor address; City; State; Zip Code		26	
		0xfor1 MS 38655			
		oxtory WZ 380),			
	Principal occur	pation / Job title (See Instructions)	Employer (Co. )		of Texas, complete Schedule T)
		See manachora,	Employer (See I	nstructions)	··
	Date	Full name of contributor □ out-of-state PAC (ID#)		Amount of	In-kind contribution
	,	MURRY CARROL		contribution (\$)	description (if applicable)
	819	Contributor address; City: State: Zip Code		- ~7)	
		12 Box 36134		250	1
	İ	LAS VEGAS NV 89133			,
	Principal occur	ation / Job title (See Instructions)	Employer /Sec I		of Texas, complete Schedule T)
		PETILED	Employer (See I		
	Date	Full name of contributor	)	Amount of	In-kind contribution
		DOUG DRANE		contribution (\$)	description (if applicable)
	clli	Contributor address; City; State: Zip Code		250	ĺ
	וויס	925 S. Capt of TE			
		Auxin 7 78744		i	
		(F			of Texas, complete Schedule T)
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1	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			
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	- (11	259 ENGINEUS PASS		07 !	
		JAMEN TY 7 6537		(If travel outside o	f Texas, complete Schedule T)
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#### SCHEDULE A

The	Instruction Guide explains how to complete this	i form.	1 Total pages Sch	nedule A: /3
2 FILER NAME	S Full name of contributor   Qui-of-state PAC (ID#)		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/13	6 Contributor address: City; State; Zip Code 4865 Rounding The		25	 
	AUSTIN TR 78745		itt travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions) らむよ	10 Employer (See	<del></del>	The second secon
Date	Full name of contributor out-of-state PAC (ID#:			1
	STACY WHETTLY/ Contributor address; City; State; Zip Code 3 204 SUMMER CAYUM		Amount of contribution (\$)	In-kind contribution description (if applicable)
class	1 3 (No. )	And the second second		t
8/24	Contributor address; City; State; Zip Code		53	1
( -	3204 SUMMER WYUL		_	
	Auss W TX 71732	J		1
	TUSTIN 11 1-13C	!	(If travel outside (	i of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or reace, wereprise estreages in
	SALES			
Date	Full name of contributor Out-of-state PAC (ID#:		A	
Dale	CHALLES POWER		Amount of contribution (\$)	In-kind contribution description (if applicable)
ı	Contributor address: City; State; Zip Code		^-	1
8/25		ļ	15	1
0 (2)	17 UCHTSEY		<u> </u>	
	AUSTIN TE		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
	snes		TOL BEVER	AGE
Date	Full name of contributor			
Date	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of (\$)	In-kind contribution description (if applicable)
	Kim Glessner		(0,111,001,01, 10,	· · · · · · · · · · · · · · · · · · ·
alac	Contributor address; City; State; Zip Code			ŀ
817	8306 DULCET	İ	50	1
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	Aust ~ Tx 78745			l
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
<u>.</u>	HARRORBIA	<u> -                                   </u>	<i>X</i>	
Date	Full name of contributor out-of-state PAC(ID#:	,	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	DEBLA SMAGNLA		, , ,	, , , , , , , , , , , , , , , , , , , ,
1/26	Contributor address; City; State; Zip Code		$\sim$	1
\ ነገ	67.05 12NDA IN		3 U	I
0,	DEBLA SMAGNIA  Contributor address; City; State; Zip Code  6705 UNDA W  AUTW THE TRY TO 3			  -
	AUSTIN TO TRITITION		ļ	1
				of Texas, complete Schedule T)
еппсіраї оссор	pation / Job title (See Instructions)  EVENT PUTNUM	Employer (See In		
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#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: 13
2 FILER NAME			3 ACCOUNT # (E	(Ihics Commission Filers)
	Au May "TINA" (Annon 5 Full name of contributor   out-of-state PAC (ID#:_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Date	5 Full name of contributor   out-of-state PAC (ID#:_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/26	Kus Hannatt		,,,	]
· ( ·	KMS HARAH  6 Contributor address: City: State: Zip Code 1601 Montapouls # 627		25	· · · · · · · · · · · · · · · · · · ·
ı	Auxin 74		(M. teaual outsida	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	nstrugtions)	or lexas, complete duredule 17
	self		2644	
Date	Full name of contributor  ut-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-1	("Arros Chicar		, ,	
4/2c	Contributor address; City, State; Zip Code		25	 
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· · · · · ·	Aush Te	F		t of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)  Phatography	Employer (See I	nstructions)	
Date	Full name of contributor	1	Amount of	In-kind contribution
١.	JEFF STODEROL		contribution (\$)	description (if applicable)
spt	Contributor address; City; State; Zip Code		•	1
Q T -	4424 GANES RANGE LOUP		2	
	AUSIN TY 787	31	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Tokyo	nstructions) FLECTAL	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	JACK FORDMAN		commodium (¢)	description (ii applicable)
8/26	Contributor address: City; State: Zip Code 4424 CAINE FANH LOUP	#220	25	
	AUTTIN TX 78	3735		_
Principal occup	pation / Job title (See Instructions)	Employer (See J	nstructions)	of Texas, complete Schedule T)
	3(0)	<u> </u>	AF	
Date	Full name of contributor   out-of-state PAC (ID#:  USA AND PR&M		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/24	Contributor address: City; State; Zip Code		25	
	AUSTIN 74			Texas, complete Schedule T)
Principal occup	Pation / Job title (See Instructions)	Employer (See In	nstructions)	

