

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:  28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME "TINA"	FIRST AUDREY LAST CANNON	MI SUFFIX
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9100 MOUNTAIN RIDGE #209 AUSTIN TX 78759		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	AREA CODE PHONE NUMBER EXTENSION (512) 922-2511		
5 CANDIDATE/ OFFICEHOLDER PHONE	MS / MRS / MR NICKNAME MR.	FIRST RAUL LAST CALVOZ	MI SUFFIX
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 900 CONGRESS #200 AUSTIN TX 78701		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	AREA CODE PHONE NUMBER EXTENSION (512) 814-0250		
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE		
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07/01 / 14    09 / 30 / 14		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 14		
12 OFFICE	OFFICE HELD (if any)		
OFFICE SOUGHT (if known)		AUSTIN CITY COUNCIL DISTRICT 10	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

AUDREY "TINA" CANNON

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

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

\$

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

\$

5,195.<sup>00</sup>EXPENDITURE  
TOTALS

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

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

8,930.<sup>21</sup>CONTRIBUTION  
BALANCE

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

\$

1,700.<sup>96</sup>OUTSTANDING  
LOAN TOTALS

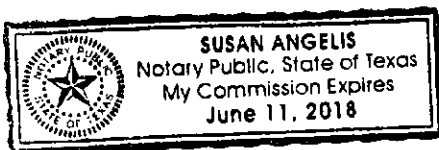
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Audrey "Tina" Cannon, this the 6<sup>th</sup> day of October, 20 14, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

SUSAN ANGELIS  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>13</b>	
2 FILER NAME <b>AUDREY "TINA" CANNON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>FRED + DEBRA BRINKLEY</b> 6 Contributor address; City; State; Zip Code <b>GOLF VISTA DRIVE AUSTIN TX 78730</b>	7 Amount of contribution (\$) <b>250</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		10 Employer (See Instructions) <b>RETIRED</b>	
Date <b>7/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ELISABETH QUINTANILLA</b> Contributor address; City; State; Zip Code <b>1329 DOUBLE TREE AUSTIN TX 78750</b>	Amount of contribution (\$) <b>25</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>MARKETING</b>		Employer (See Instructions) <b>SELF</b>	
Date <b>7/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>AMY BREESE</b> Contributor address; City; State; Zip Code <b>3009 CHATALAINE AUSTIN TX 78746</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>REXITON</b>		Employer (See Instructions) <b>DEN PROS GROUP</b>	
Date <b>7/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DOUGLAS PONEER</b> Contributor address; City; State; Zip Code <b>127 WOODLAWN SAN ANTONIO TX 78202</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>ESCAMILLA + PONEER</b>	
Date <b>7/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SUSAN NELSON</b> Contributor address; City; State; Zip Code <b>450 CR 12550 PARIS TX 75462</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>HORSE BREEDER</b>		Employer (See Instructions) <b>SELF</b>	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>13</b>	
2 FILER NAME <b>AUDLEY "TINA" CANNON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MARY POWELL</b> 6 Contributor address: City: State: Zip Code <b>1320 BOSTICK CAT SPRING TX 78933</b>	7 Amount of contribution (\$) <b>200</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		10 Employer (See Instructions) <b>RETIRED</b>	
Date <b>7/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MARTHA PETERSON</b> Contributor address: City: State: Zip Code <b>114 CREEKSIDE TR. BOERNE TX 78006</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>TEACHER</b>		Employer (See Instructions) <b>ATISD</b>	
Date <b>7/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DANA BARTHOLOMEW</b> Contributor address: City: State: Zip Code <b>PO BOX 252 Pflugerville TX 78691</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>RECORD SPECIALIST</b>		Employer (See Instructions) <b>TRAVIS COUNTY CLERK</b>	
Date <b>7/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOHN EGAN</b> Contributor address: City: State: Zip Code <b>2223 WATERLOO CITY LANE #374 AUSTIN TX 78741</b>	Amount of contribution (\$) <b>25</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>EDITOR</b>		Employer (See Instructions) <b>SPAREPOT</b>	
Date <b>7/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SHEILA SHEARER</b> Contributor address: City: State: Zip Code <b>1812 PUEBLO SOLE RD DAWSON TX 79078</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>TRAIN CONDUCTOR</b>		Employer (See Instructions) <b>UNION PACIFIC</b>	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

