CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to comple | | ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: | |
|---|--|-----------------------|---|---|-----------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS Shar NICKNAME LAS | RON | SUFFIX | OFFICE U | AUSTIN RE |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE | ADDRESS / PO BOX: APT / SUITE / 9629 COVEY RIGGE LA AREA CODE PHONE NUM 572) 905-0 | n. Austra | STATE: ZIP CODE 7,77 78738 EXTENSION | Date Hand-delivered or Po Receipt # | CEIVED 6 PM 1 1919 |
| 6 CAMPAIGN TREASURER NAME | NICKNAME LAS | na ulado | F. SUFFIX | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEAS) | Geld Dr | CITY; STATE; | 78758 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUE ATTACA A | MBER - 0/03 | EXTENSION | | |
| 9 REPORT TYPE | | day before election | Runoff Exceeded \$500 limit | 15th day after ca treasurer appoint (officeholder only) Final report (Attach | ment |
| 10 PERIOD COVERED | Month Day Year 07/01/14 | THROUGH | Month Day 09 / 25 | | |
| 11 ELECTION | Month Day Year | ELECTION TYPE Primary | Runoff | General | Special |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICESOUGHT (#kno Austin C Distri | ity Coun | al |
| | | GO TO PAG | E 2 | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

| 14 C/OH NAME 5 | harm | E. Mays | 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 TYPE COMMITTEE NAME | | | | |
| | GENERAL | | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| additional pages | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| | | | | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZES | | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$2,500.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES \$/2,568.45 | | | | | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO DRTING PERIOD | \$ 825.00 | | | |
| OUTSTANDING LOAN TOTALS | 1 | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD | \$20,100.00 | | | |
| 18 AFFIDAVIT | | | | | | |
| | DEENA ESTRADA Notary Public, State My Commission November 19 | is true and correct and includes all in me under fittle 15, Election Code services Expires 2018 | perjury, that the accompanying report information required to be reported by ideas or Officeholder | | | |
| AFFIX NOTARY STAM | | | | | | |
| Sworn to and sub | 10 × 1-1 × 10 | me, by the said SMAN MAYS L. 20 4 , to certify which, witness m | y hand and seal of office. | | | |
| Signature of officer adm | inistering oath | Printed name of officer administering oath | Notacy Public Title of officer administering oath | | | |

| | CAL CONTRIBUTIONS THAN PLEDGES OR LOAN | IS | | SCHEDULE A |
|-------------------------|---|-----------------------------|-------------------------------|---|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sche | edule A: |
| 2 FILER NAME | Sharm E. Mays | | 3 ACCOUNT # (EI | thics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: Sam ArmStrong | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 8/11/14 | 6 Contributor address; City; State: Zip Code 500 E. Anderson Ln #15 | 99 | 4000 | |
| 0.02 | Austinity 78752 | 40 Employee /0- | | of Texas, complete Schedule T) |
| Maria occup | setting Coominator | 10 Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: John Schreim | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 8/7/14 | Contributor address; City; State; Zip Code 401 Little Texas Ln | | 100 00 | |
| | Austin, TX 78745 | | | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Pharme | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID# |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 9/9/14 | Bridget Bauer Contributor address: City: State: Zip Code 4808 Broken Bow Pass Austin, TX 78745 | | // O O •• | of Texas, complete Schedule T) |
| Principal occup ACCO | pation / Job title (See Instructions) | Employer (See I | | |
| Date | Full name of contributor out-of-state PAC (ID#_ John Pickens |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 8/22/14 | Contributor address; City; State; Zip Code 1000 San Marcos # #16 | 7 | 100. | |
| | Austin, TX 78702 | | | of Texas, complete Schedule T) |
| | pation / Job title (See Instructions) ARE DEVELOPER | Employer (See. Liguid Li | Higations + 1 gation | Management |
| Date . | Full name of contributor out-of-state PAC (ID#: Lisa Hickey |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 9/9/14 | Contributor address: City; State; Zip Code 1402 Hartford Rd. | | 250 == | |
| > | Austin, TX 78703 | • | (If travel outside | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) WKETING | Employer (See | Instructions) | |
| 1f / | 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 Sc | chedule A: |
|----------------------------|--|-------------------------|-------------------------------|--|
| 2 FILER NAME | Sharon E. Mays | * | 3 ACCOUNT#(| Ethics Commission Filers) |
| 4 Date | 5 Full name of contributorout-of-state PAC(ID#: hadia Canales |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 9/18/14 | 6 Contributor address; City; State; Zip Code 1221 S. Congress Ave Austin, 7x 78704 | #532 | 100 ** | |
| | | | <u> </u> | e of Texas, complete Schedule T) |
| 9 Principal occup Raduo | pation / Job title (See Instructions) Promotions | 10 Employer (See WARNER | | Group |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 8/22/14 | Contributor address; City; State; Zip Code 8514 Parkfield Dr. | | 100" | |
| | Austin, TX 78758 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | nation / Job title (See Instructions) Mming | Employer (See Emm IS | | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 9/22/14 | Contributor address; City; State; Zip Code 8514 Parkfield Dr. | | 100 | |
| | Austin, 7x 78758 | | (If travel outside | e of Texas, complete Schedule T) |
| م سعول ا | pation / Job title (See Instructions) Ramming | Employer (See | Instructions) AUSTIN | |
| Date | Full name of contributor out-of-state PAC (ID#_ UM PICKENS Contributor address; City; State; Zip Code 1000 San Marcos St. # | | Amount of contribution (\$) | In-kind contribution) description (if applicable) |
| 9/24/14 | | 167 | 100" | |
| | | Englassa (Osa | | e of Texas, complete Schedule T) |
| Softwa 50ftwa | pation / Job title (See Instructions) Are Develope R | Employer (See | itigation | n Management |
| Date | Full name of contributor out-of-state PAC (ID#:_ Michael Hores |) | Amount of contribution (\$ | In-kind contribution description (if applicable) |
| 9/10/14 | Contributor address; City; State; Zip Code 4001 GemStone Rd. | | 10 | |
| | Anstin, TX 78749 | | /If traval autain | e of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See | Instructions) | e or rexes, complete ocheque 1) |
| Plan | rner | 2X2M | | |
| 1 | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

(TDD 1-800-735-2989)

| - | CAL CONTRIBUTIONS THAN PLEDGES OR LOAN | IS | ٠. | SCHEDULE A |
|-------------------------|---|---------------------|----------------------------------|--|
| The | instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A: 4 |
| 2 FILER NAME | Sharon E. Mays | | 3 ACCOUNT# (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (1D#: | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 9/25/14 | Wendy Gray 6 Contributor address; City; State; Zip Code 8416 Bangor Bend Austin, TX 78758 | | ð5°° | |
| | | 48. Employer (See) | | of Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | 10 Employer (See) | Miance | |
| Date | Full name of contributor out-of-state PAC(ID# C. SHEVE Simmons |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 9/25/14 | Contributor address; City: State; Zip Code | | 100" | |
| | Austin, TX 78757 | | | of Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | Employer (See) | ce Cran | ns |
| Date | Full name of contributor out-of-state PAC (ID#:_ Steven Chandler |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 9/25/14 | Contributor address; City; State; Zip Code 10301 Button Quai I CV | | 350 : | ! |
| | Austin, TX 78758 | | | of Texas, complete Schedule T) |
| Principal occur Mark | pation / Job title (See Instructions) Ching Manager | Engloyer (Sp) | nstructions) | · |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 8/22/14 | Contributor address: City: State; Zip Code 2301 Stonepath Way Pflugerville, TX 786 | | 350° | 1 |
| | PHUGERVIIIE, 1X 786 | 60 | (If travel outside | of Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC(ID# | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6/12/11 | Contributor address: City: State: Zin Code | | (0, | |
| 8/13/14 | Uim Spencer Contributor address; City: State; Zip Code 1709 #A Elmhurst Dr Austin, TX 78741 | : | 250" | |
| Principal occur | pation / Job title (See Instructions) | Employer (See | (If travel outside instructions) | of Texas, complete Schedule T) |
| 1.1010 | protogist | 1-70.00 | | |
| | ATTACH ADDITIONAL COPIES O | F THIS SCHEDULE | AS NEEDED | |
| If c | contributor is out-of-state PAC, please see instr | | | requirements. |
| | | | | |

Austin, Texas 78711-2070

| | CAL CONTRIBUTIONS THAN PLEDGES OR LOAN | NS | | SCHEDULE A |
|---|--|----------------------------|-------------------------------|---|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A: |
| 2 FILER NAME | Sharon E. Mays | 5 | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 8/7/14 | Megan Woodburn 6 Contributor address; City; State; Zip Code 1601 Miriam Ave # 20 | 2 | 100- | |
| | Austin, TX 78702 | | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occup Pres. | nation / Job title (See Instructions) | 10 Employer (See Strategic | Auren Carrie | tion Managemen |
| Date | Full name of contributor out-of-state PAC (ID#:_ Andrea Hamilton | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 9/1/14 | Contributor address; City: State; Zip Code 3006 Glenview Avc. Austin, 7x 78703 | | 75== | |
| Principal occup | pation / Job title (See Instructions). of INVESTOR SERVICES | Employer (See | Instructions) | of Texas, complete Schedule T) |
| Dicolor | | PSW RE | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ Erin Ferguson |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4/24/14 | Contributor address: City; State; Zip Code 1410 Salem Meadow Co Austin, TX 78746 | ir. | 50" | |
| | | | <u> </u> | of Texas, complete Schedule T) |
| Proje C | Pation / Job title (See Instructions) H Manager Manager | pept. of S | tate Ha | uth Services |
| Date (1/2/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 | Full name of contributor out-of-state PAC (ID#:_ Rose Haywood | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 9/24/14 | Contributor address; City; State; Zip Code 93/2 Indiana Ave. Chicago, 1L 606/9 | | 200" | 1 |
| | Chicago, 12 606/9 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See | | |
| Date | Full name of contributor out-of-state PAC (ID#_ |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | | |
| | <u> </u> | | (If travel outside | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See | Instructions) | |
| lf c | ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see inst | | | requirements. |

| PLED | GED CONTRIBUTIONS | | | SCHEDULE B |
|----------------|--|------------------|-------------------------|--|
| 1 | The Instruction Guide explains how to complete this fo | rm. | 1 Total pages Sche | edule B: / |
| 2 FILER NA | Sharm E mays | , | 3 ACCOUNT # (Et | hics Commission Filers) |
| 4 TO | OTAL OF UNITEMIZED PLEDGES: | | 라 타 | \$ |
| 5 Date | 6 Full name of pledgor out-of-state PAC (ID#: | | 8 Amount of pledge (\$) | 9 In-kind description (If applicable) |
| | | 1 | (If travel outside o | of Texas, complete Schedule T) |
| 10 Principal o | ccupation / Job title (See Instructions) 11 | Employer (See Ir | nstructions) | |
| 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 | - of Texas, complete Schedule T) |
| Principal o | ccupation / Job title (See Instructions) | Employer (See In | | or reveal complete adjustment |
| Date | Full name of pledgor out-of-state PAC (ID#: |) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | | |
| Principal o | accupation / Job title (See Instructions) | Employer (See le | , | of Texas, complete Schedule T) |
| - Incipal C | in the transfer of the transfe | p.0j0i (000 ii | | |
| Date | Full name of pledgor out-of-state PAC (ID#: | | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | | |
| Principal d | occupation / Job title (See Instructions) | Employer (See ! | <u> </u> | of Texas, complete Schedule T) |
| Date | Full name of pledgor out-of-state PAC (ID#: |) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | | |
| Dringing | requestion / Job title (See Instructions) | Employer (See I | 1 | of Texas, complete Schedule T) |
| Principal (| occupation / Job title (See Instructions) | (See I | паписнопа) | |
| | ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruct | | | ı requirements. |

| LOANS | | | SCHEDULE E |
|--|---|--|--|
| The | Instruction Guide explains how to comp | plete this form. | 1 Total pages Schedule E: |
| 2 FILER NAME | harm E. May | S | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 | L OF UNITEMIZED LOANS: | D D D D | \$ 2 |
| 5 Date of loan 7/14/14 | Sharm E. May | Out-of-state PAC (ID#: | 9 Loan Amount (\$) /0,000 |
| 6 Is lender a financial Institution? | 8 Lender address; City; State; 9629 AU | Stin, TX 78758 | 10 Interest rate 11 Maturity date |
| Y (N) | Covey Ridge Ln | | 12/3//14 |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions |) |
| 14 Description of Coll | ateral . | 15 Check if personal funds wer | re deposited into political account |
| 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 9 / 18 / 14 | Sharm E. May | Out-of-state PAC (ID#: | Loan Amount (\$) 8,000 |
| Is lender a financial Institution? | Lender address; City; State, 9629 Covey Ridge Ln. | Zip Code | Interest rate 1.6 1.2 Maturity dates 1.2 Maturity dates |
| Principal occupati | ion / Job title (See Instructions) | Employer (See Instructions) | |
| Description of Call | ateral | Check if personal funds wer | re deposited into political account |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| not applicable | Guarantor address; City; | State; Zip Code | |
| Principal Occupat | tion (See Instructions) | Employer (See Instructions) | |
| lf len | ATTACH ADDITIONAL COP | PIES OF THIS SCHEDULE AS NE struction guide for additional re | |

Texas Ethics Commission

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) | |
|---|---|---------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense Salaries/Wages/Co | | n Repayment/Reimbursement |
| Accounting/Banking | Legal Services Solicitation/Fundral | ising Expense Trai | nsportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense Travel In District | | stributions/Donations Made By |
| Event Expense Fees | Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R | | Candidate/Officeholder/Political Committee HER (enter a category not listed above) |
| Less | The instruction Guide explains how to | , - | TER (enter a category not listed above) |
| <u> </u> | - | - | |
| 1 Total pages Schedule F: | ² FILER NAME Sharon E. Ma | ays | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 7/22/14 | 5 Payee name Harland Clark | • | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | Cum An | tonin |
| 29.57 | 10931 Laureate Dr; | san An | X 78249 |
| 8 PURPOSE | (a) Category (See categories listed at the top of this schedule) | l ` | avel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Accounting/Banking | Check if Austin | . TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | H . | | |
| 7/10/14 | Sturdy Mfg Co. | | |
| Amount (\$) | Payee address; City; State; Zip Code | Δ. (| itin, TX |
| 974.25 | 1507 Houston St # 12 | 75; Au | 78756 |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If tra | avel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Advertising Expense | L090/1 | marketing elements |
| EXPENDITORE | rovernsing expense | Ctlock if Austin | n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| 7/22/14 | Electra Avellan | / Alice R | abbit Photosophy |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 400" | 1815 Dexter St; Aus | stin, TX | 78704 |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If tra | avel outside of Texas, complete Schedule T) |
| OF | other | photogr | raphy |
| EXPENDITURE | UTTOR | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought | Office held |
| Date , | Payee name | | |
| 7/22/14 | Jenny Lin | | |
| Amount (\$) | Payee address City; State; Zip Code | Austin - | TX 78703 |
| 75 | 1208 W. 6th St#3 | Musin, | 1 \ 70703 |
| PURPOSE | Category (Sea categories listed at the top of this schedule) | 1 | ravel outside of Texas, complete Schedule T) |
| OF | OTHER | Hair/ma | Keup / Photo |
| EXPENDITURE | UITIET | Check if Austin | n, TX, afficeholder living expense |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name OH | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NE | EDED |
| | | | · · · · · · · · · · · · · · · · · · · |

Texas Ethics Commission

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R | ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By trict Candidate/Officeholder/Political Committee |
| | The Instruction Guide explains how to | complete this form. |
| 1 Total pages Schedule F: | 2 FILERNAME Sharm E mays | 3 ACCOUNT # (Ethics Commission Filers) |
| 7/31/14 | ⁵ Payee name Katie Lesnick | |
| 6 Amount (\$) /, 650 | 7 Payee address; City: State; Zip Code 1506 Norwalk Ln # 30 | Austin 3 TX 78703 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) Campaign Staff Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought Office held |
| 7/3///4 | Payee name Katil Lesnick | |
| Amount (\$) 13.66 | Payee address; City; State; Zip Code 1506 Norwalk Ln#30 | Austin, TX 78703 |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Reimbursement | Description (If travel outside of Texas, complete Schedule T) HINEOS/PRINTING SERVICES Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought Office held |
| 8 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 | PrographiX | |
| Amount (\$) 1,000.45 | Payee address; City; State; Zip Code 807 Stark St; Au | Stin TX 78752 |
| PURPOSE OF EXPENDITURE | Category (See catego Ripergo Antiporto) (ISE Gaule) ANALYMAN EXPENSE | Description (if travel outside of Texas, complete Schedule T) YAVA SISM S Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought Office held |
| 8/1/14 | Roy Aguillon | |
| 1,350 | Payee address; City; State; Zip Code 527 Congress Ave; | San Antonio TX 78214 |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) WUNSHE design Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name OH | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED |

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

| | EXPENDITURE | CATEGORIES F | | | 1 |
|--|--|---|---|------------------------------|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Cont | | Loan Repayment/Rei | |
| Accounting/Banking | Legal Services | Solicitation/Fundraisi | ng Expense | | ment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | | Contributions/Donation | ons Made By rolder/Political Committee |
| Event Expense Fees | Polling Expense Printing Expense | Travel Out Of District Office Overhead/Rer | | | egory not listed above) |
| rees | - · | | • | , | gory flot listed above) |
| | The Instruction Guide | • | mpiete this foi | | <u>.</u> |
| 1 Total pages Schedule F: | 2 FILER NAMES ACIDIO | a = Ma | 210 | 3 ACCOUNT # | (Ethics Commission Filers) |
| 6 | 2 FILER NAME Sharo | 16.14 | ν $>$ | | |
| 4 Date / , / / / / | 5 Pavee name | . | 0 | | |
| 8/4/14 | Taco Deli | | | | |
| 6 Amount (\$) | 7 Payee address; City; Sta | te: Zip Code | | <u> </u> | |
| Amount (4) | | · ` ` ` . | Austr | า JX | |
| 40.8D | 4200 N. Lamar | ~ 131 <i>VO</i> C; | 10000 | 707 | 4 70 |
| 10 00 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 717 | 30 |
| 8 PURPOSE | (a) Category (See categories listed at the top | of this schedule) | | (If travel outside of Texas, | |
| OF | Fred / DONOROR | T-K-0-CA | Break | tast-Rior | kwalkers |
| EXPENDITURE | Food/Beverage | Experise | | ustin, TX, officeholder fr | |
| | Condidate / Office helder a cons | • / | | | Office held |
| 9 Complete ONLY if direct | Candidate / Officeholder name | | Office sough | 11. | Office held |
| expenditure to benefit C/C |) | | | | |
| Date | Payee name | , , | | | |
| 8/15/14 | Payee name Katle L | £SNICK | • | | |
| 8//3//9 | | | • | | |
| Amount (\$) | Payee address; City; Sta | ate; Zip Code | 4 | chia TX | (|
| 1500 | 1506 norwalk | 10#35 | - 11UL | Stin, TX | <u>\</u> _ |
| 1,500 | 1306 1101 Wash | LAMBU |) | 78 | 8702 |
| | Category (See categories listed at the top | of this schadule) | Description | (If travel outside of Texas. | complete Schedule T) |
| PURPOSE OF | | | _ | | To A.C. |
| EXPENDITURE | Contract Las | 60V | camp | . W | ω_T |
| | 0017110001 -000 | | Check if A | kustin, TX, officeholder li | ving expense |
| Complete ONLY if direct | Candidate / Officeholder name | | Office sough | nt | Office held |
| expenditure to benefit C/C | OH. | | | | |
| | I | 4 | / > | | 7 |
| Dete / 7 / / / / | Payee namElectra | Aug Ila | n //(11) | ce Rabbi | <i>†</i> |
| 8/4/19 | CICOTOC | 110011001 | ' ' / ' | 1 hotos | raphy |
| Amount (\$) | Payee address; City; Sta | ite; Zip Code | _ | | |
| | 101- 2001-0 | al A. | otin - | TV 207 | 04 |
| 200 = | 1815 Dexter | ST; MU | 3/17/ | 1 / 70/ | 09 |
| | | | | | |
| PURPOSE | Category (See categories listed at the top | of this schedule) | Description | (If travel outside of Texas | . complete Schedule T) |
| OF | FLOODLOVO | nce i | Photosrau | oh/Video | |
| EXPENDITURE | Event expe | 1150 | | Austin, TX, officeholder I | lving expense |
| Consider ONLY & Const | Candidate / Officeholder name | | Office sough | ht | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | | | | | |
| | | | | | |
| Date / | Payee name | 2-1-1-6 | | | |
| <i> \$123114</i> | Katie | rsnick | - | | |
| 0/00/// | | | | | |
| Amount (\$) | 1 | ate; Zìp Code | A. 0 | stin, TX | • |
| 37 25 | 1506 horwalk | 1 n# 20 | z $f(u)$ | γ | 707-2 |
| J4.07) | 1300 HOIWAL | | , | • | 10705 |
| | Category (See categories listed at the to | p of this schedule) | Description | (If travel outside of Toxas | s, complete Schedule T) |
| PURPOSE | | | | r volunte | • |
| OF | Keimburseme | 11t | · | | |
| EXPENDITURE | | | | Austin, TX, officeholder l | |
| Complete ONLY if direct | Candidate / Officeholder name | | Office sough | ht | Office held |
| expenditure to benefit C/ | он | | | | |
| | ATTACH ADDITIONAL C | OPIES OF THIS S | CHEDULEAS | NEEDED | |
| | | -, -100. 11100 | | | |
| | | | | | |

Austin, Texas 78711-2070

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) | |
|--|--|---|----------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense Salaries/Wages/Co | | |
| Accounting/Banking Consulting Expense | Legal Services Solicitation/Fundral Food/Beverage Expense Travel In District | | nent & Related Expense |
| Event Expense | Polling Expense Travel Out Of Dist | Contributions/Donation rict Candidate/Officeho | older/Political Committee |
| Fees | Printing Expense Office Overhead/R | ental Expense OTHER (enter a cate; | gory not listed above) |
| | The Instruction Guide explains how to | complete this form. | |
| 1 Total pages Schedule F: | 2 FILER NAME | 3 ACCOUNT# | (Ethics Commission Filers) |
| | Sharon E. May | <u>ර</u> | |
| 9/6/14 | Tyler Newfold | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | 4. Austin | ,7X |
| 1.500 <u>~</u> | 2510 EMM Elmmt Dr | #1018 | 18741 |
| 8 PURPOSE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, o | complete Schedule T) |
| OF EXPENDITURE | Contract Labor | Compaign 57 | taff ing expense |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/C | H | | |
| Date /2 / 1/14 | Payee name Moo InC. | | |
| 8/26/14 Amount (\$) | Payee address; City: State; Zip Code | Fact Dunicidans | |
| | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | East Providenc | e |
| 64.68 | 985 Waterman Ave; | R1 0291 | 4 |
| PURPOSE OF | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, o | |
| EXPENDITURE | Printing Expense | BUSINGS CAU | - |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name PH | Office sought | Office held |
| 9/2/14 | Roy Aguillon | | |
| Amount (\$) | Payee address; City; State; Zip Code 5 | an Antonia | |
| 540.00 | 527 Connac Ave. 3 | ari Arytorio | , |
| 540.00 | Ja / Corigress / Co/ | 14 1821 | 1 |
| PURPOSE | Category (See calegories listed at the top of this schedule) | Description (If travel outside of Texas, | complete Schedule T) |
| OF | Consulting Expense | campaign sin | stay |
| EXPENDITURE | | Check if Austin; 1x, officeholder liv | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought | Office held |
| 9 / 18/14 | Payee name Facebook Inc. | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 25.15 | 305 W. 7th St. Aus | tin, TX 7870, | 1 |
| | Calegory (See categories listed at the top of this schedule) | Description (If travel outside of Texas, | complete Schedule T) |
| PURPOSE OF EXPENDITURE | Advertising Expense | Paul promot | 707 |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name OH | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED | |
| | ALIASHADDINGRAE OUT TO OF THIS | | |

P.O. Box 12070

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) | | | | |
|---|--|--|--|--|--|--|
| Advertising Expense | Gift/Awards/Memorials Expense Salaries/Wages/Co | | | | | |
| Accounting/Banking Consulting Expense | Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District | | | | | |
| Event Expense | Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee | | | | | |
| Fees | Printing Expense Office Overhead/R | Rental Expense OTHER (enter a category not listed above) | | | | |
| | The Instruction Guide explains how to complete this form. | | | | | |
| 1 Total pages Schedule F: | 2 FILER NAME Shakon E Mai | 3 ACCOUNT # (Ethics Commission Filers) | | | | |
| 48/24/14 | Fatile Lesnick | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | 1 chi TV | | | | |
| 900" | 1506 Nonvalk (n #3 | 303; AUSTIN 1178703 | | | | |
| 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 | contract Labore | Campus Staff Checkif Austin, TX; officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought Office held | | | | |
| P\$/29/14 | Whole Foods | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| 22.03 | 11920 Domain Dr Au | stin, TX 78758 | | | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | | |
| OF EXPENDITURE | Event expense | Food for House Party Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought Office held | | | | |
| 09/02/14 | Payee name Craigs list | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| 50°° | 1381 9th Ave; San i | Francisco, CA 94122 | | | | |
| PURPOSE | Category (See categories listed at the lop of this schedule) | Description (if travel outside of Texas, complete Schedule T) | | | | |
| OF | Advertising Expense | Job posting | | | | |
| EXPENDITURE | Maverising expense | Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | |
| Date 09/01/14 | Sturdy Mfg. Co | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | · · · · · · · · · · · · · · · · · · · | | | | |
| 1039.20 | 1507 Houston St#13 | 25 Austin, 1X 78756 | | | | |
| DUDDOCE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | | |
| PURPOSE OF EXPENDITURE | Advertising expense | Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |
| | | | | | | |

P.O. Box 12070

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|--|--|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Salaries/Wages/Ci Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to | contract Labor Loan Repayment/Reimbursement disting Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above) | | | | | |
| 1 Total pages Schedule F: | 2 FILER NAME Shakon E. A | 1 ACCOUNT # (Ethics Commission Filers) | | | | | |
| 4 09/23/14 | 5 Payee name Facebook Inc. | · | | | | | |
| | 7 Payee address; City: State; Zip Code 305 W. #H St Aus | tin, TX 78701 | | | | | |
| OF | (a) Category (See categories listed at the top of this schedule) Advertising Expense (b) Description (If travel outside of Texas, complete Schedule) Paid promotion 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 | Payee name | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| PURPOSE OF | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | | | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | 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) 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 | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | | | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense | | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought Office held | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

(TDD 1-800-735-2989)

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Event Expense Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date 807 Stark St; Austin TX 78756 (a) Category (See calegories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Printing Expense

14455 N. Hayden Rd#219 Scott Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** Domain / Email Havertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Ginny's Printing Date 8410 Tuscany way AustinTX 787 political contributions Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF marketing collatival

Check if Austin. TX, officeholder living expense EXPENDITURE

Los Angeles political contributions Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE Advertising expense OF EXPENDITURE Check if Austin, TX, officeholder living expense

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

(512) 463-5800

| | EXPENDITURE CATEGORIES F | FOR BOX 8(a) | | | |
|--|---|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Event Expense | Gift/Awards/Memorials Expense Salaries/Wages/Cor Legal Services Solicitation/Fundrals Food/Beverage Expense Travel In District Polling Expense Travel Out Of Distr | ntract Labor Loan Repayment/Reimbursement sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By | | | |
| Fees | Printing Expense Office Overhead/Re | | | | |
| | The Instruction Guide explains how to c | | | | |
| 1 Total pages Schedule G: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) | | | |
| 2 | Sharon E. May. | 5 | | | |
| 7/22/14 | 5 Payee name Moo :Com | | | | |
| 6 Amount (\$) 165.7 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 985 Waterman Ave | East Providence P.1 02914 | | | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) | | | |
| EXPENDITURE | Printing Expense business cards/stickers Check if Austin, TX, officeholder living expense | | | | |
| 7/7/14 | Payer name Nation builder | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | Los Angeles, | | | |
| Réimbursement from political contributions intended | 448 s. Hill st, ste 2 | 00 CA 900/3 | | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | |
| OF EXPENDITURE | Advertising Expense | WEADSITE NOSTING Check if Austin, TX, officeholder living expense | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| Reimbursement from political contributions intended | | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | |
| EXPENDITORE | | Check if Austin, TX, officeholder living expense | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| Reimbursement from political contributions intended | · | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the lop of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | |
| | | Check if Austin, TX, officeholder living expense | | | |
| | ATTACH ADDITIONAL COPIES OF THIS S | CHEDULE AS NEEDED | | | |

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|--|------|--|--|
| Advertising Expense | Gift/Awards/Memorials Expense Salaries/Wages/C | · · · · - | | | |
| Accounting/Banking | Legal Services Solicitation/Fundra | | . | | |
| Consulting Expense | Food/Beverage Expense Travel In District | Contributions/Donations Made By ict Candidate/Officeholder/Political Committee | | | |
| Event Expense Fees | Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ | | | | |
| 1 553 | The Instruction Guide explains how to | , | | | |
| 1 Total pages Schedule H: | A CH CO MANG | 3 ACCOUNT # /Ethics Commission File | ers) | | |
| - · · · · · · · · · · · · · · · · · · · | Sharon E. May | (5 | | | |
| 4 Date | 5 Business name | | | | |
| | | <u> </u> | | | |
| 6 Amount (\$) | 7 Business address; City; State; Zip Code | | | | |
| | | | | | |
| 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 | | Constitution of the state of th | | | |
| | Condidate / Office helder | Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought Office held | | | |
| | | | | | |
| Date | Business name | | | | |
| Amount (\$) | Business address; City; State; Zip Code | | | | |
| | | | | | |
| | | | | | |
| PURPOSE OF | Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) | | | | |
| EXPENDITURE | NE NE | | | | |
| | | Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | | | |
| expenditure to benefit C/O | PH . | | | | |
| Date | Business name | | | | |
| | | | | | |
| Amount (\$) | Business address; City; State; Zip Code | | | | |
| , , | | | | | |
| | | | | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | |
| OF EXPENDITURE | | | | | |
| EN ENDITORE | | Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | | | |
| expenditure to benefit C/C | ЭН | | | | |
| Data | Business name | | | | |
| Date | Edaliesa Home | | | | |
| Amount (\$) | Business address; City; State; Zip Code | | | | |
| (4) | | | | | |
| | | | | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | |
| OF | | | | | |
| EXPENDITURE | 1 | Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | | | |
| expenditure to benefit C/C | | - | | | |
| | ATTACH ADDITIONAL CODIES OF THE | S SCHEDULE AS NEEDED | | | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEEDED | | | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

| | The Instruction Guide explains how | v to complete this form. |
|----------------------------------|---|--|
| 1 Total pages Schedule I: | Sharm E Mai | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | 1 |
| 6 Amount (\$) | 7 Payee address: City; State: Zip Code | |
| 8 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.) |
| | | |

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

P.O. Box 12070

SCHEDULE K

| The Instruction Guide explains how to complete this form. | | | dule K: | | |
|---|---|------------------|------------------------------|--|--|
| 2 FILER NAME | Sharon E. Mays | 3 ACCOUNT # (Eth | # (Ethics Commission Filers) | | |
| 4 Date | 5 Name of person from whom amount is received | | 8 Amount (\$) | | |
| | 6 Address of person from whom amount is received; City; State; Zip Code | | | | |
| | 7 Purpose for which amount is received | | | | |
| Date | Name of person from whom amount is received | Amount (\$) | | | |
| | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | Purpose for which amount is received | | | | |
| Date | Name of person from whom amount is received | Amount (\$) | | | |
| | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | Purpose for which amount is received | | | | |
| <u> </u> | | | | | |
| Date | Name of person from whom amount is received | Amount (\$) | | | |
| | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | Purpose for which amount is received | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS NEEDED | | | |

| IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS | | | | | | |
|---|---|----------------------|------------------------|--------------------|-------------------------|------------|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule | e T: | | |
| 2 FILER NAME Sharm E. Mays | | | | 3 ACCOUNT# (Ethics | Commission Filers) | |
| 4 Name of Contributor / | | | | | | |
| 5 Contribution / Expend | iture reported | on: | | | | |
| Scr | nedule A | Schedule B | Schedule C | Schedule | D Schedule F | Schedule G |
| Sch | nedule H [| Schedule N | COH-UC | сон-т | PAC-C | PAC-E |
| 6 Dates of travel 7 Name of person(s) traveling | | | | | | |
| | 8 Departure city or name of departure location | | | | | |
| | 9 Destinati | ion city or name of | destination location | | | |
| 10 Means of transportat | ion | 11 Purpose of tra- | vel (including name | of conference, se | eminar, or other event) | |
| Name of Contributor / | Corporation o | r Labor Organizatio | n / Pledgor / Payee | | | |
| Contribution / Expendit | ure reported o | on: | | | | |
| Sch | hedule A | Schedule B | Schedule C | Schedule | D Schedule F | Schedule G |
| Scl | hedule H | Schedule N | □ сон-ис | Сон-т | PAC-C | PAC-E |
| Dates of travel | Name of p | erson(s) traveling | | | | |
| | Departure | city or name of dep | arture location | | | |
| | Destination | n city or name of de | stination location | | | |
| Means of transportation | Means of transportation Purpose of travel (including name of conference, seminar, or other event) | | | | | |
| Name of Contributor / | Corporation o | r Labor Organizatio | on / Pledgor / Payee | | | |
| Contribution / Expendi | ture reported | on: | | | | |
| Sci | hedule A | Schedule B | Schedule C | Schedule | D Schedule F | Schedule G |
| ☐ Sc | hedule H | Schedule N | Сон-пс | СОН-Т | PAC-C | PAC-E |
| Dates of travel | Name of p | erson(s) traveling | | | | |
| Departure city or name of departure location | | | | | | |
| Destination city or name of destination location | | | | | | |
| Means of transportatio | n | Purpose of trave | el (including name of | conference, sen | ninar, or other event) | |
| | Α | TTACH ADDITION | NAL COPIES OF T | HIS SCHEDULI | E AS NEEDED | |