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#### SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME	AUDREY TINK (AND	۵۸	3 ACCOUNT # (E	thics 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)
	8/26	LAVILA VO TAW 6 Contributor address; City; State; Zip Code 2807 W FLESCO		90	 
		AUSTIN TY		(If travel outside	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#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	8/26	Myr (A) bosstf Contributor address: City; State; Zip Code 5709 Mcadowrest		25	
		AUSTIN TY 78744			of Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)  NON PROFIT STAFF	KCEY AUS?	nstructions)	-Luc
	Date	Full name of contributor  ut-of-state PAC (IDF:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	1/4	Amy JUMED  Contributor address; City; State; Zip Code  4015 DRY CREEK		50	 
		Awrin 70 78731		(If travel outside (	 
	Principal occup	pation / Job title (See Instructions) CHEC	Employer (See I		
	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	9/5	Contributor address: City; State; Zip Code		V	
_		Austr Te To 131			of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	c UC
	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	9/4	Contributor address: City; State; Zip Code		100	
	Duiz ai 1	AUSIN 79 78704			of Texas, complete Schedule T)
	mincipal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	

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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	AUDREY "TIMA" CANNON		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-ot-state PAC (ID#: KARL FASCH	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
'[[¶ 	6 Contributor address; City; State; Zip Code 1631 Seffect NW Apt 100		25	 
	- Wastington	oe	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
19	Contributor address; City; State; Zip Code 5805 TUBY TOM LOVE		60)	 
	Austil Tr 78759		(II travel euleide	i of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)  NW HT MCN	Employer (See 1		or rexas, complete scriedule 1)
Date	Full name of contributor   out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20	ANDRAU KYPE) KO Contributor address; City; State; Zip Code 420 W. 42 rol St.		15	 
	MY MY		(If travel outside	of Texas, complete Schedule T)
Principal occu	bation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor   out-of-state PAC (ID#: DAVID SCHAWSL		Amount of contribution (\$)	In-kind contribution description (if applicable)
9120	Contributor address; City; State; Zip Code  505 E. Annie  Awslin Ty 78704		50	( 
Principal occup	pation / Job title (See Instructions)  OHOTOGIAPHEN	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	THOMAS ASHLEY BEOWN		contribution (\$)	description (if applicable)
920	Contributor address; City; State; Zip Code		250	
11.5	505 E. Annie		フ <b>'</b>	
	445 Tor Tr 78704		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
······································	Dilly	JI ICE V MYS	<u> </u>	

