

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) 20140704	2 PAGE # 1 of 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Majorie	MI
	NICKNAME Margie	LAST Burciaga	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 28366 Austin, TX 78755		
	OFFICE USE ONLY Date Received Date Hand-delivered Date Postmarked Receipt # Amount		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mindy	MI
	NICKNAME	LAST Montford	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 100 Guadalupe Austin, TX 78701		
	Date Received Date Hand-delivered Date Postmarked Receipt # Amount		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	651-6375	
8 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)		
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2014 THROUGH 09/25/2014		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Austin City Council District 10
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Burciaga, Majorie (Ms.)

14 ACCOUNT # (Ethics Commission filers)
2014070415 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures 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

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

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

\$

4,275.00

EXPENDITURE
TOTALS

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

10,409.31

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

4,422.28

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

5,000.00

17 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Marjorie Burciaga
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Marjorie Burciaga, this the 6th day of October, 2014, to certify which, witness my hand and seal of office.

Ann Margrett Franklin
Signature of officer administering oath

Ann Margrett Franklin
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/6 Report: 3/14	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 07/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowman, Dominique (Ms.) 6 Contributor address; City; State; Zip Code 900 Chicon Street Austin, TX 78702	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Senior Administrator		10 Employer (See Instructions) Huston-Tillotson	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Broeckelmann, Barry (Mr.) Contributor address; City; State; Zip Code 3705 Green Trail N Austin, TX 78731	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) CA Technologies	
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Dan (Mr.) Contributor address; City; State; Zip Code 3400 Tarlton Lane Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Brown Distributing	
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Georgia (Mrs.) Contributor address; City; State; Zip Code 3400 Tarlton Lane Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A	
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bullington, Michael (Mr.) Contributor address; City; State; Zip Code 4405 Livingston Dallas, TX 75205	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/6 Report: 4/14

2 FILER NAME Burciaga, Majorie (Ms.)

3 ACCOUNT # (Ethics Commission filers)

20140704

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Campbell, Donna (Mrs.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

07/24/2014

6 Contributor address; City; State; Zip Code
2904 Greenlee
Austin, TX 78703

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Homemaker

10 Employer (See Instructions)
N/A

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
DeRoeck, Walter (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

09/18/2014

Contributor address; City; State; Zip Code
1801 Lavaca Street
#109
Austin, TX 78701

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ellis, Elizabeth (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

07/03/2014

Contributor address; City; State; Zip Code
7804 Comfort Cove
Austin, TX 78731

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Foster, Pam (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

08/12/2014

Contributor address; City; State; Zip Code
7107 Waterline Road
Austin, TX 78731

\$150.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Grable, Michael (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

07/22/2014

Contributor address; City; State; Zip Code
6109 Highland Hills Drive
Austin, TX 78731

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Lone Star Transmission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/6 Report: 5/14	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 07/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hance, Carol (Ms.) 6 Contributor address; City; State; Zip Code 7815 Moritz Lane Austin, TX 78731	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hazelwood, Gloria (Mrs.) Contributor address; City; State; Zip Code 6500 Lost Horizon Drive Austin, TX 78759	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Businesswoman		Employer (See Instructions) Retired	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hester, Christina (Ms.) Contributor address; City; State; Zip Code 115 Sandra Muraida Way Austin, TX 78703	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 08/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Horne, Elizabeth (Mrs.) Contributor address; City; State; Zip Code 7143 Valbum Drive Austin, TX 78731	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Interior Decorator		Employer (See Instructions) Self Employed	
Date 08/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Knudsen, Jane (Ms.) Contributor address; City; State; Zip Code 3839 Dry Creek Drive #120 Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director of Client Relations		Employer (See Instructions) Planning Works	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/6 Report: 6/14	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 07/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kreager, Keith and Donna (Mr.) 6 Contributor address; City; State; Zip Code 3906 Myrick Drive Austin, TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Consulting		10 Employer (See Instructions) Self Employed	
Date 07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marchbanks, Greg (Mr.) Contributor address; City; State; Zip Code 2037 Windsor Road Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Diamond Ventures	
Date 08/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marchbanks, Mari (Ms.) Contributor address; City; State; Zip Code 2037 Windsor Road Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Diamond Ventures	
Date 07/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Heather (Mrs.) Contributor address; City; State; Zip Code 1803 W 38th Austin, TX 78731	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Able	
Date 08/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Sharon (Ms.) Contributor address; City; State; Zip Code 8017 Cardin Drive Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Miller Consulting Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/6 Report: 7/14	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 07/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newsom, Gary and Beverly (Mr.) 6 Contributor address; City; State; Zip Code 4102 Aqua Verde Drive Austin, TX 78759	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 07/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Novy, Ilene (Ms.) Contributor address; City; State; Zip Code 3913 Edgerock Drive Austin, TX 78731	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dell Jewish Community Center	
Date 07/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker, Thomas (Mr.) Contributor address; City; State; Zip Code 6712B Valburn Drive Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Water2Wine	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Laila (Mrs.) Contributor address; City; State; Zip Code 2805 Hubbard Circle Austin, TX 78746	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A	
Date 07/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Brian (Mr.) Contributor address; City; State; Zip Code 4105 Westbank Drive Suite 200 Austin, TX 78746	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self Employed	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/6 Report: 8/14	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 09/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Sickle, Sally (Mrs.) 6 Contributor address; City; State; Zip Code P.O. Box 301660 Austin, TX 78703	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Program Manager		10 Employer (See Instructions) Applied Materials	
Date 09/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wangler, Betty (Mrs.) Contributor address; City; State; Zip Code 5903 Lonesome Valley Austin, TX 78731	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/1 Report: 9/14	
2 FILER NAME Burciaga, Majorie (Ms.)				3 ACCOUNT # (Ethics Commission filers) 20140704	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$					
5 Date 09/25/2014	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Katherine (Ms.) 7 Pledgor address; City; State; Zip Code 3676 Spring Canyon Trail Round Rock, TX 78681			8 Amount of pledge (\$) \$350.00	9 In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>					
10 Principal occupation / Job title (See Instructions) Sales				11 Employer (See Instructions) Kendra Scott Jewelry	
Date 09/25/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Michael (Mr.) Pledgor address; City; State; Zip Code 3900 Myrick Drive Austin, TX 78731			Amount of pledge (\$) \$350.00	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>					
Principal occupation / Job title (See Instructions) Graphics Design				Employer (See Instructions) Self Employed	
Date 09/25/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Dere, Thomas (Mr.) Pledgor address; City; State; Zip Code 3676 Spring Canyon Trail Round Rock, TX 78681			Amount of pledge (\$) \$350.00	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>					
Principal occupation / Job title (See Instructions) Owner				Employer (See Instructions) Luxury Auto Works	
Date 09/25/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) McPhail, Judy and Larry (Mrs.) Pledgor address; City; State; Zip Code 1314 Falcon Ledge #116 Austin, TX 78746			Amount of pledge (\$) \$50.00	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>					
Principal occupation / Job title (See Instructions) Partner				Employer (See Instructions) SMSD	
Date 09/25/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Oles, Pat (Mr.) Pledgor address; City; State; Zip Code 2109 Rockmoor Ave Austin, TX 78703			Amount of pledge (\$) \$350.00	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>					
Principal occupation / Job title (See Instructions) President				Employer (See Instructions) Barshop and Oles	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 1/4 Report: 10/14		2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (TEC filers) 20140704	
4 Date 08/18/2014	5 Payee name Community Impact Newspaper				
6 Amount (\$) \$2,175.00	7 Payee address City: State: Zip Code 16225 Impact Way. #1 Pflugerville, TX 78660				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising - August Edition of Paper		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/13/2014	Payee name Edgar and Associates				
Amount (\$) \$693.88	Payee address City: State: Zip Code P.O. Box 601529 Dallas, TX 75360				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printed Balloons for Parade		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/25/2014	Payee name Greystone Media				
Amount (\$) \$400.00	Payee address City: State: Zip Code Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Data Information		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment for District Data Information		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/04/2014	Payee name Jewish Outlook Paper				
Amount (\$) \$327.00	Payee address City: State: Zip Code 4007 Madrid Cove Austin, TX 78759				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 2/4 Report: 11/14		2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (TEC filers) 20140704
4 Date 09/08/2014	5 Payee name Lowe's			
6 Amount (\$) \$31.46	7 Payee address City: State: Zip Code 8000 Shoal Creek Blvd Austin, TX 78757			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Hardware		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signage Hardware	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 07/08/2014	Payee name Peel, Inc			
Amount (\$) \$3,690.00	Payee address City: State: Zip Code 308 Meadowlark Street Lakeway, TX 78734			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Neighborhood Newsletters	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 09/25/2014	Payee name Raise the Money			
Amount (\$) \$129.00	Payee address City: State: Zip Code Little Rock, AR			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees for Online Contributions Pmt System	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 07/13/2014	Payee name Schroeder, Elyssa (Ms.)			
Amount (\$) \$113.00	Payee address City: State: Zip Code 2028 Robert Browning Austin, TX 78723			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Helium Reimbursement	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 3/4 Report: 12/14		2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (TEC filers) 20140704	
4 Date 07/17/2014	5 Payee name Schroeder, Elyssa (Ms.)				
6 Amount (\$) \$133.50	7 Payee address City: State; Zip Code 2028 Robert Browning Austin, TX 78723				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Administration		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/19/2014	Payee name Schroeder, Elyssa (Ms.)				
Amount (\$) \$222.00	Payee address City: State; Zip Code 2028 Robert Browning Austin, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Administration		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/24/2014	Payee name West Austin News				
Amount (\$) \$569.75	Payee address City: State; Zip Code 5511 Parkcrest Drive Suite 105 Austin, TX 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/14/2014	Payee name West Austin News				
Amount (\$) \$475.00	Payee address City: State; Zip Code 5511 Parkcrest Drive Suite 105 Austin, TX 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising in the Paper		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 4/4 Report: 13/14		2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (TEC filers) 20140704	
4 Date 08/28/2014		5 Payee name West Austin News			
6 Amount (\$) \$475.00		7 Payee address City; State; Zip Code 5511 Parkcrest Drive Suite 105 Austin, TX 78731			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertisiting in the Paper	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/11/2014		Payee name West Austin News			
Amount (\$) \$475.00		Payee address City; State; Zip Code 5511 Parkcrest Drive Suite 105 Austin, TX 78731			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertisiting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/25/2014		Payee name West Austin News			
Amount (\$) \$475.00		Payee address City; State; Zip Code 5511 Parkcrest Drive Suite 105 Austin, TX 78731			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertisiting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 1/1 Report: 14/14		2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (TEC filers) 20140704
4 Date 09/25/2014	5 Payee name Facebook			
6 Amount (\$) \$24.72 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising on FB	