13

2 FILER NAME

AUDREY "TINA" CANNON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/24

5 Full name of contributor

☐ out-of-state PAC (ID#)

JAMIE HALL

6 Contributor address: City: State: Zip Code

8406 STONE VLG  
Houston TX 77040

7 Amount of contribution (\$)

25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

TEACHER

10 Employer (See Instructions)

CFSD

Date

7/24

Full name of contributor

☐ out-of-state PAC (ID#)

TOM TINGUELY

Contributor address: City: State: Zip Code

210 LAVACA # 2602  
AUSTIN TX 78701

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

G.O. LANDSCAPE

Date

7/28

Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD KLINE

Contributor address: City: State: Zip Code

3001 ESPERANZA WAY # 1094  
AUSTIN TX 78759

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PROPERTY STAGER

Employer (See Instructions)

SELF

Date

7/30

Full name of contributor

☐ out-of-state PAC (ID#)

BRENDA COLLIER

Contributor address: City: State: Zip Code

PO BOX 41418  
AUSTIN TX 78704

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

7/30

Full name of contributor

☐ out-of-state PAC (ID#)

DAWN HARTUNG

Contributor address: City: State: Zip Code

2417 NW 112th ST  
VANCOUVER WA 98685

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

APPLICATION SPECIALIST

Employer (See Instructions)

VANCOUVER SCHOOL DISTRICT

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13	
2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/30	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LAURA BOSWORTH	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 12004 HISPANIA CT AUSTIN TX 78727		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) MGT		10 Employer (See Instructions) SELF	
Date 7/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DESIREE CARLSON	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1015 WEEPING WILLOW AUSTIN TX 78753		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) MGT TECH		Employer (See Instructions) AUSTIN RADIOLOGIST SOCIETY	
Date 7/31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARA ENZON	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 9501 CLAYTON AUSTIN TX 78734		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BOW WOW BONES	
Date 7/31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARA BELL	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6205 SHALWOOD AUSTIN TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PUBLIC RELATIONS		Employer (See Instructions) TOP STAFF INDUSTRIES	
Date 8/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOE EMMONS	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 403 BLACKSON AVE AUSTIN TX 78722		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) POLITICAL CONSULTANT		Employer (See Instructions) SELF	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>13</b>	
2 FILER NAME <b>AUDREY "TINA" Cannon</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/8</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ROSIE AIA</b> 6 Contributor address: City: State: Zip Code <b>207 VA Ostrand Winnier TX 77665</b>	7 Amount of contribution (\$) <b>100</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>FOUNDER/CEO</b>		10 Employer (See Instructions) <b>DIFFERENT CITY FUNDATION</b>	
Date <b>8/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JAMES Gobert</b> Contributor address: City: State: Zip Code <b>642 N 14th St Oxford MS 38655</b>	Amount of contribution (\$) <b>25</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>SELF</b>		Employer (See Instructions) <b>SELF</b>	
Date <b>8/9</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MURRAY Cannon</b> Contributor address: City: State: Zip Code <b>PO Box 36136 LAS VEGAS NV 89133</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>RETIRED</b>	
Date <b>8/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DOUG DRANE</b> Contributor address: City: State: Zip Code <b>925 S. Capt of TX Austin TX 78744</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>HPT DEVELOPMENT</b>	
Date <b>8/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CONSUELO MCANDA</b> Contributor address: City: State: Zip Code <b>259 ENGINEERS PASS JACKSON TX 76537</b>	Amount of contribution (\$) <b>25</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>VP</b>		Employer (See Instructions) <b>MC CARTIS LLP</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13	
2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARTHUR PETERSON 6 Contributor address: City: State: Zip Code 4805 Roundup TRL AUSTIN TX 78745	7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) SELF		10 Employer (See Instructions) SELF	
Date 8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STACY WHEATLEY Contributor address: City: State: Zip Code 3204 SUMMER GLEN AUSTIN TX 78732	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions)	
Date 8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES POWELL Contributor address: City: State: Zip Code 117 LIGHTSEY AUSTIN TX	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) CAPITOL BEVERAGE	
Date 8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KIM GLESSNER Contributor address: City: State: Zip Code 8306 DULCET AUSTIN TX 78745	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) HANDRESSER		Employer (See Instructions) SELF	
Date 8/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DEBRA SNAUGLA Contributor address: City: State: Zip Code 6205 LINDA LN AUSTIN TX 78723	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) EVENT PLANNER		Employer (See Instructions) EMERSON	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13	
2 FILER NAME Audrey 'TINA' Cannon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KMS Hannah 6 Contributor address: City: State: Zip Code 1601 Montopolis #627 Austin TX	7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Self		10 Employer (See Instructions) Self	
Date 8/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carmen Chocar Contributor address: City: State: Zip Code 11500 Jollyville 78759 Austin TX	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self	
Date 8/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEFF Stodard Contributor address: City: State: Zip Code 4424 GAINES RANCH LOOP Austin TX 78735	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Tech writer		Employer (See Instructions) TOKYO ELECTRA	
Date 8/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JACK GOODMAN Contributor address: City: State: Zip Code 4424 GAINES RANCH LOOP #220 Austin TX 78735	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self	
Date 8/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: USA ANDERSON Contributor address: City: State: Zip Code 10215 Oak Hollow Austin TX	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) REATOR		Employer (See Instructions) COLONEL	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>13</b>	
2 FILER NAME <b>AUDREY "TINA" CANNON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LAVIA <del>LETO</del> VOTAW</b> 6 Contributor address: City: State: Zip Code <b>2807 W FRISCO AUSTIN TX</b>	7 Amount of contribution (\$) <b>90</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions) <b>FRISCO</b>			
Date <b>8/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MYRIAM BOSSEH</b> Contributor address: City: State: Zip Code <b>5709 Meadowrest AUSTIN TX 78744</b>	Amount of contribution (\$) <b>25</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>NONPROFIT STAFF</b>		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) <b>KEEP AUSTIN Beautiful</b>			
Date <b>9/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>AMY JULEN</b> Contributor address: City: State: Zip Code <b>4014 DRYCREEK AUSTIN TX 78731</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>CHIEF</b>		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) <b>RETIRED</b>			
Date <b>9/5</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>KAREY GLOVER</b> Contributor address: City: State: Zip Code <b>11605 LOWESWATER LN AUSTIN TX 78754</b>	Amount of contribution (\$) <b>25</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>MUSICIAN</b>		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) <b>YOU BETTER SIGN UP</b>			
Date <b>9/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>STONEWALL DEMOCRATS</b> Contributor address: City: State: Zip Code <b>PO 40898 AUSTIN TX 78704</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13	
2 FILER NAME AUDREY "TINA" Cannon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KARL FRISCH 6 Contributor address: City: State: Zip Code 1631 S. Street NW Apt 100 - Washington DC	7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) STRATEGIST		10 Employer (See Instructions) SELF	
Date 9/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRIS AQUERO Contributor address: City: State: Zip Code 5806 TURBURY BLVD AUSTIN TX 78759	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PROJECT MGR		Employer (See Instructions) EMERSON	
Date 9/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDREW KYREJKO Contributor address: City: State: Zip Code 420 W. 42nd St. NY NY	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) STRATEGIST		Employer (See Instructions) SELF	
Date 9/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID SCHAWEL Contributor address: City: State: Zip Code 505 E. Annie AUSTIN TX 78704	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PHOTOGRAPHER		Employer (See Instructions) SELF	
Date 9/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: THOMAS ASHLEY BROWN Contributor address: City: State: Zip Code 505 E. Annie AUSTIN TX 78704	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) SPEED FAST	