P.O. Box 12070

#### SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1 Total pages Schedule A: 13	
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
4	Date	5 Full name of contributor Out-of-state PAC(ID#:_ BLYAN HLAV(NKA	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	9/20	BLYAN HLAVIAKA 6 Contributor address; City; State; Zip Code 1716 W. Webster 749 Harsty Tx 7749		350	 	
		Houston Tr 7 7019		(If travel outside	of Texas, complete Schedule T)	
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See	<u> </u>		
Ė	<u> </u>	EKSINLC/	CAT		· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	ana	Contributer address: City State: 7in Code			†	
		Contributor address; City; State; Zip Code		100		
		Ausim 74 78723			l Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (If applicable)	
	9(1)	MANIA RISALIH  Contributor address; City: State; Zip Code  HAZ BEWMAN  JUSTIN TX 78773	;	·	of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions) NOUSE PLACTION TO	Employer (See I			
	Date	Full name of contributor   out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	4/20	Contributor address: City: State: Zip Code		25	 	
		Awar 70 78260				
<u> </u>					of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)  WASSINGE THEMAIN	Employer (See I	nstructions)		
	Date	Full name of contributor   out-of-state PAC (ID#:		Amount of	In-kind contribution	
	مام	Vori Clilder		contribution (\$)	description (if applicable)	
	4/22	Contributor address: City; State; Zip Code 1187 An Dora Austin 78702		100		
		Austin 78702		(If travel outside o	of Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)		
		Puneum	TAURMS	1 PLECATION	<u>۔۔۔۔۔</u>	

(512) 463-5800

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME	ANDRAY "TINA" CANNOR	1	3 ACCOUNT # (E	thics 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)
	9/23	JULIE JANIN 6 Contributor address; City; State; Zip Code 7505 Long POINT		100	
		ANTIN TX 78712		(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions) PLO FESSIVE	10 Employer (See UNIVERSITE	Instructions) y OF TEXA	2
	Date	Full name of contributor   out-of-state PAC (IDF:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	9/24	KALEY DWYER  Contributor address; City: State; Zip Code  12703 SILVE CLEEN  AU(TILITY 78777		50	
		AUSTINIA POTO		(If travel outside o	l of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See I		
	Date	Full name of contributor   out-of-state PAC (IDF:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	9/24	Contributor address; City; State; Zip Code 11961 SWEARINGEN #127		25	 
		AUPTIN TO 78718		(II travel outside i	( of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) WINAGEN	Employer (See I		s. reads, easilytee deficable Ty
	Date	Full name of contributor   out-of-state PAC (ID#:_	) :	Amount of	In-kind contribution
	1	RICH HOLMSENG		contribution (\$)	description (if applicable)
	9/24	Contributor address: City; State; Zip Code  2402 GATEHEND C.F-  AUSTIN TX 78745		100	
	İ	Austin Tx 78741		/// travel outside d	of Texas, complete Schedule T)
	Principal occup	ation / Job litle (See Instructions)  TO DIRECTOR	Employer (See I	nstructions)	rexas, complete schedule 17
	Date	Full name of contributor Out-of-state FAC (ID#:	1	Amount of	In-kind contribution
	_	Shari Wyme RESSLAL		contribution (\$)	description (if applicable)
	9/25	Shari Wyme RESSLAC  Contributor address: City: State: Zip Code  2307 WILKE		100	
		AUSTIN TY 78704	ļ	(M travet autoids	d Tours complete Cabadata To
	Principal occup	LAWHA	Employer (See III	nstructions)	of Texas, complete Schedule T)
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### SCHEDULE A

