	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST E1/24  NICKNAME LAST  MAY	MI	OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFI ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX; APT / SUITE #: CITY:  P. O. Box 91951  Austh, 1x 78709	STATE; ZIP CODE	Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (5/2) 358-0479	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Ma. William  NICKNAME LAST  UBILLY Oakey	MI S., SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #  1507 Elton Lane, W  Bushn, Turas 7870	city: state;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(512) 913-7696	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 Bth day before election	Runoff  Exceeded \$500 fimit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 9 /25 /	Year
11 ELECTION	ELECTION DATE Month Day Year Primary  11 4 2014	Runoff 🔀	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (FKNOWN)  Australia  Australia	1 Council
	GOTOPAG	<i>j.</i> 1	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	14 C/OH NAME  Eli Zu WAY  15 ACCOUNT # (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDUES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS			
a	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
			is .		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,485		
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	ZED \$		
	4. TOTAL	POLITICAL EXPENDITURES	\$12,270.87		
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA PRTING PERIOD	\$ 12,270.87 \$ 40,616.59 \$ 24,000		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	1E \$ 24,000		
18 AFFIDAVIT		I swear or affirm under penalty of n	erjury, that the accompanying report		
DESI	NA ESTRADA SALINA	is true and correct and includes all in	nformation required to be reported by		
Notary My	Public, State of Te Commission Expire Evember 19, 2018	xos 📝			
		Signature of Cand	date or Officeholder		
AFFIX NOTARY STAMP	/ SEAL ABOVE	general programme and the second			
Sworn to and subse	cribed before not a second	ne, by the said <u>ENZA Way</u> , 20 <u>4</u> , to certify which, witness my	this the hand and seal of office.		
Signature of officer admini	Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				

		CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	ıs		SCHEDULE A
ſ	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
	2 FILER NAME	ElizA MAY		3 ACCOUNT # (E	thics Commission Filers)
'	7/2(	5 Full name of contributor □ out-of-state PAC (ID#:_  Texas Taxi Political ACT)  6 Contributor address; City: State; Zip Code  919 Congrus Quel. STE 13	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
L		AUSTIN , Tx 78701		·	of Texas, complete Schedule T)
1	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
	Date <b>8</b> /4	Full name of contributor out-of-state PAC (ID#:_  Ce. Cellin Burkl  Contributor address: City: State: Zin Code		Amount of contribution (\$)	in-kind contribution description (if applicable)
	£ 9/15	Contributor address: City; State; Zip Code 6500 Santolina Cove aus	tis, Tx 78731	(If travel outside o	of Texas, complete Schedule T)
	Principal ogcup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date 8/4	Full name of contributor out-of-state PAC (ID#_  Gary Hall  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Denois al securi	Contributor address; City; State; Zip Code  4007 Mc Cullogh Ave  San antonio, Th. 7.821  pation / Job title (See Instructions)	2 Employer (See	<u> </u>	    of Texas, complete Schedule T)
		ourity Consulting	Sey (See		
	Date <b>%</b> /7	Full dame of contributor out-of-state PAC (ID#:_    Contributor address; City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
		8500 andreas Cv, Ac	15TIN/K 78759	:	<b>[</b> 
F	Principal occu	pation / Job title (See Instructions)  Re Lived	Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
F	Date .	Full name of contributor out-of-state PAC (10#_ Elvie Caballero Jopey	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	8/1	Contributor address; City: State: Zip Code 4009 Irlana Blad, au	stin, 1× 18749	F/OD	     
		pation / Job title (See Instructions) woultant-Lohoust Stile	Employer (See		or room, comprise concerns ()
		ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

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

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1 Total pages Schedule A:	
			3 ACCOUNT # /F	Miles Commission Piless	
2 FILER NAME	11.1		3 ACCOUNT# (E	thics Commission Filers)	
ELIZ	A MAY				
4 Date 9/15	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution	
47/15	· · · · · · · · · · · · · · · · · · ·		contribution (\$)	description (if applicable)	
82.11	Jose MAY		do		
, I/IS	6 Contributor address: City: State: Zip Code		\$350	·	
	4861 Sharp Pallas, T.	WAS		l i	
		18247		1	
		0241	(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	- <del></del>	
	Construction Chanagent	Phil	lips Mas	y Estporaler	
Date	_Full name of contributor out-of-state PAC (ID#	1	Amount of	In-kind contribution	
0.10	1 7) 4		contribution (\$)	description (if applicable)	
9/21	Kobin Schneider		Ar in		
1	Contributor address; City; State; Zip Code 2609 Sherwood Lane, au	/	# 100		
	2600 Sterwood Love au	17/N /x 78704	" 700	l	
	2009 Dicease of June,			, 1	
			(If travel outside	I of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See 1		o. Toxag, complete contents ty	
	·			•	
Date	Full name of contributor  out-of-state PAC (ID#_	1	Amount of	In-kind contribution	
, Date	John maltaber	,	contribution (\$)	description (if applicable)	
9/20	JURN MAURAGE		H	!	
'/ '~	Contributor address; City; State; Zip Code	1 - 1	#111	1	
	4512 Eagle Feather D	1105171/1/27865	100	1	
	1312 300 1 - 1	,		1	
<u> </u>			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)		
	Engineer	Delf_			
Date	Full name of contributor  out-of-state PAC (ID#:_		Amount of	In-kind contribution	
	Derek Alden Howard		contribution (\$)	description (if applicable)	
9/24			\$ 400	. `	
1/57	Contributor address; City; State; Zip Code	Tan	# 200		
	Contributor address; City; State; Zip Code 2005 Jakoshoze Dr. A	USFM,/X/8/46		1	
		,			
	Lab Mar (Or - North North	E1		of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See	ections)		
#//	OTNEY	July 170	uw		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution	
1	C. Daniel Whiles		contribution (\$)	description (if applicable)	
0/	Contributor address: Chu Sate Vin Code		\$ 000	ĺ	
7/25	C. Duniel Whiles  Contributor address; Chy, State; Zip Code  3103 BEE CAVES No. SVI	4201	" 350	· 1	
'	JAU DEL GIVES A	70 711		1	
[	AUSTIN, TXI	18146	(If travel outeids	of Texas, complete Schedule T)	
Principal occur	J. pation / Job title (See Instructions)	Employer (See	<del> </del>	or roxes, complete suredule 1)	
<i>AT</i>	tornly '	Employer (See	tice		
	/	Ü	•		
	ATTA 011 A DAMES OF A DATE	NE TURO CO! :==: : =			
I	ATTACH ADDITIONAL COPIES (	JE THIS SCHEDITE	AS NEEDED		

Texas Ethics Com	mission P.O. Box 12070 Austin, 1ex	as /8/11-20/0	(512)463-5800	(1001-800-735-2989)
	Cal Contributions Than Pledges or Loan		SCHEDULE A	
The	The Instruction Guide explains how to complete this form.			edule A:
2 FILER NAME	A MA.		3 ACCOUNT # (E	thics Commission Filers)
EL12	AMAY	<u>-</u>		
4 Date	5 Full name of contributor out-of-state PAC(IDS) Texas Latina List	PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/13	6 Contributor address; City: State: Zip Code P.O. Box 64025, FORT WO	11/Jx 76/64		 
	3	r	L	of Texas, complete Schedule T)
9 Principal occu	pation 4.1gb title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25	Ed CISIET Contributor address; City; State; Zip Code	T 2016	\$50	
	7108 Doswell LN AUSTIN	/x 78/76		
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (IDS)		Amount of	In-kind contribution
9/25	Full name of contributor (1) out-of-state PAC (1) of ANNU & KATRINA SANCHEZ Pru Contributor address: City, State; Zip Code 3309 Rasp berry CV, AU	iitt	contribution (\$)	description (If applicable)
172	3309 Raspherry CV, AL	ISTW, TX 18748	7200	
			1	of Texas, complete Schedule T)
5: : : : : : : : : : : : : : : : : : :	pation / Job title (See Instructions)	Employer (See		
Principal occu	Ben Ker	Wills Fo	18	
		,	Amount of	In-kind contribution
Date	Jesse landelas		contribution (\$)	description (if applicable)
9/27	Jesse Candelas  Contributor address; City; State; Zip Code  P. O. Box 141156 AUSTIN, 1	Tx 18714	# 200	<b>!</b>
1			(if travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
<del></del>	Full name of contributor   out-of-state PAC (ID#:		Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
9/25	JAVIET Barajas Contributor address; City: State: Zip Code 78/3 Callbram Sont A	STIN/X 78736	100	i   
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
	Enzevel	July		
<u> </u>	8			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDUL		