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>13</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BRYAN HLAVINKA</b> 6 Contributor address: City: State: Zip Code <b>1716 W. Webster Houston TX 77019</b>	7 Amount of contribution (\$) <b>350</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		10 Employer (See Instructions) <b>GATE INC</b>	
Date <b>9/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Amber Rose</b> Contributor address: City: State: Zip Code <b>6203 LINDA LN AUSTIN TX 78723</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>IT MGR</b>		Employer (See Instructions) <b>RES.</b>	
Date <b>9/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MARIA RISALITI</b> Contributor address: City: State: Zip Code <b>4112 BELLMAN AUSTIN TX 78723</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>NORSE PLACERON</b>		Employer (See Instructions) <b>UTMS</b>	
Date <b>9/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Rebecca Clark</b> Contributor address: City: State: Zip Code <b>14317 ALDERMISTON AUSTIN TX 78760</b>	Amount of contribution (\$) <b>25</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>MASSAGE THERAPIST</b>		Employer (See Instructions) <b>SELF</b>	
Date <b>9/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lori Clidder</b> Contributor address: City: State: Zip Code <b>1187 DANDORA AUSTIN 78702</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>PHARMACEUTICAL</b>		Employer (See Instructions) <b>TAHOMA CORPORATION</b>	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13	
2 FILER NAME AUDREY "TINA" CANON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JULIE JARVIN 6 Contributor address; City; State; Zip Code 7505 LONG POINT AUSTIN TX 78712	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) PROFESSOR		10 Employer (See Instructions) UNIVERSITY OF TEXAS	
Date 9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KALLEY DWYER Contributor address; City; State; Zip Code 12703 SILVER CREEK AUSTIN TX 78727	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date 9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: THERESA BLUNT Contributor address; City; State; Zip Code 11901 SWEARINGEN #128 AUSTIN TX 78718	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) PEARSON	
Date 9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICK HOLMBERG Contributor address; City; State; Zip Code 2402 GATEHEAD C.R. AUSTIN TX 78745	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) IT DIRECTOR		Employer (See Instructions) SONARWINDS	
Date 9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHARI WYNN RESSLER Contributor address; City; State; Zip Code 2307 WILKE AUSTIN TX 78704	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) MWA LEGAL	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13	
2 FILER NAME Audley "Tina" Cannon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CLAUDE BAUDOUIN 6 Contributor address: City: State: Zip Code 718 LS VENTANAS DR AUSTIN TX 78731	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) IT CONSULTANT		10 Employer (See Instructions) SELF	
Date 9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MONICA REA Contributor address: City: State: Zip Code 12812 APPALOOSA TRAIL AUSTIN TX 78732	Amount of contribution (\$) 50	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) SENIOR FACILITY		Employer (See Instructions) NATIONAL INSTRUMENTS	
Date 9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHANNON MARTIN Contributor address: City: State: Zip Code 1503 BARN SWALLOW AUSTIN TX 78746	Amount of contribution (\$) 50	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) EXEC DIR		Employer (See Instructions) LEAP TO SUCCESS	
Date 9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CHARLES JUAN Contributor address: City: State: Zip Code 1602 BALMORHEE LN AUSTIN TX 78664	Amount of contribution (\$)	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) RECRUITER		Employer (See Instructions) SELF	
Date 9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LARA VOTON Contributor address: City: State: Zip Code 2807 FRESCO AUSTIN TX 78731	Amount of contribution (\$) 50	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) OPERATIONS		Employer (See Instructions) FRESCO	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>13</u>	
2 FILER NAME <u>ANDREW "TINA" CANNON</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>9/30</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MALCOLM BUCKNALL</u> 6 Contributor address: City: State: Zip Code <u>4705 SCHACKEER</u> <u>AUSTIN TX 78756</u>	7 Amount of contribution (\$) <u>100</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <u>ARTIST</u>		10 Employer (See Instructions) <u>SELF</u>	
Date <u>9/30</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MICHELLE GRAY</u> Contributor address: City: State: Zip Code <u>4918 ELIZABETH JANE</u> <u>AUSTIN TX 78730</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <u>HOMEMAKER</u>		Employer (See Instructions) <u>NONE</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES****SCHEDULE F****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.