L-						
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: /3	
2	FILER NAME	AUDLEY "TIM" CANNO	4	3 ACCOUNT # (E	thics Commission Filers)	
		HUDLEY TIME LATITU				
4	Date	5 Full name of contributor out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (If applicable)	
	9/25	CLAUDE BAUDUIN 6 Contributor address: City: State: Zip Code H18 US VENTANAS IN		100	 	
		AUSTN TO 78731		(If travel outside	] of Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)  TT CONSULTANT	10 Employer (See	Instructions)		
	Date	Full name of contributor  out-of-state PAC (ID#:_	)	Amount of	In-kind contribution	
	1 -	· —	·	contribution (\$)	description (if applicable)	
	9/25	Contributor address: City State Zin Code		_		
	1/01	Monica Resort Contributor address; City; State; Zip Code 12812 AppALWSA TAN		50	I	
		AUSTIN TX 78732		(If travel outside o	 of Texas, complete Schedule T)	
	Principal occup	pation (Job title (See Instructions) SNION FACILITY	Employer (See	Instructions) INSTAUMENT	ದ	
	Date	Full name of contributor   Out-of-state PAC (IDF: SHAMON MANNIM		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	9/25	Contributor address: City: State: Zip Code 1503 BARN SWAllow		50	 	
		AUTIN 78 78746		(If travel outside	of Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instructions)	Employer (See	Instructions) SUCES		
	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution	
	j	CHAMIS JULIAN Contributor address: City, State; Zip Code 1602 BALMOTHEC		contribution (\$)	description (if applicable)	
	9/25	Contributor address; City, State; Zip Code				
		Austin TX 7864			<b> </b> 	
		Autilia 11		(If travel outside of	i of Texas, complete Schedule T)	
	Principal occur	ration / Job title (See Instructions)	Employer (See I		The state of the s	
	·	Harmer	Employer (See			
	Date	Full name of contributor   out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	0/20					
	9/21	Contributor address: City: State: Zip Code		50		
		GUITIN TY TOTA				
	Principal	often / John Side (Con Instructions)	F_ 1 25 3		of Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)  Ofenap act	Employer (See I			
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P.O. Box 12070

#### SCHEDULE A

	The	instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 13
2	FILER NAME	MINAY 4 TING 4 CANON  5 Full name of contributor   out-of-state PAC (ID#:_	<del>-</del> .	3 ACCOUNT # (E	thics Commission Filers)
4	Date	MAIRAM BUCKNAL	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	9/30	6 Contributor address; City; State; Zip Code 4705 Stat CLEAL		100	   
		Austin To 78776		(If travel outside	of Texas, complete Schedule T)
9	Principal occur	pation / Job title (See Instructions)  AMTIST	10 Employer (See	Instructions)	
	Date	Full name of contributor   out-of-state PAC (ID#:_  MICHTUF GAY		Amount of contribution (\$)	In-kind contribution description (if applicable)
	9/30	MICHTUF GRAY  Contributor address; City; State; Zip Code  4918 EUZ ASETH Janu  AUSTIN TY 78730		100	
		HUMIN 17 78730		(If travel outside o	of Texas, complete Schedule T)
_	Principal occup	pation / Job title (See Instructions)  #PMEMVEN—	Employer (See I		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		(If travel outside o	 
	Principal occup	pation / Job tille (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)
		Contributor address; City; State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
	Principal occup	palion / Job title (See Instructions)	Employer (See I		rexas complete schedule 17
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		(If traval cutoida a	of Texas, complete Schedule T)
	Principal occup	vation / Job title (See Instructions)	Employer (See li		rekas, complete Schedule 1)

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Advertising Expense	EXPENDITURE CATEGORIES Gilt/Awards/Memorials Expense Salaries/Wages/C				
Accounting/Banking	Legal Services Solicitation/Fundra				
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By			
Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/f				
	The Instruction Guide explains how to				
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
9	AUDREY "TINA" CANA	101			
4 Date 7./,	5 Payee name				
6 Amount (\$)	MINUTEMAN PARSS 7 Payee address; City; State; Zip Code				
•					
	1221 W 6th AUSTIN TX	71703			
B PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	PRINTING EXP	PUSH CALOS			
		Check if Austin, TX, officehalder living expense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held			
Date /	Payee name				
7/1	FACEBOOK				
Amount (\$)	Payee address: City; State; Zip Code				
30.94	1 HACKER WAY MENLOP.	one C+ 940 Zi			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (II travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	ADVERTISIES	DUME 402			
		Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held			
Date /	Payee name				
7/7	Morth Loss Signs				
Amount (\$)	Payee address; City; State; Zip Code				
92.55	102 N. LOOP ATK 78751				
	(02 20.00) /(12.40	19			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (II travel outside of Texas, complete Schedule T)			
OF	ADVERTISIUS	BANNEN			
EXPENDITURE	// Preserved	Check if Austin. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
717	LUCY IN DISGUISE				
Amount (\$)	Payee address; City; State; Zip Code				
27 171					
71.04	1506 S. CONCRESS 747	704			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	EVENT EXP	FLAMINGO COSTUME			
	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED			

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Ci	
Accounting/Banking		
Consulting Expense		- Topolitation Equipment & Holates Expense
Event Expense	• • • • • • • • • • • • • • • • • • • •	Contributions/Donations Made By
Fees		
1 663	Printing Expense Office Overhead/f	Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
0		3 ACCOUNT # (Ethics Continues ion Filets)
	AUDLEY "TINA" (ANNON	
4 Date /	5 Payee name	
7/10		
	7 Payee address; City; State; Zip Code	
6 Amount <sup>1</sup> (\$)	7 Payee address; City; State; Zip Code	
	رسور المسائل وهدر الأمام	
(५.३२	SIX CONCRES AUTON TH	7870
	ļ	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	1	WACH FOR VOLUNTEERS
EXPENDITURE	FOOD BEV	WAZE TOE OCCUPTED
	1 -2 ( ) -2	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	ОН	o mad hald
Date	Payee name	
7-/11	1 1 ·	
, [ ,,	HOME DEPOT	
Amount (\$)	Payee address; City; State; Zip Code	
<b>,</b>	, , , , , , , , , , , , , , , , , , , ,	
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	Calagory (See assessed lived at the result in second live	Danielia III.
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If Iravel outside of Texas, complete Schedule T)
EXPENDITURE	A. Marie Could	FLXMINGS
EXPENDITORE	ADVECTISING	Check if Austin, TX, officeholder living expense
Committee Campaigner	Candidate / Officeholder name	Office and the second s
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held
expenditore to benefit O/C	<i>y</i> ri	
5/	D	
Date >/\/	Payee name	
7/19	JASON'S DEL	
Amount (\$)	Payee address: City: State: Zip Code	
Amount (#)	Payee address; City; State; Zip Code	
1996	10275 RESEALCH ATE	78759
400	1 0 065 HESCHICELLY 1717	10171
PURPOSE	Calegory (See categories listed at the top of this schedule)	Description (II travel outside of Texas, complete Schedule T)
OF		YOUNTER PHONE BAND
EXPENDITURE	FOOD	Check if Austin, TX, officeholder living expense
***	<u> </u>	One on a reason, 12, officer loader fiving expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	PH .	
······································		
Date /	Payee name	
7/16	TOM GILLIAM	
Amount (\$)	Payee address; City; State; Zip Code	· <del></del>
6	2215 (DWAL 1 AUG 1270)	107:
700	2215 TOWN LAVE \$701	1+Tx 718 141
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	A	= 2001-paron (in lease) ourside of rexas, complete schedule ()
OF	1 Douge Mar I Do	<u>_</u>
	[2] (B)   [2] (C)	1 / 1
EXPENDITURE	LONGUTUI LABON	Check if Austin, TX, officeholder living expense
<del></del>	Candidate / Officeholder name	
Complete <u>QNLY</u> if direct	Candidate / Officeholder name	Office sought Office held
<del></del>		
Complete <u>QNLY</u> if direct		Office sought Office held

