

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: 200
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY Austin City Clerk RECEIVED JUN 6 PM 3:06 Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> change of address P.O. Box 180833 Austin, TX 78718			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(512) 954-4503		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
	Nover Morales		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1007 E. 7th St. Austin, TX 78702		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(512) 474-1499		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07 / 01 / 14		09 / 25 / 14
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 4 / 14	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Council District 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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 pages17 CONTRIBUTION
TOTALS

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

\$

Ø

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

\$

33,835.84

EXPENDITURE
TOTALS

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

\$

Ø

4. TOTAL POLITICAL EXPENDITURES

\$

7,031.36

CONTRIBUTION
BALANCE

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

\$

26,804.48

OUTSTANDING
LOAN TOTALS

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

\$

Ø

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

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:

21

2 FILER NAME

Marco Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/14/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Alfredo Ramos

6 Contributor address; City; State; Zip Code

300 Conant ST. San Antonio, TX

78205

7 Amount of contribution (\$)

250

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Lawyer

10 Employer (See Instructions)

Self

Date

7/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

Lance Pettus

Contributor address; City; State; Zip Code

9010 Guadalupe Dr. Austin, TX

78758

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Analyst

Employer (See Instructions)

State of Texas

Date

7/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

Sara Pettus

Contributor address; City; State; Zip Code

9010 Guadalupe Dr. Austin, TX

78758

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

Kay Smith

Contributor address; City; State; Zip Code

940 Plantation Dr. Brownsville, TX

78526

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

Herb Smith

Contributor address; City; State; Zip Code

940 Plantation Dr. Brownsville, TX

78526

Amount of contribution (\$)

350

In-kind contribution 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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

21

2 FILER NAME

Maru Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/15/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Matthew Wilson

6 Contributor address; City; State; Zip Code

1201 Spyglass Austin, TX 78744

7 Amount of contribution (\$)

300

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Lawyer

10 Employer (See Instructions)

Self

Date

7/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

Matt Williamson

Contributor address; City; State; Zip Code

1811 S. Congress Austin, TX 78724

Amount of contribution (\$)

320

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Chase

Date

7/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

Guadalupe Armandariz

Contributor address; City; State; Zip Code

One West University Blvd.
Houston, TX 78520

Amount of contribution (\$)

150

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Program Director

Employer (See Instructions)

UTB

Date

7/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

Marisela Mancillas

Contributor address; City; State; Zip Code

47 Los Amigos Houston, TX 78552

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

7/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

Federico Garcia

Contributor address; City; State; Zip Code

2699 Pumpkin St. Brownsville, TX 78524

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

IT Director

Employer (See Instructions)

Brownsville Medical

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:

21

2 FILER NAME

Mara Moncillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/15/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Robert Moody

6 Contributor address: City: State: Zip Code

421 medical Court San Benito, TX

78586

7 Amount of contribution (\$)

325

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RN

10 Employer (See Instructions)

Home HealthCare

Date

7/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

Cristina Casas-Stiller

Contributor address: City: State: Zip Code

90 27 Mansfield San Antonio, TX

78251

Amount of contribution (\$)

325

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Barber

Employer (See Instructions)

American Bank

Date

7/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

James C. do Ba

Contributor address: City: State: Zip Code

1200 Lake Way TX

78734

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

Date

7/16/14

Full name of contributor

☐ out-of-state PAC (ID#)

Rudolfo Barnea

Contributor address: City: State: Zip Code

1015 E. 32nd St. Austin, TX

78705

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

Date

7/17/14

Full name of contributor

☐ out-of-state PAC (ID#)

Hydia Garcia

Contributor address: City: State: Zip Code

20250 US Hwy 281 San Benito, TX

78088

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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:

21

2 FILER NAME

Marco Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/17/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Anten Garsanta

6 Contributor address; City; State; Zip Code

280 Vulcan Bay Ln Austin, TX 78754

7 Amount of contribution (\$)

320

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Accton Executive

10 Employer (See Instructions)

Oracle

Date

7/17/14

Full name of contributor

☐ out-of-state PAC (ID#)

Ambra Garsanta

Contributor address; City; State; Zip Code

280 Vulcan Bay Ln Austin, TX 78754

Amount of contribution (\$)

350

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Property Management

Employer (See Instructions)

Allstate Residential

Date

7/17/14

Full name of contributor

☐ out-of-state PAC (ID#)

Maria Flores

Contributor address; City; State; Zip Code

17246 Bushwick Rd Pflugerville, TX

Amount of contribution (\$)

350

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Finance Director

Employer (See Instructions)

Association

Date

7/19/14

Full name of contributor

☐ out-of-state PAC (ID#)

Harold Urias

Contributor address; City; State; Zip Code

1006 Sunflower trail Austin, TX 78745

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Bar owner

Employer (See Instructions)

Self

Date

7/19/14

Full name of contributor

☐ out-of-state PAC (ID#)

Nancy Urias

Contributor address; City; State; Zip Code

1006 Sunflower trail Austin, TX 78745

Amount of contribution (\$)

350

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Bar owner

Employer (See Instructions)

Self

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:

4

2 FILER NAME

Marw Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/19/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Robert Carrillo

6 Contributor address: City: State: Zip Code

7 Amount of contribution (\$)

290

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Owner

10 Employer (See Instructions)

CFC Electric

Date

7/19/14

Full name of contributor

☐ out-of-state PAC (ID#)Alexa Rodriguez
Contributor address: City: State: Zip Code

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Fabiun Chirapate

Date

7/19/14

Full name of contributor

☐ out-of-state PAC (ID#)Fred Ziedman
Contributor address: City: State: Zip Code

One Riverway Houston, TX 77056

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Self

Date

7/21/14

Full name of contributor

☐ out-of-state PAC (ID#)Warren Willis
Contributor address: City: State: Zip Code

100 Congress Ave Austin, TX 78701

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Self

Date

7/21/14

Full name of contributor

☐ out-of-state PAC (ID#)Jacque Galvan
Contributor address: City: State: Zip Code

8200 Maple Epcay Austin, TX 78759

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Benker

Employer (See Instructions)

Great Plains Natural Gas

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: 21	
2 FILER NAME Marco Manesillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/21/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jose Flores	7 Amount of contribution (\$) 300	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 17246 Bushmill Rd. Pflugerville, TX 78758		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) CFO		10 Employer (See Instructions) USI & Sons	
Date 7/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve Hays	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1905 Krumm Lane Austin, TX 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) VISA Financial Services	
Date 7/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephanie Villages	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 100 East Riverside Dr. Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) H V Villages CPA	
Date 7/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tim Woodruff	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code East Riverside Dr. Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Self	
Date 7/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephen Brunler	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2712 Bee Caves Rd. Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	

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:

21

2 FILER NAME

Marco Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/25/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mary Bunker

6 Contributor address: City: State: Zip Code

2712 Bee caves Rd. Austin, TX 78746

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Owner

10 Employer (See Instructions)

Self

Date

7/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Vince Otti

Contributor address: City: State: Zip Code

205 Wild Basin Rd Austin, TX 78764

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Self

Date

7/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Cassandra OTT

Contributor address: City: State: Zip Code

205 Wild Basin Rd. Austin, TX 78764

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Self

Date

7/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Joseph Villarreal

Contributor address: City: State: Zip Code

205 Wild Basin Rd Austin, TX 78764

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Self

Date

7/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Ivory Hernandez

Contributor address: City: State: Zip Code

W. 6th St. Austin, TX 78704

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Financial Advisor

Employer (See Instructions)

Northwestern Mutual

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:

21

2 FILER NAME

Marco Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/25/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Crystal Henderson

6 Contributor address: City: State: Zip Code

New Capitol Bldg Hwy Austin TX 78744

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Vice President

10 Employer (See Instructions)

Mass Mutual Financial

Date

7/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Leticia Villarreal

Contributor address: City: State: Zip Code

7600 Burnet Rd. Austin TX 78757

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Self

Date

7/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Wendy Morales

Contributor address: City: State: Zip Code

607 E. 7th St. Austin TX 78703

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Self

Date

7/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Frank Garza

Contributor address: City: State: Zip Code

7901 Cameron Rd Austin TX 78754

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner marketing

Employer (See Instructions)

Self

Date

7/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Frank Cardenas

Contributor address: City: State: Zip Code

P.O. Box 7 Austin TX 78747

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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:

21

2 FILER NAME

Marco Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/25/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mark Zeidman

6 Contributor address; City; State; Zip Code

Boca Raton, FL Boca Raton, FL

770 Alameda St.

33486

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Reader

10 Employer (See Instructions)

Self

Date

7/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Jay Zeidman

Contributor address; City; State; Zip Code

One Riverway Houston, TX

77056

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Self

Date

7/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Anat Zeidman

Contributor address; City; State; Zip Code

One Riverway Houston, TX

77056

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Alicies Cairus

Contributor address; City; State; Zip Code

1305 Wenden World SAN MARCOS, TX

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

medical doctor

Employer (See Instructions)

Self

Date

7/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Carlos Campos

Contributor address; City; State; Zip Code

189 E. Austin ST. New Braunfels, TX
78130

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

medical doctor

Employer (See Instructions)

Self

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:

21

2 FILER NAME

Marcelo Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/2/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

John Dieck

6 Contributor address: City: State: Zip Code

4316 James Casey St. Austin, TX
78742

7 Amount of contribution (\$)

350

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Doctor

10 Employer (See Instructions)

Self

Date

8/2/14

Full name of contributor

☐ out-of-state PAC (ID#)

Michael Eschedo

Contributor address: City: State: Zip Code

300 Bowie St. Austin, TX 78703

Amount of contribution (\$)

350

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

Date

8/2/14

Full name of contributor

☐ out-of-state PAC (ID#)

Donald Garcia

Contributor address: City: State: Zip Code

5508 Parkcrest Austin, TX
78731

Amount of contribution (\$)

350

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

Date

8/2/14

Full name of contributor

☐ out-of-state PAC (ID#)

Eduardo Garcia

Contributor address: City: State: Zip Code

914 W Anderson Ln Austin, TX
78757

Amount of contribution (\$)

350

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

Date

8/2/14

Full name of contributor

☐ out-of-state PAC (ID#)

Pete Garcia

Contributor address: City: State: Zip Code

3755 SCapitol of Texas Austin, TX
78704

Amount of contribution (\$)

350

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

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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:

21

2 FILER NAME

Marco Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/5/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Pamela Garcia

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address: City: State: Zip Code

1101 W. 40th ST. Austin, TX
78756

9 Principal occupation / Job title (See Instructions)

Doctor

10 Employer (See Instructions)

Self

Date

8/5/14

Full name of contributor

☐ out-of-state PAC (ID#)

Peter Gonzalez

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code

2600 Vin Fortuna Austin, TX
78746

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

Date

8/5/14

Full name of contributor

☐ out-of-state PAC (ID#)

Carlos Gray

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code

2200 S Interstate 35 Austin, TX
78704

Principal occupation / Job title (See Instructions)

Medical Doctor

Employer (See Instructions)

Self

Date

8/5/14

Full name of contributor

☐ out-of-state PAC (ID#)

Orlando Masalones

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code

11113 Research Blvd. Austin, TX
78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/14

Full name of contributor

☐ out-of-state PAC (ID#)

Humberto Maldonado

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code

1301 W 138th St Austin, TX
78705

Principal occupation / Job title (See Instructions)

Medical Doctor

Employer (See Instructions)

Self

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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: 21	
2 FILER NAME Marco Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/8/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Marquez 6 Contributor address: City: State: Zip Code 4107 Medical Parkway Austin, TX 78756	7 Amount of contribution (\$) 350 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) medical doctor		10 Employer (See Instructions) Self	
Date 8/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Merry Martinez Contributor address: City: State: Zip Code 5300 Bee caves Rd Austin, TX 78706	Amount of contribution (\$) 350 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self	
Date 8/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Emilio Gutierrez Contributor address: City: State: Zip Code 4400 Red River St. Austin, TX 78751	Amount of contribution (\$) 350 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	
Date 8/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan Mauer Contributor address: City: State: Zip Code 1301 Biber Jordan Blvd Austin, TX 78723	Amount of contribution (\$) 350 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self	
Date 8/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Yvonne Quvalt Contributor address: City: State: Zip Code 10401 Anderson Mill Rd Austin, TX 78746	Amount of contribution (\$) 350 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self	

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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: 2	
2 FILER NAME Marco Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/12/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Camerier	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1301 38th St. Austin TX 78705		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Doctor		10 Employer (See Instructions) Self	
Date 8/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alison Rodriguez	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 511 Oakwood Blvd Round Rock, TX 78681		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Businesswoman		Employer (See Instructions) Self	
Date 8/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jennifer Aranea	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1510 W 34th Austin, TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self	
Date 8/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Esparza	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8204 Bodie Ln Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	
Date 8/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Karin Montero	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11149 Research Blvd. Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	

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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: 21	
2 FILER NAME Mara Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/18/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Rodriguez	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 408 W 45th St. Austin TX 78751		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Medical Doctor		10 Employer (See Instructions) Self	
Date 8/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dora Salazar	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3303 Northland Dr. Austin, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	
Date 8/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jose Santiago	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2624 William Cannon Dr. 78745 Austin, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Self	
Date 8/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eric Tibliver	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 901 W 38th St. Austin, TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	
Date 8/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ruben Tovar	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7000 N Mopac Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	

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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: <u>21</u>	
2 FILER NAME <u>Maria Menzies</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>8/29/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Nelly Valazquez</u>	7 Amount of contribution (\$) <u>350</u> (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>900 E. 34th ST. Austin, TX 78705</u>			
9 Principal occupation / Job title (See Instructions) <u>Doctor</u>		10 Employer (See Instructions) <u>Self</u>	
Date <u>8/29/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>John Sabra</u>	Amount of contribution (\$) <u>350</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>313 E. 12th Austin TX 78701</u>			
Principal occupation / Job title (See Instructions) <u>Business Owner</u>		Employer (See Instructions) <u>Self</u>	
Date <u>8/29/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kimberly Edwards</u>	Amount of contribution (\$) <u>350</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6835 Anglin Center Blvd. Austin, TX 78731</u>			
Principal occupation / Job title (See Instructions) <u>Doctor</u>		Employer (See Instructions) <u>Self</u>	
Date <u>8/29/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Ximara Sabra</u>	Amount of contribution (\$) <u>350</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5656 Bee cavers Rd Austin, TX 78746</u>			
Principal occupation / Job title (See Instructions) <u>Doctor</u>		Employer (See Instructions) <u>Self</u>	
Date <u>8/29/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Ronald Dewitt</u>	Amount of contribution (\$) <u>350</u> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1700 RR 620 Lakeway TX 78734</u>			
Principal occupation / Job title (See Instructions) <u>Doctor</u>		Employer (See Instructions) <u>Self</u>	

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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: 21	
2 FILER NAME Mara Moncillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/29/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sydney Zapata	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3205 medical place Austin TX 78705		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Doctor		10 Employer (See Instructions) Self	
Date 8/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jose Urquidez	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11951 Jollyville Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	
Date 9/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marco Uribe	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12200 Rindert Way Austin, TX 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self	
Date 9/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Resilio Trevino	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 105 Thousand Oak Blvd Georgetown, TX 78628		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	
Date 9/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Manuel Torres	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1110 W. Williamson Dr. Austin TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	

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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: 21	
2 FILER NAME Marco Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/3/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Oscar Tamez	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2300 Round Rock Ave Round Rock, TX 78681		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Ductor		10 Employer (See Instructions) Self	
Date 9/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ricardo Salis	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2207 James Casey Dr Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Ductor		Employer (See Instructions) Self	
Date 9/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Renee Snyder	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 901 W 38th St Austin, TX 78725		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Ductor		Employer (See Instructions) Self	
Date 9/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Javier Sanchez	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1015 E. 32nd St Austin, TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Ductor		Employer (See Instructions) Self	
Date 9/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Anthony Russo	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 240 Hudson Pflugerville, TX 78660		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Ductor		Employer (See Instructions) Self	

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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: 21	
2 FILER NAME Marce Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carlos Rukon-de-celos	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 301 W 38th Street, TX 78705		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Doctor		10 Employer (See Instructions) Self	
Date 9/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Juan Rodriguez	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3816 South 45th Austin, TX 78709		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	
Date 9/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jose Rivera	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1015 E 32nd Austin, TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	
Date 9/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jaime Ochoa	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1015 E 32nd ST. Austin, TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	
Date 9/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martina Navarro	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 12414 Aderbrook Dr. Austin, TX 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	

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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: <u>2</u>	
2 FILER NAME <u>Marcia Mancillas</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>9/12/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Abilio Munoz</u>	7 Amount of contribution (\$) <u>350</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2115 Northland Dr. Austin, TX 78756</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Doctor</u>		10 Employer (See Instructions) <u>Self</u>	
Date <u>9/15/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Hector Morales</u>	Amount of contribution (\$) <u>350</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3708 Spice Wood Spring Austin, TX</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Doctor</u>		Employer (See Instructions) <u>Self</u>	
Date <u>9/15/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Robert Miranda</u>	Amount of contribution (\$) <u>350</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>19300 La Calma Dr. Austin, TX 78752</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Doctor</u>		Employer (See Instructions) <u>Self</u>	
Date <u>9/18/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>William Medrano</u>	Amount of contribution (\$) <u>350</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>18803 Woodburne Dr. Pflugerville, TX 78660</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Doctor</u>		Employer (See Instructions) <u>Self</u>	
Date <u>9/18/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>George Martinez</u>	Amount of contribution (\$) <u>350</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>13729 Research Blvd Austin, TX 78750</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Doctor</u>		Employer (See Instructions) <u>Self</u>	

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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: 1

2 FILER NAME

Marco Mancillas

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/22/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Curks Gonzales

6 Contributor address; City; State; Zip Code

2855 Gramercy Austin, TX
77025

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Doctor

10 Employer (See Instructions)

Self

Date

9/22/14

Full name of contributor

☐ out-of-state PAC (ID#)

A. Jencia Luna

Contributor address; City; State; Zip Code

2855 Gramercy Austin, TX 77025

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

Date

9/22/14

Full name of contributor

☐ out-of-state PAC (ID#)

Manuel Gonzalez

Contributor address; City; State; Zip Code

2855 Gramercy Austin, TX
77025

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Self

Date

9/22/14

Full name of contributor

☐ out-of-state PAC (ID#)

Daniel Gonzalez

Contributor address; City; State; Zip Code

2855 Gramercy Austin, TX
77025

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Self

Date

9/22/14

Full name of contributor

☐ out-of-state PAC (ID#)

Noel Gonzalez

Contributor address; City; State; Zip Code

2855 Gramercy Austin, TX
77025

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Self

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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: 21	
2 FILER NAME Marco Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/23/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Orlando Arraza	7 Amount of contribution (\$) 350	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1311 South 75th Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Business owner		10 Employer (See Instructions) Self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor 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: 27		2 FILER NAME Marco Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/1/14		5 Payee name Worley Printing			
6 Amount (\$) 400.00		7 Payee address; City; State; Zip Code Austin, TX 3217 N. I-35 S. 78722			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor/Print		(b) Description (If travel outside of Texas, complete Schedule T) Print <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 7/3/14		Payee name CAAAD			
Amount (\$) 10.00		Payee address; City; State; Zip Code Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions / Donation		Description (If travel outside of Texas, complete Schedule T) Club <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 7/7/14		Payee name Office Max			
Amount (\$) 24.52		Payee address; City; State; Zip Code 907 W. 5th St. Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Print expense		Description (If travel outside of Texas, complete Schedule T) Print <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 7/7/14		Payee name Office Max			
Amount (\$) 14.30		Payee address; City; State; Zip Code 907 W. 5th St. Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Print expense		Description (If travel outside of Texas, complete Schedule T) Print <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: 27		2 FILER NAME Marcus Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/7/14		5 Payee name Office Max			
6 Amount (\$) 19.38		7 Payee address; City; State; Zip Code 907 W. 5th St Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Print expense		(b) Description (If travel outside of Texas, complete Schedule T) Print	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/7/14		Payee name Panda Express			
Amount (\$) 7.13		Payee address; City; State; Zip Code 5704 Airport Blvd. Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage expense		Description (If travel outside of Texas, complete Schedule T) Food	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/7/14		Payee name Whole Foods			
Amount (\$) 27.04		Payee address; City; State; Zip Code 11920 Domain Dr. Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/8/14		Payee name Office Max			
Amount (\$) 21.52		Payee address; City; State; Zip Code 907 W. 5th St. Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Print expense		Description (If travel outside of Texas, complete Schedule T) Print	
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.

1 Total pages Schedule F: <u>27</u>		2 FILER NAME <u>Marc Monellas</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>7/8/14</u>		5 Payee name <u>Texaco</u>			
6 Amount (\$) <u>3.25</u>		7 Payee address; City; State; Zip Code <u>717 E. 24th St. Austin, TX 78704</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Food</u>		
			<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 <u>7/8/14</u>		Payee name <u>Tussy Calvoz LLP</u>			
Amount (\$) <u>210.00</u>		Payee address; City; State; Zip Code <u>900 Congress Ave Austin, TX 78711</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Legal Services</u>		Description (If travel outside of Texas, complete Schedule T) <u>Contract Labor</u>		
			<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 <u>7/9/14</u>		Payee name <u>HEB</u>			
Amount (\$) <u>162.34</u>		Payee address; City; State; Zip Code <u>1000 E. 41st Austin, TX 78751</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Food</u>		
			<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 <u>7/9/14</u>		Payee name <u>Casa Chapala</u>			
Amount (\$) <u>129.79</u>		Payee address; City; State; Zip Code <u>101 San Jacinto Blvd Austin, TX 78701</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Food</u>		
			<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.

1 Total pages Schedule F: <u>27</u>		2 FILER NAME <u>Marco Mancillas</u>		3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>7/9/14</u>		5 Payee name <u>Bumper Activity</u>		
6 Amount (\$) <u>181.86</u>		7 Payee address; City; State; Zip Code <u>8711 Burnet Rd Austin, TX 78757</u>		
8 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>Shirts</u> <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 <u>7/14/14</u>		Payee name <u>Texas Democratic Party</u>		
Amount (\$) <u>125.00</u>		Payee address; City; State; Zip Code <u>4818 East Benwhite Blvd. Austin, TX 78741</u>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Donation</u>		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 <u>7/14/14</u>		Payee name <u>Taliboba</u>		
Amount (\$) <u>209.97</u>		Payee address; City; State; Zip Code <u>1411 E. 7th St. Austin, TX 78702</u>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>		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 <u>7/14/14</u>		Payee name <u>Face Book</u>		
Amount (\$) <u>25.05</u>		Payee address; City; State; Zip Code <u>Austin, TX 78244</u>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Website</u> <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.

1 Total pages Schedule F: 27		2 FILER NAME Marco Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/14/14		5 Payee name Brandon Turner			
6 Amount (\$) 475.00		7 Payee address; City; State; Zip Code 501 E. Starnes Austin, TX 78745			
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) Consult		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 7/16/14		Payee name Face Buil			
Amount (\$) 50.00		Payee address; City; State; Zip Code P.O. Box 10005 Pahrump, NV 89303			
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		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 7/17/14		Payee name Offru Max			
Amount (\$)		Payee address; City; State; Zip Code 907 W. 5th St Austin, TX 78703			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Print Expense		Description (If travel outside of Texas, complete Schedule T) Print		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 7/18/14		Payee name Lamar Corner Stone			
Amount (\$) 21.00		Payee address; City; State; Zip Code 7545 N Lamar Blvd 78752			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel in district		Description (If travel outside of Texas, complete Schedule T) mileage		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

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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.

1 Total pages Schedule F: 21		2 FILER NAME Marcu Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/18/14		5 Payee name Carmelos			
6 Amount (\$) 84.29		7 Payee address; City; State; Zip Code 504 E 5th St Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Food <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 7/21/14		Payee name Takoba			
Amount (\$) 47.05		Payee address; City; State; Zip Code 1411 E 7th St Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food <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 7/21/14		Payee name 7 eleven			
Amount (\$) 35.03		Payee address; City; State; Zip Code 2820 S Corner Blvd Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel in District		Description (If travel outside of Texas, complete Schedule T) Mileage <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 7/21/14		Payee name Cover 3			
Amount (\$) 64.45		Payee address; City; State; Zip Code 2700 W Anderson Ln			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food <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: 27		2 FILER NAME Marco Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/22/14		5 Payee name Casa chopala			
6 Amount (\$) 21.93		7 Payee address; City; State; Zip Code 9401 Research Blvd Austin, TX 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food / Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Food <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 7/23/14		Payee name Phu Van			
Amount (\$) 8.61		Payee address; City; State; Zip Code 8557 Research Blvd Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food <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 7/24/14		Payee name Lamar store			
Amount (\$) 17.31		Payee address; City; State; Zip Code 7445 N Lamar Blvd Austin TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food <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 7/25/14		Payee name 7 eleven			
Amount (\$) 18.36		Payee address; City; State; Zip Code 917 North Lamar Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel in district		Description (If travel outside of Texas, complete Schedule T) Mileage <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.

1 Total pages Schedule F: <u>27</u>		2 FILER NAME <u>Maria Mancillas</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>7/25/14</u>		5 Payee name <u>Bone Paddys</u>			
6 Amount (\$) <u>51.02</u>		7 Payee address; City; State; Zip Code <u>11617 Research Blvd Austin, TX 78759</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Food</u> <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 <u>7/25/14</u>		Payee name <u>Austin Social Affairs</u>			
Amount (\$) <u>40.00</u>		Payee address; City; State; Zip Code <u>Webster Austin, TX 78744</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Donations</u>		Description (If travel outside of Texas, complete Schedule T) <u>Event</u> <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 <u>7/25/14</u>		Payee name <u>Chevron</u>			
Amount (\$) <u>10.06</u>		Payee address; City; State; Zip Code <u>601 North 135 Austin, TX 78702</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Beverage</u>		Description (If travel outside of Texas, complete Schedule T) <u>Food</u> <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 <u>7/25/14</u>		Payee name <u>Numad</u>			
Amount (\$) <u>33.00</u>		Payee address; City; State; Zip Code <u>1213 Corona Dr Austin, TX 78723</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Food</u> <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	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: 27	2 FILER NAME Maria Mancillas	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/28/14	5 Payee name No mail	
6 Amount (\$) 41.00	7 Payee address; City; State; Zip Code 1213 Corning Dr, Austin, TX 78723	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food / Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Food <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 7/28/14	Payee name Texas Land & Cattle	
Amount (\$) 74.61	Payee address; City; State; Zip Code 1101 Maple Glen Austin, TX 78746	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (If travel outside of Texas, complete Schedule T) Food <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 7/28/14	Payee name Master Frank	
Amount (\$) 56.80	Payee address; City; State; Zip Code 8565 Research Blvd Austin TX 78758	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Food <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 7/28/14	Payee name Brandon Turner	
Amount (\$) 275.00	Payee address; City; State; Zip Code 501 E. Stassney Ln. Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor expense	Description (If travel outside of Texas, complete Schedule T) Salary <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.

1 Total pages Schedule F: <div style="text-align: center; font-size: 1.5em;">27</div>		2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Maru Manillas</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="text-align: center; font-size: 1.2em;">7/28/14</div>		5 Payee name <div style="text-align: center; font-size: 1.2em;">Bryan Buckley</div>			
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">50.00</div>		7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">9010 Capital City Dr. Austin, TX 78758</div>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Contract Labor</div>		(b) Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center; font-size: 1.2em;">web site</div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <div style="text-align: center; font-size: 1.2em;">7/30/14</div>		Payee name <div style="text-align: center; font-size: 1.2em;">Heist Digital LLC</div>			
Amount (\$) <div style="text-align: center; font-size: 1.2em;">350.00</div>		Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">156 Barrage Way Kyle, TX 78640</div>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Contract Labor</div>		Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center; font-size: 1.2em;">web site</div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
Date <div style="text-align: center; font-size: 1.2em;">8/01/14</div>		Payee name <div style="text-align: center; font-size: 1.2em;">Face Book</div>			
Amount (\$) <div style="text-align: center; font-size: 1.2em;">57.69</div>		Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">PO Box 10005 Pahrump, NV 74323</div>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Advertising</div>		Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center; font-size: 1.2em;">web site</div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
Date <div style="text-align: center; font-size: 1.2em;">8/4/14</div>		Payee name <div style="text-align: center; font-size: 1.2em;">7 eleven</div>			
Amount (\$) <div style="text-align: center; font-size: 1.2em;">2.60</div>		Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">917 N Lamar Blvd Austin, TX 78703</div>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Food/Beverage Expense</div>		Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center; font-size: 1.2em;">Food</div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					

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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.

1 Total pages Schedule F: 27		2 FILER NAME Mara Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/4/14		5 Payee name Marcos Pizza			
6 Amount (\$) 14.00		7 Payee address; City; State; Zip Code 5020 Burnet Rd Austin, TX 78754			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food / Beverage		(b) Description (If travel outside of Texas, complete Schedule T) Fuel <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 8/4/14		Payee name Genuine Joe Coffee			
Amount (\$) 9.10		Payee address; City; State; Zip Code 2001 W Anderson Ln Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage		Description (If travel outside of Texas, complete Schedule T) Fuel <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 8/04/14		Payee name Sunrise Mini Mart			
Amount (\$) 3.07		Payee address; City; State; Zip Code 1809 W Anderson Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Fuel <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 8/5/14		Payee name Chilis			
Amount (\$) 23.49		Payee address; City; State; Zip Code 4420 N Lamar Blvd Austin, TX 78754			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food <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.

1 Total pages Schedule F: <u>27</u>		2 FILER NAME <u>Marcia Mancillas</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>8/5/14</u>		5 Payee name <u>Brandon Turner</u>			
6 Amount (\$) <u>250.00</u>		7 Payee address; City; State; Zip Code <u>501 E Stassan Austin, TX 78745</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Consulting</u> <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 <u>8/5/14</u>		Payee name <u>Austin Environmental Democrats</u>			
Amount (\$) <u>10.00</u>		Payee address; City; State; Zip Code <u>Austin TX 78703</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Donation</u>		Description (If travel outside of Texas, complete Schedule T) <u>Club</u> <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 <u>8/8/14</u>		Payee name <u>C Mart</u>			
Amount (\$) <u>20.00</u>		Payee address; City; State; Zip Code <u>2007 Valley Center Austin, TX 78731</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Fuel</u> <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 <u>8/8/14</u>		Payee name <u>Whole Foods</u>			
Amount (\$) <u>17.17</u>		Payee address; City; State; Zip Code <u>119 Zc Poma Dr. Austin, TX 78758</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Food</u> <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: 27		2 FILER NAME Mario Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/11/14		5 Payee name Ducas Motor works			
6 Amount (\$) 48.12		7 Payee address; City; State; Zip Code 1123 S. Congress Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food / Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Food <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 8/11/14		Payee name mario mario			
Amount (\$) 21.88		Payee address; City; State; Zip Code 11600 uhlen Rd Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food <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 8/11/14		Payee name Exxon mobil			
Amount (\$) 25.55		Payee address; City; State; Zip Code W05 Congress Ave Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel in district		Description (If travel outside of Texas, complete Schedule T) m. m. m. <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 8/11/14		Payee name HEB			
Amount (\$) 7.54		Payee address; City; State; Zip Code 9414 Lamar Blvd Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Expense		Description (If travel outside of Texas, complete Schedule T) Food <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.

1 Total pages Schedule F: <u>27</u>	2 FILER NAME <u>Maria Mancilla</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>8/11/14</u>	5 Payee name <u>Sushi Sake</u>	
6 Amount (\$) <u>41.18</u>	7 Payee address; City; State; Zip Code <u>9503 Research Blvd Austin, TX 78759</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Food / Beverage</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Food</u> <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 <u>8/11/14</u>	Payee name <u>Mandix</u>	
Amount (\$) <u>30.79</u>	Payee address; City; State; Zip Code <u>10205 N Lamar Blvd Austin, TX 78752</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Food / Beverage Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Food</u> <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 <u>8/12/14</u>	Payee name <u>Tapasitas</u>	
Amount (\$) <u>7.50</u>	Payee address; City; State; Zip Code <u>800 W 6th St Austin TX 78701</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Food / Beverage Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Food</u> <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 <u>8/13/14</u>	Payee name <u>Star Bucks</u>	
Amount (\$) <u>7.79</u>	Payee address; City; State; Zip Code <u>907 W 5th St</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Food / Beverage Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Food</u> <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.

1 Total pages Schedule F: 27		2 FILER NAME Marco Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/13/14		5 Payee name Whataburger			
6 Amount (\$) 9.01		7 Payee address; City; State; Zip Code 6205 N. Lamar Austin, TX 78752			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Food <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 8/18/14		Payee name Sunrise Mart			
Amount (\$) 9.77		Payee address; City; State; Zip Code 1809 W Anderson Ln Austin, TX 78757			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food <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 8/18/14		Payee name Brendan Turner			
Amount (\$) 166.50		Payee address; City; State; Zip Code 511 E. Stassney Ln Austin, TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Supplies <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 8/19/14		Payee name Jaco Bell			
Amount (\$) 6.05		Payee address; City; State; Zip Code 7793 Burnet Rd 78758 Austin, TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense		Description (If travel outside of Texas, complete Schedule T) Food <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: 27		2 FILER NAME Marce Mancilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/19/14		5 Payee name Casa Chapala			
6 Amount (\$) 105.58		7 Payee address; City; State; Zip Code 9041 Research Blvd Austin, TX 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food / Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Food <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 8/22/14		Payee name Face Book			
Amount (\$) 42.90		Payee address; City; State; Zip Code P.O. Box 10005 Pahr, ALB, CA			
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 <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 8/22/14		Payee name Workex Printing			
Amount (\$) 250.00		Payee address; City; State; Zip Code 3217 N 135 Rd Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Print Expense		Description (If travel outside of Texas, complete Schedule T) Print <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 8/24/14		Payee name Subway			
Amount (\$) 5.52		Payee address; City; State; Zip Code 9300 N Lamar Austin, TX 78753			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food <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: 27		2 FILER NAME Marcu Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/27/14		5 Payee name Tan my needle Sup			
6 Amount (\$) 15.10		7 Payee address: City: State: Zip Code 1601 ohlen Rd Austin, TX 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) F / Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Fuel <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 8/28/14		Payee name Silo			
Amount (\$) 5.33		Payee address: City: State: Zip Code 1300 E. 7th St. Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fuel/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Fuel <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 8/28/14		Payee name Cryslis			
Amount (\$) 50.00		Payee address: City: State: Zip Code Website Austin, TX			
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 <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 8/28/14		Payee name Panera Bread			
Amount (\$) 6.59		Payee address: City: State: Zip Code 2805 Beccaves Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Fuel <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.

1 Total pages Schedule F: <u>27</u>		2 FILER NAME <u>Marc Manigiller</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>8/29/14</u>		5 Payee name <u>Pint House Pizzeria</u>			
6 Amount (\$) <u>14.31</u>		7 Payee address; City; State; Zip Code <u>4724 Burnet Rd Austin, TX 78756</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Food/Beverage</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Food</u> <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 <u>8/29/14</u>		Payee name <u>Iron Cactus</u>			
Amount (\$) <u>77.55</u>		Payee address; City; State; Zip Code <u>10001 Stonelake Blvd Austin, TX 78759</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Food</u> <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 <u>9/2/14</u>		Payee name <u>Park Domain</u>			
Amount (\$) <u>62.50</u>		Payee address; City; State; Zip Code <u>11601 Domain Dr Austin, TX 78759</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Food</u> <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 <u>9/10/14</u>		Payee name <u>Best Buy</u>			
Amount (\$) <u>135.30</u>		Payee address; City; State; Zip Code <u>9607 Research Blvd Austin TX 78757</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>office overhead</u>		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.

1 Total pages Schedule F: <u>27</u>		2 FILER NAME <u>Marw Mancillas</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>9/2/14</u>		5 Payee name <u>7 eleven</u>			
6 Amount (\$) <u>8.65</u>		7 Payee address: City: State: Zip Code <u>8900 N Lamar Austin, TX 78758</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Food / Beverage Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Food</u>		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>9/2/14</u>		Payee name <u>Face Book</u>			
Amount (\$) <u>3.66</u>		Payee address: City: State: Zip Code <u>P.O. Box 10005 Palo Alto, CA 94303</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Website</u>		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>9/2/14</u>		Payee name <u>Lone Star Cabs</u>			
Amount (\$) <u>8.90</u>		Payee address: City: State: Zip Code <u>Travel in district Austin, TX 78703</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Travel in district</u>		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					
Date <u>9/2/14</u>		Payee name <u>Brandon Turner</u>			
Amount (\$) <u>106.50</u>		Payee address: City: State: Zip Code <u>501 E. Stassney Ln Austin, TX 78705</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Salaries Expense</u>		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					

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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.

1 Total pages Schedule F: <u>27</u>		2 FILER NAME <u>Marco Mancillas</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>9/2/14</u>		5 Payee name <u>GA HCC</u>			
6 Amount (\$) <u>375.00</u>		7 Payee address; City; State; Zip Code <u>3601 Far west Blvd. Austin, TX 78731</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Donation Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <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 <u>9/13/14</u>		Payee name <u>Cover Store</u>			
Amount (\$) <u>31.30</u>		Payee address; City; State; Zip Code <u>7545 N Lamar Blvd Austin, TX 78752</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Food / Beverage Expense</u>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <u>9/13/14</u>		Payee name <u>Metro Mart</u>			
Amount (\$) <u>20.00</u>		Payee address; City; State; Zip Code <u>1600 Chiles Rd Austin, TX 78758</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Travel in district Expense</u>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <u>9/13/14</u>		Payee name <u>Burgundy Beef Grill</u>			
Amount (\$) <u>26.72</u>		Payee address; City; State; Zip Code <u>3601 Far west Blvd Austin, TX 78731</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Food / Beverage expense</u>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	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: 27		2 FILER NAME Meru Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/3/14		5 Payee name Maudie			
6 Amount (\$) 20.31		7 Payee address; City; State; Zip Code 10205 N Lamar Blvd Austin, TX 78753			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <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 9/4/14		Payee name Chris Jean			
Amount (\$) 5.33		Payee address; City; State; Zip Code 2712 Bee caves Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <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 9/4/14		Payee name Cherron			
Amount (\$) 20.32		Payee address; City; State; Zip Code 8545 N Lamar Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <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 9/8/14		Payee name Cherron			
Amount (\$) 20.00		Payee address; City; State; Zip Code 8545 N Lamar Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Taxel indistrict		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.

1 Total pages Schedule F: <u>27</u>		2 FILER NAME <u>Marco Mancillas</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>9/8/14</u>		5 Payee name <u>Austin Pizza</u>			
6 Amount (\$) <u>15.84</u>		7 Payee address; City: State; Zip Code <u>3637 Far west Blvd Austin TX 78731</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <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 <u>9/8/14</u>		Payee name <u>Glorias</u>			
Amount (\$) <u>118.09</u>		Payee address; City: State; Zip Code <u>300 W 6th St Austin TX 78701</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		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 <u>9/10/14</u>		Payee name <u>Little Caesar</u>			
Amount (\$) <u>6.98</u>		Payee address; City: State; Zip Code <u>944 N Lamar Blvd Austin TX 78758</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		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 <u>9/11/14</u>		Payee name <u>Shell oil</u>			
Amount (\$) <u>17.37</u>		Payee address; City: State; Zip Code <u>8540 Research Blvd Austin TX 78758</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Travel indistrict</u>		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**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: 27		2 FILER NAME Marcu Menesillo		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/11/14		5 Payee name Drc's			
6 Amount (\$) 17.99		7 Payee address; City; State; Zip Code 3801 ST. Austin, TX 78734			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <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 9/11/14		Payee name Austin Tejanos Democrats			
Amount (\$) 25.00		Payee address; City; State; Zip Code Austin TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation		Description (If travel outside of Texas, complete Schedule T) Club <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 9/12/14		Payee name Coastal			
Amount (\$) 7.57		Payee address; City; State; Zip Code 3720 Far west Blvd Austin, TX 78731			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <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 9/15/14		Payee name 7 eleven			
Amount (\$) 4.38		Payee address; City; State; Zip Code 2020 South lane Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <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.

1 Total pages Schedule F: <u>27</u>		2 FILER NAME <u>Merna Mancillas</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>9/15/14</u>		5 Payee name <u>Metro Mart</u>			
6 Amount (\$) <u>15.10</u>		7 Payee address: City: State; Zip Code <u>1600 Ahlen Rd Austin, TX 78752</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Food / Beverage Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <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 <u>9/22/14</u>		Payee name <u>Juan in a million</u>			
Amount (\$) <u>8.98</u>		Payee address: City: State; Zip Code <u>2300 E Cesar Chavez Austin, TX 78721</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food / Beverage Expense</u>		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 <u>9/22/14</u>		Payee name <u>Chauhan</u>			
Amount (\$) <u>27.00</u>		Payee address: City: State; Zip Code <u>1300 Cedar St. Austin, TX 78701</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food / Beverage Expense</u>		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 <u>9/27/14</u>		Payee name <u>219 west</u>			
Amount (\$) <u>39.48</u>		Payee address: City: State; Zip Code <u>612 W 6th Austin, TX 78701</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food / Beverage Expense</u>		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**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: 27		2 FILER NAME Marcu Maracillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/22/14		5 Payee name J blacks			
6 Amount (\$) 13.91		7 Payee address; City: State: Zip Code 710 B W 6th Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <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 9/22/14		Payee name Shell oil			
Amount (\$) 23.70		Payee address; City: State: Zip Code 8540 Research Blvd Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel indistrict		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 9/24/14		Payee name Boulevard Grill			
Amount (\$) 17.11		Payee address; City: State: Zip Code 3616 Far west Blvd Austin TX 78731			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <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 9/24/14		Payee name Punch bowl Social			
Amount (\$) 39.32		Payee address; City: State: Zip Code 11310 Domain Dr Austin TX 78759			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <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: 27		2 FILER NAME Alarcu Mancillas		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/24/14		5 Payee name Starbucks			
6 Amount (\$) 6.17		7 Payee address; City; State; Zip Code 907 W 5th St Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <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 9/25/14		Payee name Maudies			
Amount (\$) 43.35		Payee address; City; State; Zip Code 10205 N Lamar Blvd Austin TX 78753			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <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 9/25/14		Payee name Dixie Bills Grill			
Amount (\$) 26.00		Payee address; City; State; Zip Code 5111 Rio Grande St Austin TX 78721			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <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 9/25/14		Payee name Choueron			
Amount (\$) 30.20		Payee address; City; State; Zip Code 2415 N 135 Round Rock, TX 78665			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <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.

1 Total pages Schedule F: <div style="text-align: right;">27</div>	2 FILER NAME <div style="text-align: center;">Mara Mancillas</div>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <div style="text-align: center;">9/25/14</div>	5 Payee name <div style="text-align: center;">Telecom</div>	
6 Amount (\$) <div style="text-align: center;">4.20</div>	7 Payee address; City; State; Zip Code <div style="text-align: center;">2820 S Lamar Blvd Austin, TX 78704</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <div style="text-align: center;">Food/Beverage Expense</div>	
	(b) Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center;"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <div style="text-align: center;">Office sought</div> Office held	

Date <div style="text-align: center;">9/25/14</div>	Payee name <div style="text-align: center;">Glorias</div>
Amount (\$) <div style="text-align: center;">49.20</div>	Payee address; City; State; Zip Code <div style="text-align: center;">3309 A. Espinoza Cross Austin, TX 78758</div>
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <div style="text-align: center;">Food/Beverage Expense</div>
	Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center;"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <div style="text-align: center;">Office sought</div> 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) <div style="text-align: center;"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <div style="text-align: center;">Office sought</div> 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) <div style="text-align: center;"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <div style="text-align: center;">Office sought</div> Office held

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