1 Total pages Schedule F: <b>9</b>	2 FILER NAME <b>AUDREY "TINA" CANNON</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>7/1</b>	5 Payee name <b>MINUTEMAN PRESS</b>	
6 Amount (\$)	7 Payee address; City; State; Zip Code <b>1221 W 6TH AUSTIN TX 78703</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>PRINTING EXP</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>PUSH CARDS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>7/1</b>	Payee name <b>FACEBOOK</b>	
Amount (\$) <b>30.94</b>	Payee address; City; State; Zip Code <b>1 HACKER WAY MENLO PARK CA 94025</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>ONLINE ADS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>7/7</b>	Payee name <b>NORTH LOOP SIGNS</b>	
Amount (\$) <b>92.55</b>	Payee address; City; State; Zip Code <b>102 N. LOOP A TX 78751</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>BANNER</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>7/7</b>	Payee name <b>LUCY IN DISGUISE</b>	
Amount (\$) <b>27.04</b>	Payee address; City; State; Zip Code <b>1506 S. CONGRESS 78704</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXP</b>	Description (If travel outside of Texas, complete Schedule T) <b>FLAMINGO COSTUME</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



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

Advertising Expense	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.

1 Total pages Schedule F: <b>9</b>		2 FILER NAME <b>Audrey "TINA" CANALON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/10</b>		5 Payee name <b>JIMMY JOHNS</b>			
6 Amount (\$) <b>14.70</b>		7 Payee address; City; State; Zip Code <b>SIX CONGRESS AUSTIN TX 78701</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>FOOD/BEV</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>LUNCH FOR VOLUNTEERS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>7/11</b>		Payee name <b>HOME DEPOT</b>			
Amount (\$) <b>123.41</b>		Payee address; City; State; Zip Code <b>ONLINE</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>FLAMINGOS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>7/14</b>		Payee name <b>JASON'S DELI</b>			
Amount (\$) <b>69.95</b>		Payee address; City; State; Zip Code <b>10225 RESEARCH AVE 78759</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FOOD</b>		Description (If travel outside of Texas, complete Schedule T) <b>VOLUNTEER AT HOME BANK</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>7/15</b>		Payee name <b>TOM GILLIAM</b>			
Amount (\$) <b>900</b>		Payee address; City; State; Zip Code <b>2215 TOWN LAKE #201 AVE 78741</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONTACT LABOR</b>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9</b>		2 FILER NAME <b>AUDREY "TINA" CANNON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/14</b>		5 Payee name <b>AUSTIN SCREEN PRINTING</b>			
6 Amount (\$) <b>\$110</b>		7 Payee address; City; State; Zip Code <b>4804 MEDICAL PKWY ATR 78784</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>SHIRTS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/14</b>		Payee name <b>AUSTIN SCREEN PRINTING</b>			
Amount (\$) <b>103.51</b>		Payee address; City; State; Zip Code <b>4204 MEDICAL PKWY ATR 78786</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>SHIRTS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/14</b>		Payee name <b>CRAIGSLIST.ORG</b>			
Amount (\$) <b>25</b>		Payee address; City; State; Zip Code <b>ONLINE</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>AD FOR CANVASSES</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/21</b>		Payee name <b>FACEBOOK</b>			
Amount (\$) <b>50.09</b>		Payee address; City; State; Zip Code <b>ONLINE</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>ONLINE ADS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9</b>		2 FILER NAME <b>AUDREY "TINA" CANNON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/21</b>		5 Payee name <b>CHINATOWN</b>			
6 Amount (\$) <b>27.70</b>		7 Payee address; City; State; Zip Code <b>107 W. 5th A TX 78701</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>FOOD</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>STAFF LUNCH</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/24</b>		Payee name <b>MINUTEMAN PRESS</b>			
Amount (\$) <b>167.24</b>		Payee address; City; State; Zip Code <b>1721 W. 6th STREET A TX 78703</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING</b>		Description (If travel outside of Texas, complete Schedule T) <b>PUSH CARDS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/25</b>		Payee name <b>ALEX GARCIA</b>			
Amount (\$) <b>140</b>		Payee address; City; State; Zip Code <b>2200 WILLOW CREEK AUSTIN TX 78741</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONTRACT</b>		Description (If travel outside of Texas, complete Schedule T) <b>P/T STAFFEN</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/25</b>		Payee name <b>HOMEDEPOT.COM</b>			
Amount (\$) <b>123.41</b>		Payee address; City; State; Zip Code <b>ONLINE</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>FLAMINGOS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9</b>		2 FILER NAME <b>AUDREY "TINA" CANNON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/29</b>		5 Payee name <b>CALLFIRE.COM</b>			
6 Amount (\$) <b>\$50</b>		7 Payee address; City; State; Zip Code <b>ONLINE</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>ROBO CALLS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/30</b>		Payee name <b>CALLFIRE.COM</b>			
Amount (\$) <b>25</b>		Payee address; City; State; Zip Code <b>ONLINE</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>ROBO CALLS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/1</b>		Payee name <b>FACEBOOK</b>			
Amount (\$) <b>18.04</b>		Payee address; City; State; Zip Code <b>ONLINE</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>ONLINE ADS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/4</b>		Payee name <b>TOM GILLIAM</b>			
Amount (\$) <b>900</b>		Payee address; City; State; Zip Code <b>2215 TOWN LAKE # 201 ATX 78741</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONGRATULATORY SERVICES</b>		Description (If travel outside of Texas, complete Schedule T) <b>STAFF</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES****SCHEDULE F****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.

1 Total pages Schedule F: <b>9</b>		2 FILER NAME <b>AUDREY "TINA" CANNON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/5</b>		5 Payee name <b>MINUTEMAN PRESS</b>			
6 Amount (\$) <b>167.24</b>		7 Payee address; City; State; Zip Code <b>1221 W 6th AVE 78703</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>PRINTING</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>POST CARDS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>8/5</b>		Payee name <b>CALLFILE.COM</b>			
Amount (\$) <b>102.95</b>		Payee address; City; State; Zip Code <b>ONLINE</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>2000 CALLS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>8/5</b>		Payee name <b>ACT BLUE.COM</b>			
Amount (\$) <b>10</b>		Payee address; City; State; Zip Code <b>ONLINE</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>EVENT</b>		Description (If travel outside of Texas, complete Schedule T) <b>ENTRY FEE</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>8/7</b>		Payee name <b>ALEX GARCIA</b>			
Amount (\$) <b>280</b>		Payee address; City; State; Zip Code <b>2500 WILLOW CREEK AUSTIN TX 78741</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONTRACT LABOR</b>		Description (If travel outside of Texas, complete Schedule T) <b>CANVASS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9</b>		2 FILER NAME <b>AUDREY "TINA" CANNON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/8</b>		5 Payee name <b>WELLS FARGO</b>			
6 Amount (\$) <b>10</b>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>FEE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>BANKING FEE</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/15</b>		Payee name <b>TOM GILLIAM</b>			
Amount (\$) <b>900</b>		Payee address; City; State; Zip Code <b>2215 TOWN LAKE #201 APT 78741</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONTRACT SERVICES</b>		Description (If travel outside of Texas, complete Schedule T) <b>STAFF</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/18</b>		Payee name <b>CADW</b>			
Amount (\$) <b>13</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>EVENT</b>		Description (If travel outside of Texas, complete Schedule T) <b>CADW LUNCHEON</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/2</b>		Payee name <b>TOM GILLIAM</b>			
Amount (\$) <b>300</b>		Payee address; City; State; Zip Code <b>2215 TOWN LAKE #201 APT 78741</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONTRACT SERVICES</b>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9		2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/2		5 Payee name WELLS FARGO			
6 Amount (\$) 3		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FEE		(b) Description (If travel outside of Texas, complete Schedule T) BLANK CHECK FEE <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/4		Payee name JEWISH OUTLOOK MAGAZINE			
Amount (\$) 200		Payee address; City; State; Zip Code 7300 HALT LANE AUSTIN TX 78789			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) JEWISH OUTLOOK MAG AD <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/5		Payee name CALLFIRE.COM			
Amount (\$) 99		Payee address; City; State; Zip Code ONLINE			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) ROBO CALLS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/9		Payee name WELLS FARGO			
Amount (\$) 10		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEE		Description (If travel outside of Texas, complete Schedule T) BANK ACCT FEE <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9</b>		2 FILER NAME <b>AUDLEY "TINA" CANNON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/10</b>		5 Payee name <b>HOMEDEPOT.COM</b>			
6 Amount (\$) <b>246.81</b>		7 Payee address; City; State; Zip Code <b>ONLINE</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>FLAMINGOS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/11</b>		Payee name <b>AUSTIN TEJANO DEMS CLUB</b>			
Amount (\$) <b>50</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>OTHER</b>		Description (If travel outside of Texas, complete Schedule T) <b>CLUB FEES</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/12</b>		Payee name <b>MINUTEMAN PRESS</b>			
Amount (\$) <b>167.24</b>		Payee address; City; State; Zip Code <b>1227 6th ST ATX 78703</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>PUSH CANS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/12</b>		Payee name <b>MINUTEMAN PRESS</b>			