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOY 8/a)
Advertising Expense	manual and a second	* *
Accounting/Banking	Gitt/Awards/Memorials Expense Salaries/Wages/Gitt/Edgal Services Solicitation/Fund	
Consulting Expense	Food/Beverage Expense Travel In District	and the state of t
Event Expense	Polling Expense Travel Out Of Di	Commissions Sometions Made by
Fees		
1 663		, , , , , , , , , , , , , , , , , , , ,
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
9	AUDREY "TINA" (ANA	1 Oal
4.5-4	<u> </u>	
4 Date	5 Payee name	
7/14	AUSTIN SCREEN PRINTI	مالم
6 Amount (\$)	7 Payee address; City; State; Zip Code	
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\$110	484 MEDICAL PKWY	AT TEDE
~ 1 1 0	1909 WEBLOTC PRWY	11/2 TO 184
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(h) Description ((throughoutside of Tours associate School to T)
OF	(a) Cologo ( total cologo ( total a) the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	ADVENTISING	SHIRTS
	POTERTISING	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C		Office sought Office field
	···	
Date 1	Payee name	
7/16	1 -	and-
7   1 P	AUSTIN SCREEN PRINT Payee address: City; State; Zip Code	(22)
Amount (\$)	Payee address; City; State; Zip Code	
		1- 24772
103.51	4204 MEDIUR ALWY	KIK TONIE
PURPOSE	Calegory (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		Stirts
EXPENDITURE	ADVENTISING	Check if Austin, TX, afficeholder living expense
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Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	/П	
5	D	
Date	Payee name	
+116	CRAGESLIST. OF	
Amount (\$)	Payee address; City; State; Zip Code	
	Only, State, Ep 5000	
21	ONLINE	
	Calegory (See categories listed at the local this seeked to	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the lop of this schedule)	AD FUL CANVAS SEM
OF	APVERTISING	· - ' · · ·
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	H	5 Sinds field
Date /	Payee name	
7/21	FACEBOOK	
	Noepour	
Amount (\$)	Payee address; City; State; Zip Code	
, <u>, , , , , , , , , , , , , , , , , , </u>	. 51.11	
50.09	0 4 M N E	
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DUDDOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	An Charles de	I UNUNE Ans
EXPENDITURE	ADVENUSING	1 = -
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	DH	
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C	· •	ement
Accounting/Banking	Legal Services Solicitation/Fundra	, ,	
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Ma	ade By
Event Expense	Polling Expense Travel Out Of Dis	trict Candidate/Officeholder/	
Fees	Printing Expense Office Overhead/	, , , , , , , , , , , , , , , , , , , ,	not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethic	s Commission Filers)
9	AUDRAY TINA" CANN	2~(	
4 Date /	5 Payee name		
7121	CHIMATOR		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
27.70	107 W. Str ATX 787	0	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, comple	te Schedule T)
OF	_	STAPF WACH	
EXPENDITURE	FUOD	Check if Austin, TX, officeholder living exp	
O Complete ONLY // disease	Candidate / Officeholder name		
9 Complete ONLY if direct expenditure to benefit C/C		Office sought O	ffice held
Date _ la.	Payee name		
7124	MINUTEMAN PRESS		
Amount (\$)	Payee address: City, State; Zip Code		
167-24	1721 W. 6th SLAFET	XTX 78703	
PURPOSE	Calegory (See calegories listed at the top of this schedule)	Description (If travel outside of Texas, complete	e Schedule T)
OF EXPENDITURE	PRINTING	Push chaos	
	PRINTING	Check if Austin, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Of	fice held
Date /	Payee name		
7/75			!
	ALEX GARCIA		
Amount (\$)	Payee address; City; State; Zip Code	·	
140	ANYTH TO 78741		
	Category (See categories listed at the top of this schedule)	Description (Manual automate)	S.1. 1. 7
PURPOSE	Concident (ace careforms libred at the tob of full secuednie)	Description (If travel outside of Texas, complet	e achedule T)
OF EXPENDITURE	COUTLAGT	l <u>-</u>	
	<u> </u>	Check if Austin, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Of	fice held
Date (	Rayee name		
7/25	HOMEDEPOT. COM		
Amount (\$)	Payee address; City; State; Zip Code		
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123.41	9NN MR		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complet	e Schedule T)
OF	ADVENTISING	FLAMINGOS	
EXPENDITURE	1.1.4.010(1.3(1.00)	Check if Austin, TX, afficeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Off	fice held
	ATTA OU ADDITIONAL CODICO COTTO		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

P.O. Box 12070

		<u> </u>
	EXPENDITURE CATEGORIES	S FOR BOY 8(a)
Advertising Expense	= 10 · · · · · · · · · · · · · · · · · ·	
Accounting/Banking		
Consulting Expense	F 115	5
Event Expense		Commoditations Made by
Fees	Polling Expense Travel Out Of Di Printing Expense Office Overhead	
1 653	5 1 Oniot Oreinego.	, , , , , , , , , , , , , , , , , , , ,
	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule F:	2 FILER NAME	2 4000007 # (50) - 0 - 1 - 1 - 50
0		3 ACCOUNT # (Ethics Commission Filers)
	AUDREY "TINA" CAMA	100
4 Date /	5 Payee name	
7129	( ) ( ) ( ) ( ) ( )	
	CALLFILE.COM	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
4-		
450	ONLINE	
8 PURPOSE	(a) Category (See categories fisted at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE	ADVERTISING	BORD CUIC
	7/2002/13/146	Check If Austin, TX, officeholder living expense
O Complete ONLY it discut	Candidate / Officeholder name	000
9 Complete ONLY if direct		Office sought Office held
expenditure to benefit C/C	אנ	
D-4-	- Control of the cont	
Date 7/2	Payee name	
7/20	CALLFIDE .COM	
Amount (E)	David address: C'i Si i 7' C i	
Amount (\$)	Payee address; City; State; Zip Code	
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P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOY 8(a)
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)
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Accounting/Banking	Legal Services Solicitation/Fundri	
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4 Date 9/2	5 Payee name WELLS FAM	
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
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#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Fees **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. AVDRY "TIMA" (ANINW) 5 Payee name 1 Total pages Schedule G: 3 ACCOUNT # (Ethics Commission Filers) 4 Date NATION BULLDER. COM 6 Amount (\$) Reimbursement from political example ONUNE political contributions intended (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE ADVERTISING Check if Austin, TX, officeholder living expense Date CENTRAL AUSTIN ABIAN AMERICAN DEMS Amount (\$) Payee address; City; State; Zip Code Reimbursement from political east." political contributions intended Category (See categories listed at the top of this schedule) PURPOSE Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE DEMOCRATIC CLUB FEE Check if Austin, TX, officeholder living expense Date CONSTANT CONTACT. COM Pavee address: City; State; Zip Code Amount (\$) ONUNE Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If Iravel outside of Texas, complete Schedule T) **PURPOSE** OF EMAILS ADVELTICING EXPENDITURE Check if Austin, TX, officeholder living expense Date NATION BUILDER. COM Amount (\$) Reimbursement from ONUNE political contributions nlended Description (II travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE APPRITISING WEBSITE

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#### SCHEDULE G

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement  Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related F			
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#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Fees

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services

Food/Beverage Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundralsing 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: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) "TIMA CAMMON AUDREY "TINIA" CA
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HOME DEPOT COM 4 Date ONLINE Aeimbursement Irom political contributions intended (a) Category (See categories listed at the top of this schedule) (b) Description (Il travel outside of Texas, complete Schedule T) PURPOSE OF FLAMINGOS **EXPENDITURE** ADVENTISING Check if Austin, TX, officeholder living expense Date CITY OF Austin Amount (5) Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) PURPOSE Description (II travel outside of Texas, complete Schedule T) OF EXPENDITURE FILING FEE FEE Check if Austin, TX, officeholder living expense Date NATION BUILDAL.CON Payee address: City; State; Zip Code DAILINE Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (il travel outside of Texas, complete Schedule T) PURPOSE OF WEBSITE **EXPENDITURE** ADVENTISENS Check if Austin, TX, officeholder living expense Date CONSTANT GNACT. COM Amount (\$) ONLUNE Æeimbursement from political contributions Category (See categories listed at the top of this schedule) Description (II travel outside of Texas, complete Schedule T) **PURPOSE** QF EMAILS **EXPENDITURE** ADVENTISING Check if Austin, TX, officeholder living expense ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/I Food/Beverage Expense Travel In Di Polling Expense Travel Out 0	Ages/Contract Labor Loan Repayment/Reimbursement  Fundraising Expense Transportation Equipment & Related Expense  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Thead/Rental Expense OTHER (enter a category not listed above)		
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense		
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Il travel outside of Texas, complete Schedule T)		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				