

# 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: <b>20</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Ms Sharon</b>	FIRST <b>E</b>	OFFICE USE ONLY Date Received <b>2019 OCT 6 PM 1 19</b> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME <b>Mays</b>	LAST <b>Mays</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: <b>9629 Covey Ridge Ln.</b>		CITY: <b>Austin, TX</b>
	APT / SUITE #: <b>78758</b>		STATE: <b>TX</b>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>905-0707</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs. Trina</b>	FIRST <b>F.</b>	OFFICE USE ONLY
	NICKNAME <b>Regalado</b>	LAST <b>Regalado</b>	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <b>8802 Brookfield Dr.</b>		
	CITY: <b>Austin TX</b>		
	STATE: <b>TX</b>		
	ZIP CODE: <b>78758</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(213)</b>	PHONE NUMBER <b>864-0103</b>	EXTENSION
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 <b>07/01/14</b> THROUGH <b>09/25/2014</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11/04/14</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Austin City Council District 4</b>

GO TO PAGE 2

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

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

*Sharon E. Mays*

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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

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

\$ 20.00

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

\$2,500.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$12,568.45

CONTRIBUTION  
BALANCE

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

\$ 825.00

OUTSTANDING  
LOAN TOTALS

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

\$20,100.00

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.



*Sharon E. Mays*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Sharon Mays*, this the *10th* day of *October*, 20 *14*, to certify which, witness my hand and seal of office.

*Deena Estrada Salinas*  
Signature of officer administering oath

*Deena Estrada Salinas*  
Printed name of officer administering oath

*Notary Public*  
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>4</b>	
2 FILER NAME <b>Sharon E. Mays</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/11/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sam Armstrong</b> 6 Contributor address; City; State; Zip Code <b>500 E. Anderson Ln #159P Austin, TX 78752</b>	7 Amount of contribution (\$) <b>40<sup>00</sup></b> (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Marketing Coordinator</b>		10 Employer (See Instructions) <b>TG</b>	
Date <b>8/7/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John Schreim</b> Contributor address; City; State; Zip Code <b>401 Little Texas Ln Austin, TX 78745</b>	Amount of contribution (\$) <b>100<sup>00</sup></b> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Lead Technician</b>		Employer (See Instructions) <b>Pharmacia</b>	
Date <b>9/9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Bridget Bauer</b> Contributor address; City; State; Zip Code <b>4808 Broken Bow Pass Austin, TX 78745</b>	Amount of contribution (\$) <b>100<sup>00</sup></b> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Accountant</b>		Employer (See Instructions) <b>REG LIVE</b>	
Date <b>8/22/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John Pickens</b> Contributor address; City; State; Zip Code <b>1000 San Marcos St #167 Austin, TX 78702</b>	Amount of contribution (\$) <b>100<sup>00</sup></b> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Software Developer</b>		Employer (See Instructions) <b>Liquid Litigation Management</b>	
Date <b>9/9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lisa Hickey</b> Contributor address; City; State; Zip Code <b>1402 Hartford Rd. Austin, TX 78703</b>	Amount of contribution (\$) <b>250<sup>00</sup></b> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Marketing</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>4</b>	
2 FILER NAME <b>Sharon E. Mays</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/18/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Nadia Canales</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1221 S. Congress Ave #532 Austin, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Radio Promotions</b>		10 Employer (See Instructions) <b>Warner Music Group</b>	
Date <b>8/22/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Keith Hill</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8514 Parkfield Dr. Austin, TX 78758</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Programming</b>		Employer (See Instructions) <b>Emmis Austin</b>	
Date <b>9/22/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Keith Hill</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8514 Parkfield Dr. Austin, TX 78758</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Programming</b>		Employer (See Instructions) <b>Emmis Austin</b>	
Date <b>9/24/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jon Pickens</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1000 San Marcos St. #167 Austin, TX 78702</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Software Developer</b>		Employer (See Instructions) <b>Liquid Litigation Management</b>	
Date <b>9/16/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michele Flores</b>	Amount of contribution (\$) <b>10.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4001 Gemstone Rd. Austin, TX 78749</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Planner</b>		Employer (See Instructions) <b>SXSW</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: <b>4</b>	
2 FILER NAME <b>Sharon E. Mays</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/25/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Wendy Gray</b> 6 Contributor address; City; State; Zip Code <b>8416 Bangor Bend Austin, TX 78758</b>	7 Amount of contribution (\$) <b>25.00</b>	8 In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) <b>QA Lead</b>		10 Employer (See Instructions) <b>Wi-Fi Alliance</b>	
Date <b>9/25/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>C. Steve Simmons</b> Contributor address; City; State; Zip Code <b>1101 Anderson Ln. Austin, TX 78757</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) <b>Cremagrande</b>		Employer (See Instructions) <b>Amy's Ice Creams</b>	
Date <b>9/25/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Steven Chandler</b> Contributor address; City; State; Zip Code <b>10301 Button Quail Ct Austin, TX 78758</b>	Amount of contribution (\$) <b>350.00</b>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) <b>Marketing Manager</b>		Employer (See Instructions) <b>C3 Presents</b>	
Date <b>8/22/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sye Mays</b> Contributor address; City; State; Zip Code <b>2301 Stonepath Way Pflugerville, TX 78660</b>	Amount of contribution (\$) <b>350.00</b>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>8/13/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jim Spencer</b> Contributor address; City; State; Zip Code <b>1709 #A Elmhurst Dr. Austin, TX 78741</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) <b>Meteorologist</b>		Employer (See Instructions) <b>KXAN</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: <b>4</b>	
2 FILER NAME <b>Sharon E. Mays</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/7/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Megan Woodburn</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1601 Miriam Ave #202 Austin, TX 78702</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>President</b>		10 Employer (See Instructions) <b>Strategic Association Management</b>	
Date <b>9/1/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Andrea Hamilton</b>	Amount of contribution (\$) <b>75<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3006 Glenview Ave. Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Director of Investor Services</b>		Employer (See Instructions) <b>PSW Real Estate</b>	
Date <b>9/24/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Erin Ferguson</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1410 Salem Meadow Cir. Austin, TX 78746</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Project manager</b>		Employer (See Instructions) <b>Dept. of State Health Services</b>	
Date <b>9/24/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Rose Haywood</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9312 Indiana Ave. Chicago, IL 60619</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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.

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: /	
2 FILER NAME <i>Sharon E Mays</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address;      City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(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.

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em;">Sharon E. Mays</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ <div style="font-size: 1.5em;">2</div>	
5 Date of loan <div style="font-size: 1.2em;">7/14/14</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Sharon E. Mays</div>		9 Loan Amount (\$) <div style="font-size: 1.2em;">10,000</div>
6 Is lender a financial institution? <div style="text-align: center;">Y <input type="radio"/> N <input checked="" type="radio"/></div>	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em;">9629 Austin, TX 78758 Corey Ridge Ln</div>		10 Interest rate <div style="font-size: 1.2em;">1%</div>
		11 Maturity date <div style="font-size: 1.2em;">12/31/14</div>	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>	
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

  

Date of loan <div style="font-size: 1.2em;">9/18/14</div>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Sharon E. Mays</div>		Loan Amount (\$) <div style="font-size: 1.2em;">8,000</div>
Is lender a financial institution? <div style="text-align: center;">Y <input type="radio"/> N <input checked="" type="radio"/></div>	Lender address; City; State; Zip Code <div style="font-size: 1.2em;">9629 Corey Ridge Austin, TX Ln. 78758</div>		Interest rate <div style="font-size: 1.2em;">1%</div>
		Maturity date <div style="font-size: 1.2em;">12/31/14</div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**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>6</b>		2 FILER NAME <b>Sharon E. Mays</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/22/14</b>		5 Payee name <b>Harland Clarke</b>			
6 Amount (\$) <b>29.57</b>		7 Payee address; City; State; Zip Code <b>10931 Laureate Dr; San Antonio TX 78249</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Accounting/ Banking</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Checks</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>7/10/14</b>		Payee name <b>Sturdy Mfg Co.</b>			
Amount (\$) <b>974.25</b>		Payee address; City; State; Zip Code <b>1507 Houston St # 125; Austin, TX 78756</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Logo/marketing elements</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>7/22/14</b>		Payee name <b>Electra Avellan / Alice Rabbit Photography</b>			
Amount (\$) <b>400</b>		Payee address; City; State; Zip Code <b>1815 Dexter St ; Austin, TX 78704</b>			
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>photography</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>7/22/14</b>		Payee name <b>Jenny Lin</b>			
Amount (\$) <b>75</b>		Payee address; City; State; Zip Code <b>1208 W. 6th St # 3 Austin, TX 78703</b>			
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>Hair/makeup/photo styling</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	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>6</b>	2 FILER NAME <b>Sharon E Mays</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>7/31/14</b>	5 Payee name <b>Katie Lesnick</b>	
6 Amount (\$) <b>1,650.00</b>	7 Payee address; City; State; Zip Code <b>1506 Norwalk Ln # 303 Austin TX 78703</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contract Labor</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign staff</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>7/31/14</b>	Payee name <b>Katie Lesnick</b>	
Amount (\$) <b>13.66</b>	Payee address; City; State; Zip Code <b>1506 Norwalk Ln # 303 Austin, TX 78703</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Reimbursement</b>	Description (If travel outside of Texas, complete Schedule T) <b>Kinkos/printing services</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>8/1/14</b>	Payee name <b>Prographix</b>	
Amount (\$) <b>1,000.45</b>	Payee address; City; State; Zip Code <b>807 STARK ST; Austin TX 78756</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>yard signs</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>8/1/14</b>	Payee name <b>Roy Aguilon</b>	
Amount (\$) <b>1,350</b>	Payee address; City; State; Zip Code <b>527 Congress Ave; San Antonio TX 78214</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Website design</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		

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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>6</b>	2 FILER NAME <b>Sharone E. Mays</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>8/4/14</b>	5 Payee name <b>Taco Deli</b>	
6 Amount (\$) <b>40.80</b>	7 Payee address; City; State; Zip Code <b>4200 N. Lamar Blvd; Austin TX 78756</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Breakfast-Blockwalkers</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>8/15/14</b>	Payee name <b>Katie Lesnick</b>	
Amount (\$) <b>1.500</b>	Payee address; City; State; Zip Code <b>1506 Norwalk Ln #303 Austin, TX 78703</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>campaign 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>8/7/14</b>	Payee name <b>Electra Avellan / Mice Rabbit Photography</b>	
Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>1815 Dexter St; Austin TX 78704</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Photograph/Video</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>8/23/14</b>	Payee name <b>Katie Lesnick</b>	
Amount (\$) <b>32.25</b>	Payee address; City; State; Zip Code <b>1506 Norwalk Ln #303 Austin, TX 78703</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Reimbursement</b>	Description (If travel outside of Texas, complete Schedule T) <b>Food for volunteers</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		

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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>6</b>		2 FILER NAME <b>Sharon E. Mays</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/6/14</b>		5 Payee name <b>Tyler Neufeld</b>			
6 Amount (\$) <b>1,500.00</b>		7 Payee address; City; State; Zip Code <b>2510 <del>W</del> Elmont Dr #101B Austin, TX 78741</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign staff</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>8/26/14</b>		Payee name <b>Moo Inc.</b>			
Amount (\$) <b>64.68</b>		Payee address; City; State; Zip Code <b>985 Waterman Ave; East Providence RI 02914</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Business 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>9/2/14</b>		Payee name <b>Roy Aguilon</b>			
Amount (\$) <b>540.00</b>		Payee address; City; State; Zip Code <b>527 Congress Ave; San Antonio TX 78214</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Campaign strategy</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>9/18/14</b>		Payee name <b>Facebook Inc.</b>			
Amount (\$) <b>25.15</b>		Payee address; City; State; Zip Code <b>305 W. 7th St. Austin, TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>paid promotion</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>6</b>		2 FILER NAME <b>Sharon E Mays</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/24/14</b>		5 Payee name <b>Katie Lesnick</b>			
6 Amount (\$) <b>900.00</b>		7 Payee address; City; State; Zip Code <b>1506 Norwalk Ln #303; Austin TX 78703</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign staff</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>8/29/14</b>		Payee name <b>Whole Foods</b>			
Amount (\$) <b>22.03</b>		Payee address; City; State; Zip Code <b>11920 Domain Dr Austin, TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food for House Party</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>09/02/14</b>		Payee name <b>Craigslist</b>			
Amount (\$) <b>50.00</b>		Payee address; City; State; Zip Code <b>1381 9th Ave ; San Francisco, CA 94122</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Job posting</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>09/01/14</b>		Payee name <b>Sturdy Mfg. Co</b>			
Amount (\$) <b>1039.20</b>		Payee address; City; State; Zip Code <b>1507 Houston St #125 Austin, TX 78756</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising expense</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	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.

<b>1</b> Total pages Schedule F: <u>6</u>	<b>2</b> FILER NAME <u>Sharon E. Mays</u>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <u>9/23/14</u>	<b>5</b> Payee name <u>Facebook Inc.</u>	
<b>6</b> Amount (\$) <u>50.23</u>	<b>7</b> Payee address; City; State; Zip Code <u>305 W. 7th St Austin, TX 78701</u>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Paid promotion</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date _____	Payee name _____	
Amount (\$) _____	Payee address; City; State; Zip Code _____	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date _____	Payee name _____	
Amount (\$) _____	Payee address; City; State; Zip Code _____	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date _____	Payee name _____	
Amount (\$) _____	Payee address; City; State; Zip Code _____	
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
Complete <u>ONLY</u> 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: **2** 2 FILER NAME **Sharon E. Mays** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **9/24/14** 5 Payee name **Prographix**

6 Amount (\$) **628.72** 7 Payee address; City; State; Zip Code  
☐ Reimbursement from political contributions intended  
**807 Stark St ; Austin TX 78756**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **Printing Expense** (b) Description (If travel outside of Texas, complete Schedule T) **campaign signs**  
☐ Check if Austin, TX, officeholder living expense

Date **7/17/14** Payee name **GoDaddy.com**

Amount (\$) **57.42** Payee address; City; State; Zip Code  
☐ Reimbursement from political contributions intended  
**14455 N. Hayden Rd #219 Scottsdale AZ 85260**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Advertising Expense** Description (If travel outside of Texas, complete Schedule T) **Domain / Email**  
☐ Check if Austin, TX, officeholder living expense

Date **8/6/14** Payee name **Ginny's Printing**

Amount (\$) **227.33** Payee address; City; State; Zip Code  
☐ Reimbursement from political contributions intended  
**8410 Tuscany Way Austin TX 78734**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Printing Expense** Description (If travel outside of Texas, complete Schedule T) **marketing collateral**  
☐ Check if Austin, TX, officeholder living expense

Date **8/4/14** Payee name **Nationbuilder**

Amount (\$) **19.00** Payee address; City; State; Zip Code  
☐ Reimbursement from political contributions intended  
**448 S. Hill St, Ste 200 Los Angeles CA 90013**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Advertising expense** Description (If travel outside of Texas, complete Schedule T) **website hosting**  
☐ 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>2</b>	2 FILER NAME <b>Sharon E. Mays</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>7/22/14</b>	5 Payee name <b>Moo.com</b>
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6 Amount (\$) <b>165.71</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>985 Waterman Ave. East Providence RI 02914</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>business cards/stickers</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>7/7/14</b>	Payee name <b>Nationbuilder</b>
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Amount (\$) <b>19</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>448 S. Hill St. Ste 200 Los Angeles, CA 90013</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Website hosting</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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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Date	Payee name
------	------------

Amount (\$) <input 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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

### **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.

<b>1</b> Total pages Schedule H:		<b>2</b> FILER NAME <i>Sharon E. Mays</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date		<b>5</b> Business name			
<b>6</b> Amount (\$)		<b>7</b> Business address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule)		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME <i>Sharon E Mays</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address: City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address: City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address: City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address: City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address: City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME <i>Sharon E. Mays</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received  ..... 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>Sharon E. Mays</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
6 Dates of travel	7 Name of person(s) traveling  8 Departure city or name of departure location  9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
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<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		