Amount (\$) <b>334.48</b>		Payee address; City; State; Zip Code <b>1221 W 6th ATX 78703</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>PUSH CANS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4</b>		2 FILER NAME <b>AUDREY "TINA" CARLIN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/1</b>		5 Payee name <b>NATION BUILDER.COM</b>			
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>ONLINE</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>WEBSITE</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <b>7/3</b>		Payee name <b>CENTRAL AUSTIN ASIAN AMERICAN DEMS</b>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FEE</b>		Description (If travel outside of Texas, complete Schedule T) <b>DEMOCRATIC CLUB</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <b>7/19</b>		Payee name <b>CONSTANTCONTACT.COM</b>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>ONLINE</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>EMAILS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <b>8/11</b>		Payee name <b>NATION BUILDER.COM</b>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>ONLINE</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>WEBSITE</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4</b>	2 FILER NAME <b>Audrey "TINA" Cannon</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>8/1</b>	5 Payee name <b>BLACK AUSTIN DEMS</b>	
6 Amount (\$)  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>FEES</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>DEM CLUB FEE</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <b>8/2</b>	Payee name <b>TOM GILLIAM</b>	
Amount (\$)  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRACT LABOR</b>	Description (If travel outside of Texas, complete Schedule T) <b>FIELD</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <b>8/5</b>	Payee name <b>LIBERAL AUSTIN DEMS</b>	
Amount (\$)  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FEES</b>	Description (If travel outside of Texas, complete Schedule T) <b>CLUB FEES</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <b>8/11</b>	Payee name <b>CONSTANT CONTACT. COM</b>	
Amount (\$)  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>ONLINE</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>EMAILS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4</b>		2 FILER NAME <b>AUDREY "TINA" CANNON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/15</b>		5 Payee name <b>HOME DEPOT, COM</b>			
6 Amount (\$)  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code  <b>ONLINE</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)  <b>ADVERTISING</b>		(b) Description (If travel outside of Texas, complete Schedule T)  <b>FLAMINGOS</b>  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <b>8/18</b>		Payee name <b>CITY OF AUSTIN</b>			
Amount (\$)  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)  <b>FEE</b>		Description (If travel outside of Texas, complete Schedule T)  <b>FILING FEE</b>  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <b>9/1</b>		Payee name <b>NATION BUILDER.COM</b>			
Amount (\$)  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code  <b>ONLINE</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)  <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T)  <b>WEBSITE</b>  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <b>9/9</b>		Payee name <b>CONSTANT CONTACT, COM</b>			
Amount (\$)  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code  <b>ONLINE</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)  <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T)  <b>EMAILS</b>  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4</b>		2 FILER NAME <b>AUDREY "TINA" CANNON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/15</b>		5 Payee name <b>TOM GILLAM</b>			
6 Amount (\$) <b>900</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code			
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)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <b>9/22</b>		Payee name <b>NORTH BY NORTHWEST DEM CLUB</b>			
Amount (\$) <b>10</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FEE</b>		Description (If travel outside of Texas, complete Schedule T) <b>CLUB FEE</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <b>9/22</b>		Payee name <b>HOME DEPOT. COM</b>			
Amount (\$) <b>246.81</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code <b>DALLAS</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>FLAMINGOS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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