_	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: )
2 FILER NAME ELIZA	MAY		3 ACCOUNT # (E	thics Commission Filers)
4 Date 9/18	5 Full name of contributor   out-of-state PAC(ID#:_ GISEIC_ / FIGNO 6 Contributor address; City; State; Zip Code 5504 For T BENTON, AUST		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
			(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See TrAvis Co		
Date 9/18	Full name of contributor out-of-state PAC (ID#_ Jew Ni fer Shelley Rolf) Contributor address; City; State; Zip Code 4.85 NICholas IN Drift		Amount of contribution (\$)	In-kind contribution description (if applicable)  4150,  Fun tracer 1  Formse of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) A HORNEN	Employer (See		
Date 9//8	Full name of contributor out-of-state PAC (ID#_  Mudu A. Trevino  Contributor address; City; State; Zip Code  5013 Mc Dade Dr AUSTIN	Jx 78795 78735	Amount of contribution (\$)	In-kind contribution description (if applicable)  of Texas, complete Schedule T)
Principal occu	Destion / Job title (See Instructions). Wille Glations Mercay	Employer (See		n mission
Date 9//8	Full name of contributor out-of-state PAC (ID#_Avay Mustury) Contributor address; City: State; Zip Code 3808 Salena H. 14 Round Lock Loop	, Tue 48 (1881	#/00	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date 9/15	Full name of contributor out-of-state PAC (1D#_ Blowth May Contributor address; City; State; Zip Code 508 N. Montclaike Ave Dalas, Ty 787		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
16	ATTACH ADDITIONAL COPIES (			

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

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Eliza	May			
4 Date	6 Full name of contributor	)	7 Amount of	8 In-kind contribution
Ĭ	Rom Toden		contribution (\$)	description (if applicable)
.9/8	Ron Toden  6 Contributor address; City: State; Zip Code  P.O Box 117, Rollins,	nr 59931	\$ 350	 
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#:_	1	Amount of	In-kind contribution
01-	MR. Lou Mc Creary		contribution (\$)	description (if applicable)
7/15	Contributor address; City; State; Zip Code		\$ 250	
′	Contributor address; City; State; Zip Code 901 S Mo PAC Expy, Barba Oa	KI RAZA DNE	. 230	
	SUITE 300, AUSTIN, TX 7	8746		
	, , ,		<u> </u>	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor   oul-of-state PAC (ID#_	0 ,	Amount of	In-kind contribution
1 ,	Charles and Jois Villas		contribution (\$)	description (if applicable)
9/18	Contributor address; City; State; Zip Code		\$700	
	6204 South First Street, Aust	lin. Tx 78745		1
		,, ,	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
Fu	nered Home	owners		
Date	Full name of contributor   out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/11	1		#200	} !
9/16	Contributor address; City; State; Zip Code		\$200	! !
	1601 [ 5th St UNIT 208, AUSTU	18/18/0L		<b>!</b> !
	,		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
	Engineer	812te - 1	awk.	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18/	Martin Lizaragga		H	1
1/10	Contributor address; City; State; Zip Code	+ T. 707110	# 100	1
	4606 Manzanillo Dr, aust	in /X 10/77		
			1	of Texas, complete Schedule T)
Principalyoccu	ipation / Job title (See Instructions)	Employer (See		
	ourance agent	werale	TW W.	· · · · · · · · · · · · · · · · · · ·

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Comm	ission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	AL CONTRIBUTI THAN PLEDGES	_		SCHEDULE A
The ir	struction Guide explains how	to complete this form.	1 Total pages Scho	edule A:
2 FILER NAME Eliya	May		3 ACCOUNT # (E	thics Commission Filers)
	Full name of contributor  Pattic Summero-  Contributor address; City:  1820 West 1075 S		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occepa	tion / Job title (See Instructions)	10 Employer (See	_ <del>'</del>	of Texas, complete Schedule T)
Date	Full name of contributor E	State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Britain	atom ( tole atalo (On a tomas atoms)	F1 (0		of Texas, complete Schedule T)
Principal occupa	Full same of contributor.	Employer (See All Shu)	u & Associ	ates
8/26/14		Mirez Plantation Drew Tuesdo 78744		In-kind contribution description (if applicable)  ### 15   Function    Texas, complete Schedule T)
шра	tion 1. Housewife	. 1		
Date	Full name of contributor Cathy L. Bo	Oul-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/9		State: Zip Code Trl, Questin, Tx 78731		of Texas, complete Schedule T)
	ition / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	i lexas, complete scriedule 1)
Date 8/28	Full name of contributor  Howard Kells  Contributor address; City;  P.D. Box 90245, C	State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	tion / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	( (		,	
	ATTACH ADDIT	IONAL COPIES OF THIS SCHEDUL	F AS NEFDED	

exas Ethics Com	mission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
·	CAL CONTRIBUTIO THAN PLEDGES O	<del>-</del>		SCHEDULE <b>A</b>
The	Instruction Guide explains how to	complete this form.	1 Total pages Sch	edule A: 18
2 FILER NAME	Ecina May		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Fall name of contributor □out  ELIOT KRALJ  6 Contributor address; City; Sta		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	1270 Colorado Spation / Job title (See Instructions)	10 Employer (See	<del></del>	of Texas, complete Schedule T)
Date -1/12	Full name of contributor ou  ROMEO RODRIGIX  Contributor address; City: St	t-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
,,,-	Contributor address; City; St. 178 Arizona Loc	op, Laredo, Tx 18041		
	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date 1/15	Full name of contributor	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
,	3708 OLYMPIA		(If travel outside	of Texas, complete Schedule T)
Principal occup	Doctor	Employer (See	Instructions)	
Date 7/18	Full name of contributor ou ou MR SM PS WILLIAM R. Contributor address; City; St. 11205 Readwill	4. English	Amount of contribution (\$)	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Principal occupation / Job title (See Instructions)

From Business Human

Principal occupation / Job title (See Instructions)

Muncyll

(If travel outside of Texas, complete Schedule T)

(If travel outside of Texas, complete Schedule T)

In-kind contribution

description (if applicable)

Employer (See Instructions)

Employer (See Instructions)

Amount of

contribution (\$)

lexas Etnics Com	imission P.O. Box 12070 Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 3
2 FILER NAME	lija May		3 ACCOUNT # (E	thics Commission Filers)
4 Date	50 Full name of contributor out-of-state PAC(ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/12	6 Contributor address; City; State; Zip Code 1502 Nelson CT. Larlos	Tx 78045	£250	} 
{	,	•	(If travel outside	of Texas, complete Schedule T)
,	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor Qut-of-state PAC (ID#_ Joe Loply and alma	-	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/12	Contributor address; City: State; Zip Code  July 1869 Jane Jan	redo, TX78043	£100	<del> </del> 
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See )	Instructions)	
7//2	Full name of contributor out-of-state PAC (10#_Paul ) Lallego , Many , Contributor address: City; State; Zip Code 2505 L. W. W. Janedy	Helen Tx 18045		In-kind contribution description (if applicable)
Principal occu	pation / John title (See Instructions)  Sudge	Employer (See		,
7///	Full name of contributor out-of-state PAC (ID#:_  NOS WER   Till TIPA  Contributor address: City: State; Zip Code  1 000 Washington Jawon,	TX 78040	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside	I of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) ATTOMU	Employer/See	Instructions)	
Date 1/29	Full name of contributor out-of-state PAC (ID#_  RICK PERKINS  Contributor address; City; State; Zip Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
'	Contributor address: City: State; Zip Code 8503 El Rey, Austin, 1x 76	8137	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		,
2	ATTACH ADDITIONAL COPIES C	F THIS SCHEDIN F	AS NEEDED	
lf -	contributor is out-of-state PAC, please see instr			requirements.

exas Ethics Com	nmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		NTRIBUTION PLEDGES O	_	IS		SCHEDULE A
The	Instruction G	Suide explains how to	complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Lija i	May			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name Ro-d		ا المحدد le; Zip Code	in to 18702	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<del></del>					1	of Texas, complete Schedule T)
	extred	e (See Instructions)		10 Employer (See	Instructions)	
Date 8//D	ana Contribut	or address; City: Star Changre De C		Santa Fe,	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job_tit	le (See Instructions)	1500	Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
R	etired	President			····	
Date 8/11	Contribut	e of contributor out- wica Peña  or address; City; Sta	te; Zip Code	tin, 1×7875	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job tit	le (See Instructions)		Employer (See	<u> </u>	of Texas, complete Schedule T)

In-kind contribution Amount of description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID# BOOTON)

Contributor address; City; State; Zip Code - 825 W. 11th St. STE 114, AVSTINIX 70701 In-kind contribution Amount of contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) IN LEPEN YOUT FINANCIAL AGENT

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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:
2 FILER NAME Elija May	3 ACCOUNT # (Ethics Commission Filers)
Elija May  4 Date  5 Full norme of contributor out-of-state PAC (ID#-  9/14  6 Contributor address; City: State: Zip Code  10017 Wild Dunk Jr, Austin, Jx.	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
	(If travel outside of Texas, complete Schedule T)
	oloyer (See Instructions) was Engineering Comp
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
1213 Southwood Rd., austin,	(If travel outside of Texas, complete Schedule T)
Retered - Deather	noyer (See insulictions)
Date  Full name of contributor out-of-state PAC (ID#_  S/16  Contributor address; City; State; Zip Code  1707 E. 6th St. Austin, Tx 787	\$ 100
Principal occupation / Job title (See Instructions) Emp	(If travel outside of Texas, complete Schedule T)  sloyer (See Instructions)  5 H-4 9 Twas
Data Full name of contributor Out-of-state PAC (ID#:	Amount of In-kind contribution
8/16 Elan Dand Koy Mata Contributor address; City; State: Zip Code J 7518 Robert Kleburg In Au	istan T. #100
78	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Emp  Feachers  A	oloyer (See Instructions) - ISD
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) description (if applicable)
Contributor address; City; State: Zip Code 1820 West 10th ST, austin, T+ 12	\$703 \$50
Dissipat convertion / leb title (Con Instruction)	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Profiles Library  Cut	oloyer (See Instructions)
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Texas Ethics Commission

POLITIC OTHER	SCHEDULE A					
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:			
2 FILER NAME	May		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 8//0	Raymond r Haren Brimble  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	2800 Robb Run, austin	1, Tx 78703	(If travet outside o	I I of Texas, complete Schedule T)		
	Dation / Job title (See Instructions) ZNVS HUR_	10 Employer (See	L			
Date	Full name of contributor out-of-state PAC (ID#_  JM Rubio Jr.  Contributor address; City; State; Zip Code	1	Amount of contribution (\$)	In-kind contribution description (if applicable)		
8/25	1000 Washington St., Stet	Lando Tx 78040		of Texas, complete Schedule T)		
	oation / Job title (See Instructions)	Employer (See I	nstructions)			
Date 8/26	Full name of contributor out-of-state PAC (ID#_ Daniel Contreras Contributor address; City; State; Zip Code 3521 SIHK Oak Dive W	ester J× 18748	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	/		(If travel outside of Texas, complete Schedule T			
Principal occup	Public Affmrs Consultant	Employer (See I ろより	nstructions)	· · · · · · · · · · · · · · · · · · ·		
Date Full name of contributor out-of-state PAC (ID# // Harmon Juanow			Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address: City: State: Zip Code 1371 Saddle Ridge Road 2	oma 688524 81524	# 200	· 		
Principal occup	pation / Job title (See Instructions)  Related	Employer (See		of Texas, complete Schedule T)		
0ate 8/14	Full name of contributor   out-of-state PAC (ID#_ Wares and Carneler n Contributor address; City; State; Zip Code 10017 Will Dunes Diwl,		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occu	pation / Job title (See Instructions)	Employer (See	<b>.</b>	of Texas, complete Schedule T)		
	In gineer	Macias En	gineeria	Company		
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see Instr		ىسى requirements.			

#### P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) ELIZA MAY 5 Full name of contributor | out-of-state PAC (IDE) 8 In-kind contribution 7 Amount of 9/25 Israel T. Gonzalez 6 contributor address; City: State: Zip Code 2/911 Briarcliff; Spicewood, 1278669 description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) It Cavil Engineers | Land Surryors 9 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) description (if applicable) LINDA DEL TOTO Contributor address: City; State; Zip Code, 1520 Marsh Crest Dr. NSTIN J. 78747 Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of description (if applicable) Krister Ovalle Contributor address: City: State: Zip Code 3213 Winsom Cr Sando, 14 18045 contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) JUDENT Full name of contributor | cut-of-state PAC(ID#\_\_\_\_\_\_) Hotel Jesse Pena Contributor address: City: State: Zip Code 7705 NILderwald Strasse, Kyle/+ 78640 In-kind contribution Amount of description (if applicable) contribution (\$) Employer (See Instructions) ULTRACADO In-kind contribution Amount of description (if applicable) contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

(512) 463-5800

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**Texas Ethics Commission** 

#### SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule A:
2	FILER NAME	,		3 ACCOUNT # (EL	hics Commission Filers)
		EA MAY		•	
4	Date	5 Full name of contributor   out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
		STEPhen Speir	, -	contribution (\$)	description (if applicable)
	Gila	-6—Contributor address; — City; —State; — Zip Code		#110	
	9/22		- 70792	110	
		1225 Corona Dr. Austin, Tx	( 1812)		_
_		3	40 5		f Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
⊨	Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Date			contribution (\$)	description (if applicable)
	1/0	SARA Carrasco PHD	Tx 18043	\$75	
	// <sup>&amp;</sup>	Contributor address; City, State; Zip Code	T 1014	4 15	•
l	,	2401 Lane ST, LATEDO,	X 10013	i	•=
				<del></del>	f Texas, complete Schedule T)
Γ		pation / Job title (See Instructions)	Employer (See	Instructions)	14.0
H	/14	ministrator	1 2001660 000	7	In-kind contribution
	Date	Full name of contributor		Amount of contribution (\$)	description (if applicable)
	9/2-14	Anne Harutunian Contributor address; City: State; Zip Code P.O. BOS W Aus Hn TV 78713			
	1125/14	Contributor address; City; State; Zip Code		- 3≨⊙	
1		Aug hn Ty 78713			2 7
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(if travel outside o	of Texas, complete Schedule T)
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⊨		•	1 naim, ru	Amount of	In-kind contribution
	Date	Full name of contributor   out-of-state PAC (ID#		contribution (\$)	description (if applicable)
	Al . 1 4 44	Contributor address; City, State; Zip Code			! 
l	1/4/14	Contributor address; City; State; Zip Code	•	350	i
		P.O. Box W			1 1
		Mustin To 78743			of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See		uginerin
1	<del></del>	- raginer	1 / 1 2 2 2 2 2 3	Amount of	In-kind contribution
	Date	Full name of contributor   out-of-state PAC (TD#:		contribution (\$)	description (if applicable)
	7/12/14	Condela A Deto Valde. Contributor address; City, State; Zip Code	<b>~</b>	0-00	1 3257
1	-11-119	2002 O'Kane #12	₹	1 25,	- AJJOU
		T = = = = = = = = = = = = = = = = = = =	10		Expense
1		Litredo Dupas 780			of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	r Webb C	Instructions)	•
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED (	CONTRIBUTIONS		SCHEDULE B		
The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedt	ule B:		
2 FILER NAME	iza May	3 ACCOUNT # (Ethic	3 ACCOUNT # (Ethics Commission Filers)		
4 TOTAL OF	UNITEMIZED PLEDGES: ⇔ ⇔ ⇔	⇔ ⇔	\$		
10/10/14 7 Ple	H name of pledgor out-of-state PAC(10#)  feve Russell edgor address; City: State; Zip Code  605 Sylvan Aughn Tr 78745	8 Amount of pledge (\$)	In-kind description (if applicable)		
			Texas, complete Schedule T)		
	Job title (See Instructions)  11 Employer (See	Instructions)			
1015114	User the Coltera edgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)		
	502 Hornis Dr. Mushin To. 78 204		Texas, complete Schedule T)		
Principal occupation /	Job title (See Instructions) Employer (See	Instructions)			
	rill name of pledger	Amount of pledge (\$)	In-kind description (if applicable)		
Plo	edgor address; City; State; Zip Code 5008 Ff. Worksh Trail Mushin 1671748	(If travel outside of	Texas, complete Schedule T)		
	Job title (See Instructions) Employer (See	Instructions)			
Date Fu	Ill name of pledgor   out-of-state PAC (ID#)  League 27 Ulifulg.	Amount of pledge (\$)	In-kind description (If applicable)		
10 4/16 PH	edgor address; City; State; Zip Code 109 Theresh I We. Mushin Luns 78703	250 (If travel outside of	Texas, complete Schedule T)		
Principal occupation /	Job title (See Instructions) Employer (See	Instructions)			
C) plu C	ull name of pledgor out-of-state PAC (IDI#:)  Note: Show Davi's  edgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)		
	13 Waterlane briw. Hantints  1 Austrelane briw. Hantints  76063  Job title (See Instructions) Employer (See	<del>. l'</del>	Texas, complete Schedule T)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL utor is out-of-state PAC, please see instruction guide for a	E AS NEEDED dditional reporting r	equirements.		

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P.O. Box 12070

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule 8:
2 FILER NAME	Eliza May		3 ACCOUNT # (Ett	nics Commission Filers).
4 TOTA	AL OF UNITEMIZED PLEDGES:	<b>\$ \$</b>	\$ \$	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#		8 Amount of pledge (\$)	9 In-kind description (if applicable)
101,114	101, 114 Jourier 7 Pledgor address; City; State; Zip Code			
	7813 Call Boran LN 7	18736		
		44 5		f Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I	S	· · · · · · · · · · · · · · · · · · ·
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
101,14	Pledgor address; City; State; Zip Code		200,	•
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Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	<u> </u>
Date	Full name of pledgor out-of-state PAC (D#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
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Principal occu	pation / Job title (See Instructions)	Employer (See I	<u> </u>	in ready companies consecute vy
Date	Full name of pledgor out-of-state PAC (ID#;		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	·		
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	<del></del>	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
		1	<u> </u>	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
lf (	ATTACH ADDITIONAL COPIES ( contributor is out-of-state PAC, please see instr	OF THIS SCHEDULI	E AS NEEDED dditional reporting	requirements.

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LOANS			SCHEDULE E
The	Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule E:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
	ZA MAY		
4 TOTA	L OF UNITEMIZED LOANS:	<b>\$</b> \$ \$ \$ \$	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	) 9 Loan Amount (\$)
9/25/14	Eliza Man		\$ (2,000
6 Is lender a financial Institution?	8 Lender address; City; State	; Zip Code	10 Interest rate
Y		•	11 Maturity date 6   19   2015
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	5)
Director on	Misson Services Komen V	Jushin Susing G. Kony	Ien Foundation
14 Description of Col	ateral		re deposited into political account
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	)
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
ls lender a financial	Lender address; City; State	; Zip Code	Interest rate
Institution?			Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were	e deposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL C der is out-of-state PAC, please see	OPIES OF THIS SCHEDULE AS NE instruction guide for additional re	

# POLITICAL EXPENDITURES

Texas Ethics Commission

	EXPENDITURE	CATEGORIES	FOR BOX 8(a	)	·
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	intract Labor	Loan Repayme	nt/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense	Transportation	Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District			onations Made By
Event Expense	Polling Expense	Travel Out Of Dist			Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R		•	a category not listed above)
	The Instruction Guide	explains how to	complete this fo	irm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOL	INT # (Ethics Commission Filers)
4	5 Payee name				
4 Date	5 Payee name			<u>.</u>	
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6 Amount (\$)	7 Payee address; City; Sta	ate: Zip Code			
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8 PURPOSE	(a) Category (See categories listed at the top			(If travel outside of	Texas, complete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder Hame		Office soug	ht	Office held
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D-4-	Boyce name				
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112814	U.S. Postal	dewic	<u> </u>		
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AND AND	ATTACH ADDITIONAL (	OPIES OF THIS	SCHEDULE A	SNEEDED	<u>.</u>

(512) 463-5800

## **POLITICAL EXPENDITURES**

Texas Ethics Commission

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	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Dist	lrict	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/F	lental Expense	OTHER (enter a category not listed above)
	The Instruction Guide	explains how to	complete this for	m.
1 Total pages Schedyle F:	2 FILER NAME		<del></del>	3 ACCOUNT # (Ethics Commission Filers)
Total pages schedule P.				O ACCOUNT TO LEARNING CONTINUOUS TO MOTO
-1	Elizallan	<del> </del>	•	<u> </u>
4 Date	5 Payee name			
9/2/14	NATION Building			
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code		
D Amount (4)	, rayes accress, only, on	, <u>L.</u> p 0000		
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8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Website - Technolo	<u> </u>	Itostin	<u></u>
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	<u> </u>	Office sough	t Office held
	Sauce barre			
Date	Payee name			
8/3/4	Nation Builder			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
19.00	los Angelia Ca.			
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で クラ,	Waltham MA			
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
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EXPENDITURE	Advertising Exp	ense		<u> </u>
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expenditure to benefit C/C				
Date	Payee name			
710014	Jackie Sanchez			
7/22/14				
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
\$750	4600 Elmont Br	. Aushn7	eyas 787	741
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
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EXPENDITURE	Contract Latin / 11/4	Lus	1 tamin	shapine
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## **POLITICAL EXPENDITURES**

Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	CATEGORIES F Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	ntract Labor Sing Expense	Loan Repaymen Transportation E Contributions/Do Candidate/Of	t/Reimbursement quipment & Related Expense nations Made By fitcholder/Political Committee
Fees	Printing Expense The Instruction Guide		•	•	category not listed above)
Total pages Schedule F:	2 FILER NAME				NT # (Ethics Commission Filers)
4 Date	Eliza May 5 Payee name		<del> </del>	1	
7/3/2014		<b></b>			
6 Amount (\$)	7 Payee address; City; Sta 1802 ann arbor	te; Zip Code T∽ 787 (	o4		
\$210	consulting E-1	Dense			
8 PURPOSE	(a) Category (See categories listed at the top		(b) Description	(If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Consultar & pome		Profess	cond de	ures
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt	Office held
Date	Рауее пате				
8/1/2014	Payee address; City; Sta	gies	441.41		
Amount (\$)					
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	Prests. Tr		<u></u>		<del></del>
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	1	Office sough		Office held
Date	Payee name				
8/15/14	Jackie Sanck		4		
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
750	4600 Elmont DR.	Ausha To	78741		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	contract Laker/a	lages	Admi	ningsfu	-hor
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	ht	Office held
Date ,	Payee name				
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PURPOSE	Category (See categories listed at the top	of this schedule)			Texas, complete Schedule T)
OF EXPENDITURE	Consulting to per	use	Let Dr	op; voter	The
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name		Office soug	ht	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED	

# **POLITICAL EXPENDITURES**

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ntract Labor	Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundrai	sing Expense	Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District		Contributions/Donations Made By		
Event Expense	Polling Expense	Travel Out Of Dist	rict	Candidate/Officeholder/Political Committee	
Fees	Printing Expense	Office Overhead/R	ental Expense	OTHER (enter a category not listed above)	
	The Instruction Guide	explains how to	complete this for	m.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
4	Eliza May				
4 Date	5 Payee name				
4 Date					
8/30/124	Jacki'e Sanci 7 Payee address; City; Stat	herr			
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code			
750	4600 Elmont Ev.	Mesen 1	~ 78740		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)		(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contract Labor Labore	-	Cours	malina	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	t Office held	
Data	Payee name				
Date	· · · · · · · · · · · · · · · · · · ·				
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Amount (\$)	Payee address; City; Sta	te; Zip Code			
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PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If trave) outside of Texas, complete Schedule T)	
EXPENDITURE	Consulting Serv	د'دهے	Shal	regic Direction	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	t Office held	
Date 9/36/11	Payee name				
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	2211 N. 18t. 4	7.			
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PURPOSE	Category (See categories listed at the top		Description	(If travel outside of Texas, complete Schedule T)	
OF					
EXPENDITURE	tees		bone	teris Electronic	
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1,080	6410 Ponen S	heet An	ishnity	78741	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF			l- &-		
EXPENDITURE	wheret Labor	<u></u>	orma	<b>&amp;</b>	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	ot Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED	