

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR CHRISTOPHER L		OFFICE USE ONLY Date Received OCT 6 PM 12:19 AUSTIN CITY CLERK RECEIVED
	NICKNAME LAST SUFFIX CHRIS HOERSTER		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2212 METCALFE RD AUSTIN TX 78741		Date Hand-delivered or Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 584.7955		Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS SHANNON L		Date Processed
	NICKNAME LAST SUFFIX HOERSTER		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2212 METCALFE RD AUSTIN TX 78741		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 350.4738		
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 08 / 15 / 2014 09 / 25 / 2014		
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)		13 OFFICE SOUGHT (if known) AUSTIN CITY COUNCIL DISTRICT 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME CHRISTOPHER HOERSTER 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 825.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 825.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$5268.92
	4. TOTAL POLITICAL EXPENDITURES	\$ 5268.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 475.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4793.92

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

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

Ann Margrett Franklin
Signature of officer administering oath

Ann Margrett Franklin
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

CHRISTOPHER HOERSTER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/24/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

CATTY BEAMAN

7 Amount of contribution (\$)

50—

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1009 OLD OAK RD HARKER HEIGHTS TX 76040

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

JACK GATLIN

Amount of contribution (\$)

50—

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

305 LISA DR AUSTIN TX 78733

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

DON BRINKMAN

Amount of contribution (\$)

350—

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

500 E BEN WHITE AUSTIN TX 78704 STE D100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

CABO BOB'S BURRITOS

Date

09/24/14

Full name of contributor

☐ out-of-state PAC (ID#)

SHANNON HOERSTER

Amount of contribution (\$)

25—

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3212 METCALFE RD AUSTIN TX 78741

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/14

Full name of contributor

☐ out-of-state PAC (ID#)

TEXAS DEMOCRATIC PARTY

Amount of contribution (\$)

350—

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4218 E BEN WHITE AUSTIN TX 78741 STE 104

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES 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: 7		2 FILER NAME CHRISTOPHER HOERSTER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/03/14		5 Payee name SUPER CITEAP SIGNS			
6 Amount (\$) \$1520.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 9804 GRAY BLVD AUSTIN TX 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) YARD SIGNS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/04/14		Payee name BAT CITY AWARDS			
Amount (\$) \$556.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1707 NUECES ST AUSTIN TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN TSHIRTS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/19/14		Payee name BAT CITY AWARDS			
Amount (\$) \$17.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1707 NUECES ST AUSTIN TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) NAME TAGS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/18/14		Payee name CITY OF AUSTIN			
Amount (\$) \$500 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 301 W. 2ND AUSTIN TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) FILING FEE <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7		2 FILER NAME CHRISTOPHER HOERSTER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/13/14		5 Payee name CAPE CRENE			
6 Amount (\$) \$94.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1034 OLDF ST AUSTIN TX 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN KICK OFF <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/18/14		Payee name VISTA PRINT			
Amount (\$) \$50.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 95 HAYDEN AVE LEXINGTON MA 02421			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) BUSINESS CARDS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/26/14		Payee name VISTA PRINT			
Amount (\$) \$115.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 95 HAYDEN AVE LEXINGTON MA 02421			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) BANNERS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/04/14		Payee name VISTA PRINT			
Amount (\$) \$359.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 95 HAYDEN AVE LEXINGTON MA 02421			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) PUSH CARDS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7	2 FILER NAME CHRISTOPHER HOEKSTER	3 ACCOUNT # (Ethics Commission Filers)
4 Date 09/24/14	5 Payee name OFFICE DEPOT	
6 Amount (\$) \$64.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 550 E BEN WHITE AUSTIN TX 78704 STE 200	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE SUPPLIES	(b) Description (If travel outside of Texas, complete Schedule T) PRINTER PAPER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 09/13/14	Payee name HEB	
Amount (\$) \$14.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2400 S. CONGRESS AUSTIN TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) BALLOONS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 09/12/14	Payee name OFFICE MAX	
Amount (\$) \$49.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9400 SIH 35 AUSTIN TX 78748	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE SUPPLIES	Description (If travel outside of Texas, complete Schedule T) STAMPS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 09/23/14	Payee name WIX	
Amount (\$) \$4.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 1967 GASTONIA NC 28053	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) WEBSITE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7		2 FILER NAME CHRISTOPHER HOOKSTER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/19/14		5 Payee name AMAZON.COM			
6 Amount (\$) \$401.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1200 12TH AVES SEATTLE WA 98144 STE 1200			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) BUTTON MAKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/19/14		Payee name GLORIA MORALES			
Amount (\$) \$400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO BOX 1196 AUSTIN TX 78767			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) CONSULTING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/19/14		Payee name XTRA NEWSPAPER			
Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO BOX 1194 AUSTIN TX 78767			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) POLITICAL AD <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/29/14		Payee name GUS'S FRIED CHICKEN			
Amount (\$) \$54.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 117 SAN JACINTO BLVD AUSTIN TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) MEETING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7	2 FILER NAME CHRISTOPHER HOERSTER	3 ACCOUNT # (Ethics Commission Filers)
4 Date 09/21/14	5 Payee name NATIONBUILDER	
6 Amount (\$) \$99.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 440 S. HILL ST LOS ANGELES CA 90013 STE 200	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) WEBSITE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 09/20/14	Payee name TEXAS DEMOCRATIC PARTY	
Amount (\$) \$225.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4818 E BEN WHITE AUSTIN TX 78741 STE 104	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) DATABASE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 09/19/14	Payee name AMAZON.COM	
Amount (\$) \$11.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1200 12TH AVE S. SEATTLE WA 98144 STE 1200	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) HOLE PUNCH BUTTON <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 09/16/14	Payee name AMAZON.COM	
Amount (\$) \$194.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1200 12TH AVE S SEATTLE WA 98144 STE 1200	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE SUPPLIES	Description (If travel outside of Texas, complete Schedule T) PRINTER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7		2 FILER NAME CHRISTOPHER HOERSTER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/20/14		5 Payee name SUPER BURRITO			
6 Amount (\$) \$12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1800E OLIVE ST AUSTIN TX 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) MEETING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 10/01/14		Payee name LITTLE MEXICO RESTAURANT			
Amount (\$) \$31.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2304 S. 1ST AUSTIN TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) MEETING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/03/14		Payee name EL MERCADO			
Amount (\$) \$22.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1302 S. 1ST AUSTIN TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) MEETING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/07/14		Payee name GOLDEN CORRAL			
Amount (\$) \$32.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3407 S. LAMAR AUSTIN TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) MEETING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7		2 FILER NAME CATRISTOPHER HOERSTER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/20/14		5 Payee name HILL'S CAFE			
6 Amount (\$) \$4.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 4700 S. CONGRESS AUSTIN TX 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) MEETING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/09/14		Payee name CAFE JOSIE			
Amount (\$) \$6.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1200 B W. 4TH ST AUSTIN TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) MEETING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/22/14		Payee name SILCO ON 7TH			
Amount (\$) \$4.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1300 E 7TH ST AUSTIN TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) MEETING <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED