CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

			
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	marco		
INAME	NICKNAME LAST	SUFFIX	Date Received R
	` · ·	OUTTIA	CEIVI 6 F
	mancillas		CITY CI
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	l <u>'</u>
OFFICEHOLDER		,	ω E _R
MAILING ADDRESS	P.O. Bux 180833	Austinith	Date Hand-delivered of Rostmarked
change of address		78718	6
			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
PHONE	(512) 954-4503		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER	Novert		
NAME	NICKNAME LAST	SUFFIX	·
	morales		
	Horaes		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	CITY; STATE;	ZIP CODE
TREASURER	1007 E. 7th	ST Mission	¥ 78777
ADDRESS (residence or business)	1001 5 144	21. 9.24411	£ 70 75-
	,		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 474-1499		
''''			,
	,	•	
9 REPORT TYPE			A 5th day after semaning
	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
			(officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	07/01/14 THROUGH	09'/25/	/14
		, ,	• •
44 51 5071011	ELECTION TYPE		
11 ELECTION	Month Day Year Primery		
	11/4/14	Runoff	General Special
	11/ 4/ 14		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Count	cil District 4
	<u> </u>		
	GOTOPA	GE 2	
			

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

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	OMINDIDATE OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDITES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE C OR OCCIOCUOL DED'A MARIA CARA CA
	COMMITTEE TYPE	COMMITTEE NAME	South Elektrics
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages	·	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	s Ø
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,835.84
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	, , , , , , , , , , , , , , , , , , ,
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7.031.36
CONTRIBUTION BALANCE	5. TOTAL PO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 7,031.36 \$ 26,804.48
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	
Notary My C	IA ESTRADA SALINA Public, State of Te Commission Expire: vember 19, 2018	xas ////	formation required to be reported by
Sworn to and substitute day		ne, by the said March Manchas	, this the
Signature of officer admini	stering oath	Printed name of officer administering oath	Title of officer administering oath

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Marco Mancillas	<u> </u>		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
7/14/14	Alfred Coms 6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
///٦///		782cs	230	
	340 Congret ST. Sant	retropyty	(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job_title (See Instructions)	10 Employer (See	Instructions)	
	Laugar	Sell	^ 	
Date	Full name of contributor cut-of-state PAC (ID#		Amount of	In-kind contribution
	Lonce Rettus		contribution (\$)	description (if applicable)
7/14/14	Contributor address; City: State; Zip Code	78758	300	
	9010 Knal Creek Dr. Aug.	tice Tx		,
			/If traval outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or rexas, complete acrieotile ()
	Maglet			
Date	Full name of contributor		Amount of	In-kind contribution
	Scra Petter		contribution (\$)	description (if applicable)
7/14/14	Contributor address; City: State; Zip Code		300	
	9010 Gual Cre & Or. Augh	n TK 75758	(If travel outside) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
?			contribution (\$)	description (if applicable)
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7/14/14	Contributor address; City; State; Zip Code	7000	.	1
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		ı—————————————————————————————————————	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
ا ر	the b Smith		33	Table (apprount)
7/11/11/11	Contributor address; City; State; Zip Code		7/1	
7/14/14		78526	350	
	9 co Plantaton Dr. Brown			1
	- Urulan	عن اله و کلا	(If travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See		or roses, compare demander of
			•	$f^*\theta$

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Mora Moner lles		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/15/14	6 Contributor address; City: State: Zip Code 1201 Spy Stass Asta 17078	f144	300	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/15/14	Contributor address: City: State; Zip Code 1811 S. Congress Andra		320	\
		·····		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
	Briller	<i>C</i>	hose	
Date	Full name of contributor cut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/15/14	Guadalupe Armade Contributor address; City: State; Zip Code Une wast University 13	ovd .	150	
	Harbosen it 78:50	20	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See)	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#:_	.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/15/14	Contributor address: City; State; Zip Code	78552	250	
	47 Los Amisos Harlies	۲۰, ۲۴	(If travel outside	i of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/15/14	Contributor address; City; State; Zip Code		5 4	
	2699 Pumpu ST.	78524		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	_
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SCHEDULE A

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2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
[Mara Monail	165		•
4 Date			7 1	A 1.1/2.2
- Date			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
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1 1	6 Contributor address; City; State; Zip Code		220	
7/15/14	,	8 586	ريدر ا	
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9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	•	
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Cristina Casas- 54	مال مال	contribution (\$)	description (if applicable)
11.	Contributor address: City: State; Zip Code			
7/15/14		10 2 31	325	
	90 27 Mans field son	who was the		1 [
	70 - 7 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	- / 15	(If travel outside of	of Texas, complete Schedule T)
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	I come a con a la	1	contribution (\$)	description (if applicable)
, ,	Contributor address; City; State; Zip Code			
7/15/14	. Online address, City, State, Zip Code		300	
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.		·	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Ducter	Se	<u>LE:</u>	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
1	Rudolfo Barren		contribution (\$)	description (if applicable)
-1 w.l.	Contributor address; City; State; Zip Code	765	150	
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	IUIS E. 32 nd st.	Hustin itk		I I
		- j	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
	Oucher	Self	,	
Date	Full name of contributor out-of-state PAC (ID#:_	1	Amount of	In-kind contribution
	hydia Garia		contribution (\$)	description (if applicable)
 .	Contributor address; City; State; Zip Code			
//17/14	City, State, Zip Code	28688	250	
•	20250 US HWY 2	<i>6</i> 1		
	3	on Beridity	(If traval autoids	of Texas, complete Schedule T)
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P.O. Box 12070

SCHEDULE A

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The	Instruction Guide explains how to complete this form.	1 Tot	al pages Sch	edule A:
2 FILER NAME	Maro Monrilles	3 AC	COUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#		ount of bution (\$)	8 In-kind contribution description (if applicable)
7/17/14	6 Contributor address; City; State; Zip Code 280 Valcee Bay Ln Austin, 787	TY	20	of Texas, complete Schedule T)
9 Principal occup	1	yer (See Instructi		
Coto				
Date	Full name of contributor		nount of bution (\$) ,	In-kind contribution description (if applicable)
-	Ambra Gorsonta Contributor address: City: State; Zip Code		50	(ii applicable)
7/11/14			ا د	
	280 Vacler By In Austin 75	754 🕩	ravel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Emplo	yer (See Instructi	ons)	
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Date	Full name of contributor) Am	ount of	In-kind contribution
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7/17/14	Contributor address: City: State; Zip Code	Je,770 3	S 0	
-		/(f s	ravel nutside i	l of Texas, complete Schedule T)
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	France Director	Assuciat		
Date	Full name of contributor out-of-state PAC (ID#:		nount of	In-kind contribution
-1 :1	Contributor address; City; State; Zip Code		ibution (\$)	description (if applicable)
7/19/14	1006 San & law trail Austin	T*.	100	
	78	ትን¥5 _{(if t}	ravel outside o	i of Texas, complete Schedüle T)
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ا داد اس	noncy Urius		bution (\$)	description (if applicable)
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SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Mario Mancilles		3 ACCOUNT # (E	thics Commission Filers)
4 Date 7/19/14	5 Full name of contributorout-of-state PAC(ID#: RAW Cerrito 6 Contributor address; City: State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
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Principal occup	pation / Job title (See Instructions)	10 Employer (See I		•
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Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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Date	Full name of contributor cut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/19/14	Contributor address; City; State; Zip Code		350	: :
	One Rivering Houston	17 77056	(If travel outside	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/2/14	Contributor address: City: State: Zip Code	Acodon My	350	
		78701	(If travel outside	i . of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor pul-of-state PAC (ID#:		Amount of	In-kind contribution
76.1.	Jacque Galvan		contribution (\$)	description (if applicable)
Thuliy	Contributor address: City; State; Zip Code 87cu mvpa Fepny A	cestin. Tx	350	!
		78759	/If travel outside	of Texas, complete Schedule T)
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SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Mora Moneilles		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributoroul-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/2/14	6 Contributor address; City; State; Zip Code 17244 Bushmill Rd. P8	flugari He, TY	300	;
A D=: : :	() - () - ()	-		of Texas, complete Schedule T)
a Frincipal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor	1	Amount of	In-kind contribution
·			contribution, (\$)	description (if applicable)
7/22/14	Sky HA75 Contributor address: City: State: Zip Code	,		
	1905 Krussen lone Austr	178758	350	of Toyon complete School de T
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	Account Freebre		Fraircis.	Services
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/22/14	Stephanie Villeges Contributor address: City: State: Zip Code East Rivers: de pr	Day 6 m. TX	contribution (\$)	description (if applicable)
		7874	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , , ,
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Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/12/14	Contributor address; City; State: Zip Code		350	
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ļ		78714	(46.)	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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5-1-		<i></i>		
Date	Full name of contributor out-of-state PAC(ID#:)	. Amount of contribution (\$)	In-kind contribution description (if applicable)
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7/244	Contributor address; City; State; Zip Code		350	
11044	2712 Bee cores ld.	Andin . Tk	5,0	
	- 11 - Bel Cares Kd.	72746		
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	,	•
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	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages School	edule A:
2 FILER NAME	Marco Marcillos		3 ACCOUNT#(E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/25/14	Mary Bunker 6 Contributor address: City; State; Zip Code 2711 Bee cares Rd. Ac	78746	350	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor □ out-of-state PAC (ID#_ O ++: Contributor address: City; State; Zip Code	. 1	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/25/14	Contributor address: City: State: Zip Code 205 w: Id 18 as a Nd A	husta ,74 78764	350	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/28/14	Contributor address; City: State; Zip Code 2 U5 wird Besin Rd	. A-usdra, Tr 78764	350	
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor □ out-of-state PAC(ID#:_	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/25/14	Contributor address: City; State; Zip Code	stor, the	350	
	760 uBur net Rd	78-754	{ If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
7hs/14	Contributor address: City; State; Zip Code		350	
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P.O. Box 12070

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2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
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4	Maro Mari	VL63		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Cruck 1 11		CONTRIBUTION (3)	description (it applicable)
1 141	6 Contributor address; City; State; Zip Code	~	260	1
7/25/14	Commoditi address, City, Stale, Zip Code	•	350	
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9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		or rexes, complete porteduce 17
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Date				
Date			Amount of contribution (\$)	In-kind contribution description (if applicable)
,	Leticia Villarreal		, , ,	
7/25/14	Contributor address; City; State; Zip Code		7.0]
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	7400 Burnet Rd. A	nstinte	:	
		78757	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
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Date	Full name of contributor)	Amount of	In-kind contribution
,	1 la di Maralas		contribution (\$)	description (if applicable)
7/25/14	Contributor address; City; State; Zip Code		260	}
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	, , , , , , , , , , , , , , , , , , ,	78703	(If trough outside	of Texas, complete Schedule T)
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Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
Calc			contribution (\$)	description (if applicable)
1 ,	Frank Garza			
Theliu	Contributor address; City; State; Zip Code	•	200	
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	1701 Lameron (Cd		!	
		78784		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Ourney marketing	Self		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	Frank Cardenor		contribution (\$)	description (if applicable)
/ B	Contributor address; City; State; Zip Code			
7/25/14		·	350	i
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Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form	1 Total pages Schedule A:	
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2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Maru Mano; il	45		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	May 7 did		contribution (\$)	description (if applicable)
	6 Contributor addresses City State: Zin Code		9 / -	
7(25/14	Mark Z eidmen 6 Contributor address; City; State; Zip Code Both Randon, FL Buch 1	_	350	
	Buca Cardon 1 1 Buca 1	labor, FL		
	77 0 Alamandae St.	33486	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
	Ready	Self		
Date	Full name of contributor but-of-state PAC (ID#:		Amount of	In-kind contribution
<u>,</u>	Jay Zeidman		contribution (\$)	description (if applicable)
7/25/14	Contributor address; City: State; Zip Code		350	
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		77056	(If travel outside a	of Texas, complete Schedule T)
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	Anat Zeidman		contribution (\$)	description (if applicable).
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SCHEDULE A

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POLITICAL	CONTRIBUT	IONS
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

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SCHEDULE A

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exas Ethics Com	mission P.O. Box 12070 Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)	
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A					
The	Instruction Guide explains how to complete this	1 Total pages Sch	edule A:		
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Employer (See Instructions)

Principal occupation / Job title (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

				
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0/1/11	Outributor address; City; State; Zip Code			1
9/9/14			350	<u> </u>
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		78705	46.	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
T Thiespay occup	Ducke	Se Is		<u>-</u>
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
i	bd-ro		contribution (\$)	description (if applicable)
			3 -	,
9/11/14	Contributor address; City; State; Zip Code		350	!
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		18705	(If tegual autoids	of Toyon, complete Cabadyla T\
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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Date	Full name of contributor out-of-state PAC (ID#:	, ,	Amount of	In-kind contribution
5410			contribution (\$)	description (if applicable)
$\Delta I_{i} I_{i}$	Matiza Cayor Contributor address; City; State; Zip Code	· <u>o</u>		1
9/////	Contributor address; City; State; Zip Code		<i>'35 D</i>	1
'' ' '	12414 Aderbracepr.	Austinitk		
	1 raid lance personne.	78758		
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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SCHEDULE A

The	Instruction Cuids symbology boy to complete this		1 Total pages Sch	edule A:
The Instruction Guide explains how to complete this form.			\mathcal{U}	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Marce Mancillas	•		
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
l , ,	abilia muzz		contribution (\$)	description (if applicable)
9/12/14	6 Contributor address; City; State; Zip Code		350	
	2115 normand Dr. Au	rodin, TX		!
		78786	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	Ducher	Seld-		
Date	Full name of contributor ul-of-state PAC (ID#:_		Amount of	In-kind contribution
	No. 1		contribution (\$)	description (if applicable)
9/18/14	Decter Morales Contributor address; City; State; Zip Code			I
1711/114			350	! [
	3708 Spice Wood Spi	_		<u> </u>
		Bustn, tx	/If traval autoida	of Tower complete Cahadula Ti
Principal occur	L pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	Docter	Employer (See	-8	
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of	In-kind contribution
,			contribution (\$)	description (if applicable)
9/15/14	Rebord Mirand			! !
1117119	l Contributor address: City: State: Zib Code		350	1
	6300 La Calma D.	Augh, 1x		<u> </u>
		78737	/If travel eutride	of Toyon, complete Schodule T
Principal occur	Dation / Job title (See Instructions)	Employer (See	Instructions)	of Texas, complete Schedule T)
	Duak		Instructions)	·
Date	Full name of contributor		Amount of	In-kind contribution
	William Medano		contribution (\$)	description (if applicable)
Glich.	Contributor address; City; State; Zip Code		350	
19/18/14	1			
	15803 Worder mener Dr	refluser of lark	Ł	I
		78600		of Texas, complete Schedule T)
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	Oucto-	Se b		
Date	Full name of contributor ut-of-state PAC (ID#_)	Amount of	In-kind contribution
	George Ma-trez		contribution (\$)	description (if applicable)
9/18/14	Contributor address; City; State; Zip Code		_	İ
11101.14			350	I
	13729 research BI	ind Hustingy]
		78750	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
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P.O. Box 12070

SCHEDULE A

The	The Instruction Guide explains how to complete this form.			edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Marco Mancillas			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	As her	<u>. </u>	contribution (\$)	description (if applicable)
9/22/14	Carlos Genzales 6 Contributor address; City; State; Zip Code			·
`	6 Contributor address; City; State; Zip Code		350	'
	2885 Gramary A	ou den It		
	7 7	77025	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		
	Doc der	Self.	<u> </u>	
Date	Full name of contributor ul-of-state PAC (ID#_		Amount of	In-kind contribution
	De dencia Lina	•	contribution (\$)	description (if applicable)
9/22/14	Contributor address; City; State; Zip Code	<i>\$</i> }~		
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	2855 Gramay Au	18025 apr 18025		
		• • • • • • • • • • • • • • • • • • • •	'	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Oate	Self		1
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Manuel Genzale	ዳ	(4)	description (in application)
9/2/14	Contributor address; City; State; Zip Code		350] .
710419	2055 Gramery Hor	LAL VO	220	
	COSS Granery W	77025		
District con-				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Busines Ourse	Employer (See I	nstructions)	
Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
	Daniel Gunzales) 		l I
9/22/14	Contributor address; City; State; Zip Code		350	1
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	2000	77025	(If traval outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedule 1)
	Begins Ulm	Self		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	_ · -		contribution (\$)	description (if applicable)
9/27/14	Contributor address; City; State; Zip Code		⊃ c -	·
' ''	255- Coc amercy House	<i>M</i>	350	·
	2855 Gramercy Houston			'
		77025		I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	-
	Bustess own	Se ld	·	
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2	FILER NAME	Marco Mancilla	5	3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	9/23/14	6 Contributor address; City; State; Zip Code		350	!
				 ' 	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions) ひょいつらい	10 Employer (See I	nstructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
					of Texas, complete Schedule T)
	Principal occur	aation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			[
				(If travel outside	 of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
!		Contributor address; City; State; Zip Code			[[
			F		of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
_	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
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	Principal occup	pation / Job title (See Instructions)	Employer (See	mstructions)	<u></u>

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P.O. Box 12070

SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/R	ntract Labor Loan Repayment/Reimbursement sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	2 FILER NAME Marco Mancilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/1/14	5 Payee name Worley Pr	intine
6 Amount (\$)	7 Payee address; City; State; Zip Code	, , , , , ,
400.00	Austin, 1x 32 17	NI35 Lundon Rd.
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Certificat Cabanthing	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date 7/3//4	Payee name CAAAD	
Amount (\$)	Payee address; City; State; Zip Code	
10.00	Anglon to 18704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution / Dination	Description (If travel outside of Texas, complete Schedule T)
 	· · · · · · · · · · · · · · · · · · ·	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 7/7/14	Payee name Office Mayo Payee address; City; State; Zip Code	
Amount (\$)	Payee address; City; State; Zip Code	
24.52	GUT W. SAMSO. An	slm, TX 782 3
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Print expense	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 7/ 7/14	Payee name Office Max	
Amount (\$)	Payee address; City; State; Zip Code	
14.30	907 W. Sth So. An	sfortx TX TX TX3
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Prist expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

P.O. Box 12070

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense	•		oan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fu	ransportation Equipment & Related Expense	
Consulting Expense Event Expense	Food/Beverage Expense Travel In Dist Polling Expense Travel Out O	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees			OTHER (enter a category not listed above)
	The Instruction Guide explains how		, <u>-</u> ,
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
27	Mara Mancilles		
4 Date	5 Pavee name		•
7/7/14	7 Payee address; City; State; Zip Code		
6 Amount (\$)		e 	
19.38	907 w. sh st h	Justine XX 7	8703
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (I	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Prost expense	Pro	nA
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Data :	Bassana		
7/7/14	Payee address; City; State; Zip Cod	5	
Amount (\$)	Payee address; City; State; Zip Cod	е	
7.13	5764 Dirport Blud.	Austin, 7x	78752
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Falk.	二	sol
	toutheng expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name *	Office sought	Office held
Date	Payee name ,		7
7/7/14	while finds		
Amount (\$)	Payee address; City; State; Zip Code		
27.04	11920 Dumain Pr.	Austin,	TX 78758
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fuel 1Bonne France	Fund	/
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C		omoc sought	Office field
Date / a//	Payee name 5.0		
718/14	Office Max		
Amount (\$)	Payee address; City; State; Zip Code	e	
21.52	907 W 5th ST.	Austin 1X	78713
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Vint sparse		Print
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Ci- Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	ontract Labor aising Expense trict Contributions/Donations Made By Candidate/Officeholder/Political Committee Cotter a category not listed above)
d Tatal manage Cabada la Fr	The Instruction Guide explains how to	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F:	2 FILER NAME Mars Mane: Nos	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/8/14	5 Payee name Texaco	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
3.25	717 E. Whso. A	ustin, >x 78704
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	First / Benever Excuse	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 7/8//4	Payee name TUICH Palma L.L.	
Amount (\$)	Payee address; City; State; Zip Code	
710.00	900 longoon Ane	Auby TX 78711
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	1	Central lebr
	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office field
Date	Payee name	
769/14	HEB City State Zin Code	
Amount (\$)	Payee address; City; State; Zip Code	
162.34	1000 E. 4158 Busto, Tx 78	751
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	T. 118.	Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C		Office sought
Date	Payee name	
7/9/14	Casa Chopa /a Pavee address: City: State: Zip Code	
Amount (\$)	Payee address; City; State; Zip Code	
129.79	101 San Jacob Blud	Austin , to 75701
PURPOSE	* Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Full Beinge eppene	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
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	PURPLINITION	CATEGORIES	OD BOY or 1	····	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	CATEGORIES F Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of District Office Overhead/Re	ntract Labor sing Expense ict ental Expense	OTHER (enter a catego	ent & Related Expense s Made By Ider/Political Committee
1 Total pages Schedule F:	2 FILER NAME	- expiails now to c	ompiete tilis 101	- ,	Ethics Commission Filers)
27	Maru n	A na sillas		3 ACCOON # (Ettics Continuesion Filers)
4 Date 7/9//4	5 Payee name Bump He 7 Payee address; City; Sta	Livu	4.4		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
181.86	8711 Burned (a) Category (See categories listed at the top	+ Rd &	lastry IX -	78757	
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)		If travel outside of Texas, co	mplete Schedule T)
EXPENDITURE	Advertism Expe		Shaff Checkif Au	ustin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
Date	Payee name				
7/14/14		Arc P	crty		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	,		
125.00	4818 (-as) Ban	white Blu	d. Anst	m, Tx 787	41
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, co	implete Schedule T)
EXPENDITURE	Donation		Check if Au	ustin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	:	Office held
Date	Payee name				
7/14/14 Amount (\$)	Takoba				
Amount (\$)		ate; Zip Code			
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, co	implete Schedule T)
OF EXPENDITURE	Event Expense	_ ا	Check if A	ustin, TX, officeholder livir	ng expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name PH		Office sought	t	Office held
Date	Payee name				
7/14/14	Face Boul				
Amount (\$)		ate; Zip Code			,
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	_ webs	(If travel outside of Texas, co	,
Complete ONLY if direct	Candidate / Officeholder name	insc	Office sought		Office held
expenditure to benefit C/6	ОН 				
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	EXPENDITURE CAT	TEGORIES FOR BOX 8(a	<u> </u>
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sala Legal Services Soli Food/Beverage Expense Trav Polling Expense Trav Printing Expense Office	aries/Wages/Contract Labor citation/Fundraising Expense vel In District vel Out Of District ce 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 exp	lains how to complete this fo	orm.
Total pages Schedule F:	2 FILER NAME Maru Mo	ne: Ilis	3 ACCOUNT # (Ethics Commission Filers
Date 7/14/14	5 Payee name Brandon Ju.	nen	
Amount (\$)	7 Payee address; City; State;	Zip Code	
475.00	SU F. Starrey	Bust not 7	748
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this SG love of Lagran (e	schedule) (b) Description	n (If travel outside of Texas, complete Schedule T) n らいじよ Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	
Date 7/1/6/14	Payee name Face Book		
Amount (\$)	Payee address; City; State;	Zip Code	
50.00	Pr Box Juvos Paldo.	Aldo Cua Suzuz	•
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this		1 (If travel outside of Texas, complete Schedule T) 21312 Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held
Date 7/14/14	Payee name Office Max		
Amount (\$)	Payee address; City; State; Qu7 w. 54m 57	Zip Code Ausdry, 14x 70	r2c 3
PURPOSE OF	Category (See categories listed at the top of this	`^	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Print Expense		Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held
Date 7/18/14	Payee name	c + a	
Amount (\$)	Payee address; City; State;	Zip Code	
21.00	TS45 N Carne	-Blvd 7875	٦.
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi	s schedule) Descriptio	n (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office soug	
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P.O. Box 12070

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	\
Advertising Expense		Wages/Contract Labor	
	•	-	Loan Repayment/Reimbursement
Accounting/Banking	•	on/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In	District	Contributions/Donations Made By
Event Expense	Polling Expense Travel O	ut Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense Office O	verhead/Rental Expense	OTHER (enter a category not listed above)
			* *
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1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
ๆภ	Marco Marco	Mas	
4 Date	5 Payee name	100	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	5 Fayee name		
7/18/14	Carmelos		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
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8 PURPOSE	(a) Category (See categories listed at the top of this sche		(If travel outside of Texas, complete Schedule T)
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EXPENDITURE	5 . //*	Feed	
	Frul/Bovers Expr	Check if	Austin, TX, officeholder living expense
	Candidate / Officeholder name		nt Office held
9 Complete ONLY if direct		Office sough	nt Office field
expenditure to benefit C/C	γn		
Date	Payee name		
7/21/14	to " bo		
	Inkova		
Amount (\$)	Talleba Payee address; City; State; Zip	Code	
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47.05	1411 E7825T	Huston TK 7	タフィス
PURPOSE	Category (See categories listed at the top of this sche	dule) Description	(If travel outside of Texas, complete Schedule T)
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EXPENDITURE	F-110 -	(-2	rd .
EXPENDITORE	Fred Bregg Experie	Check if A	Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sough	nt Office held
Complete ONLY if direct		Office sough	Title field
expenditure to benefit C/C	У П		
Date	Payee name		
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Amount (\$)	Payee address; City; State; Zip	Code	
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35.03	l come	>1001 0000	111 18 204
	Category (See categories listed at the top of this sche	dula) Description	(If travel outside of Texas, complete Schedule T)
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OF		mile	
EXPENDITURE	Travel in Distric	Check if	Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sough	nt Office held
Complete ONLY if direct		Onice sough	Office field
expenditure to benefit C/C	PH		
			
Date	Payee name		
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	Payee address: City: State: Zip		
Amount (\$)	Payee address; City; State; Zip	Code	
A .			
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	Category (See categories listed at the top of this sche	· ·	(If travel outside of Texas, complete Schedule T)
PURPOSE	Caregory (use categories nated at the top of this sche		
OF	T / /	Fr	
EXPENDITURE	Food 1 Benese Eyes	Check if	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/	ОН		
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	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS	NEEDED

P.O. Box 12070

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense	Salaries/Wages/Co Solicitation/Fundrai Fravel In District Fravel Out Of Distr Office Overhead/Ro	ntract Labor sing Expense rict ental Expense	OTHER (enter a catego	ent & Related Expense s Made 8y der/Political Committee
1 Total pages Schedule F:	2 FILER NAME				this Commission Files
v	Maru	Mancill	las	3 ACCOUNT # (E	thics Commission Filers)
4 Date 7/22/14	5 Payee name Casa chap	rala			:
6 Amount (\$)	7 Payee address; City; State	; Zip Code			
21.93	. 9401 Resc	arch Blu	id An	Stratt 78	758
8 PURPOSE	(a) Category (See categories listed at the top of		(b) Description	(If travel outside of Texas, co	
OF EXPENDITURE	Food 1 Berry E	-	<i>Evol</i> ☐ Check if A	ustin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	* pare	Office sough	t	Office held
Date	Payee name				
7/23/14	Ph	UAn			
Amount (\$)		e; Zip Code			,
8.61	8557	Research	Bl-0 1	Dustin 14 -	1875.P
PURPOSE	Category (See categories listed at the top of	this schedule)	· —	(If travel outside of Texas, cor	mplete Schedule T)
OF EXPENDITURE	Food 1 Berry		_ •	fuck ustin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	=1/MWT	Office sough	t	Office held
Date	Payee name				
7/24/14	Capron stere				
Amount (\$)		; Zip Code	· · · · · · · · · · · · · · · · · · ·		
17.31	74 45 N	1000 6	dun b	Person x 1	C752
1/71	Category (See categories listed at the top of			(If travel outside of Texas, co	
PURPOSE OF			Fre	od	
EXPENDITURE	Trod Bernse 1	=ypower		ustin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t 	Office held
Date	Payee name				
Trs/M	Televen				:
Amount (\$)	Payee address; City; State	e; Zip Code			
18.36	917 North	Cerre A	entr, tx 7	18703	
PURPOSE OF	Category (See categories listed at the top o	(this schedule)	•	(If travel outside of Texas, co	mplete Schedule T)
EXPENDITURE	Travel in dish	ict	_	ustin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	t	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS	NEEDED	

	EXPENDITURE C	ATEGORIES FOR BO	K 8(a)	-
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T	alaries/Wages/Contract Labo olicitation/Fundraising Expens ravel In District ravel Out Of District	Loan Repayment/Reimbursem	elated Expense By
Fees	- .	office Overhead/Rental Exper		
•	The Instruction Guide ex	xplains how to complete t	his form.	,
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics C	ommission Filers)
v	Maria Ma	en illas	,	•
4 Date	5 Payee name			
7/25/14	5 Payee name Brue Dao T Payee address: City State	1dus		
6 Amount (\$)	7 Payee address; City; State	; Zip Code		
51.02	11617 Mea	h Rlul Aus	bin, tx 78759	
8 PURPOSE	(a) Category (See categories listed at the top of		ription (If travel outside of Texas, complete S	chedule T}
OF EXPENDITURE	_		Find	
EXPENDITURE	Food Berese E		neck if Austin, TX, officeholder living expens	se
9 Complete ONLY if direct	Candidate / Officeholder name		saught Offic	e held
expenditure to benefit C/C	ЭН			
Date	Payee name			.,,
7/25/14	Anoton Suci.	al Affair		
Amount (\$)	Payee address; City; State	; Zip Code		
40.00	worsels And	- 202/		
···			ainAin m. (15)	-6 - 4 1 - 7
PURPOSE OF	Category (See categories listed at the top of	·	ription (If travel outside of Texas, complete S	chedule 1)
EXPENDITURE	Ponglins	· · · · ·	heck if Austin, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office	sought Offic	e held
Date /	Payee name ,			
7/25/14	Cheuron			
Amount (\$)	Payee address; City; State	; Zip Code		
10.04	601 North 135	- Aust.	7877	
PURPOSE OF	Category (See categories listed at the top of	this schedule) Desc	ription (If travel outside of Texas, complete S	chedule T)
EXPENDITURE	Find Beven	□ c	heck if Austin, TX, officeholder living expen	se
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office	sought Offic	e held
Date	Payee name			
7/25/14	Numared			
Amount (\$)		; Zip Code		-
33.00	1213 Corona	Dr Dusday	Tx 78723	
PURPOSE OF	Category (See categories listed at the top of	this schedule) Desc	ription (If travel cutside of Texas, complete S	Schedule T)
EXPENDITURE	Frul/Benes Ex	perce [c	heck if Austin, TX, officeholder living expen	ıs e
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name		sought Offic	e held
	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDUL	E AS NEEDED	

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	ontract Labor Loan Repayment/Reimbursement transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee tental Expense OTHER (enter a category not listed above)
4 Tatal annua Cabadada E.	The Instruction Guide explains how to	, , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F: $\mathcal U$ 7	2 FILER NAME Marido Mar	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
7/28/14	7 Payee address; City; State; Zip Code	
6 Amount (\$)		
41.00	1213 torong Pr,	Auctin, 7x 75723
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Find / Be unge	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
7/28/14	Texas Land E (at	Mn
Amount (\$)	Payee address; City; State; Zip Code	
74.41	1101 Nupacque	Austr T8746 Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the top of this schedule)	
OF EXPENDITURE	Fend / Be una	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
7128/14	Mister Framps	
Amount (\$)	Payee address; City; State; Zip Code	
54.84	8565 Research	Guel Dustin TX 78758
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Ford / Bense Eyrone	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
7/28/14	Brandon Turne	۸
Amount (\$)	Payee address; City; State; Zip Code	
275.00	SUI E. Stessies Cm.	Auston # 787 45
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contrad Cator expose	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Advertising Expense			Loan Repayment/Reimbursement		
Accounting/Banking	-		Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense Travel In Distri		Contributions/Donations Made By		
Event Expense Fees	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committ				
rees			OTHER (enter a category not listed above)		
1 Total pages Schedule F:	The Instruction Guide explains how 2 FILER NAME	to complete this for	3 ACCOUNT # (Ethics Commission Filers)		
7.7	Mary Mary 1	/	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name	<i>-</i>			
7/28/14	Brus Augh				
7/28/14 6 Amount (\$)	5 Payee name Bryan Auchh 7 Payee address; City; State; Zip Code				
50.00	9010 Grail (ne 4 1)		יש דור על		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Combract Cab.	Check if Au	stin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought			
expenditure to benefit C/C		Omoo Joagin			
Date	Payee name				
7/30/14	He ist Dig; had Pavee address: City: State: Zip Code	11c	·		
Amount (\$)	Payee address; City; State; Zip Code				
350.00	156 corrage way	Kyle, 74 -	78640		
PURPOSE	Category (See categories listed at the top of this schedule)	I	If travel outside of Texas, complete Schedule T)		
OF	4	web	5-le		
EXPENDITURE	Contract Cats	Check if Au	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
	Fuel BINC				
8/01/14 Amount (\$)					
Amount (\$)	Payee address; City; State; Zip Code				
57.69	Po Bex 1000s Pald	plh, en	743-5_		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Adverting	•	istin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date	Payee name	· · · · · · · · · · · · · · · · · · ·			
8/4/14	1				
Amount (\$)	Payee address; City; State; Zip Code		· ·		
2,40	917 N Larra Blud	Auctina	4787 63		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Fred/Berson Gyman	Check if Au	rd ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office neig		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	HEEDED		

Texas Ethics Commission

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	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead/	Contract Labor Loan Repayment/Reimbursement alsing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to	
1 Total pages Schedule F:	2 FILER NAME Marce Mancil	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/4/14	5 Payee name Macus Pizza	
6 Amount (\$)	7 Payee address; City; State; Zip Code Suzu Burnet Ru	And on the 78756
14.04		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Full Bevarage	(b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 0/4/14	Payee name Ganuine Jre Co	Hee
Amount (\$)	Payee address; City; State; Zip Code	
9.10	201 w Brokeson	In Austra 170 78757
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Fred Bevege	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
8/04/14	Sun rig mini n	1cx +
Amount (\$)	Payee address; City, State; Zip Code	
3.07	1809 w Anderson	Jugger, # 78757
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Ford / Blue age Exense	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
8/5/14	Ch:1is	•
Amount (\$)	Payee address; City; State; Zip Code	
23.49	 - · · · · · · · · · · · · · · · · · · 	Blvd Arabin, TY 78754
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/		Onice sudgrit Onice neid
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

	EXPENDITURE CATEGORI	ES FOR BOX 8(a))
Advertising Expense	·	s/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	•	ndraising Expense	Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of		Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	3 .	ad/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide explains how	•	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F:	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (Ethics Commission Filers)
27	Maru Ma	منالية	
4 Date			
815/14	5 Payee name Branden Tre		
6 Amount (\$)	7 Pavee address: City: State: Zip Code	nen	
Φ Amount (Φ)	a rayou address; story, storie, zip socie		
250.00	SUI E Stassuer Basto	1174 7874	15
8 PURPOSE	(a) Category (See categories listed at the lop of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		(cnsu	1417
	Contract Labor	Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht Office held
expenditure to benefit C/C	DH		
Date	Payee name		
8/5/14	Auda Envir	A 0 Qa	mus . As
Amount (\$)	Payee address; City; State; Zip Code		shy Crup)
14.4.5			
10.00	Austra 1x 787.	/3	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		(14	. 6
	anutan	Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ht Office held
Date	Payee name		
818/14	c mart		
Amount (\$)	Payee address; City; State; Zip Code		
Zan	7007 Villa Conte	Acroson H	k 78731
PURPOSE OF	Category (See categories listed at the lop of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Full Bourse Experse	Check if	Austin, TX, afficeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held
Date C	Payee name Whale food 5		
01814			
Amount (\$)	Payee address; City; State; Zip Code	:	
17.17	119 Za Domara Pr	. Auso	4m, tx 78758
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
QF	5 110 -	_ 500	•
EXPENDITURE	toud Bevery Eya	Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office soug	ht Office held
	ATTACH ADDITIONAL COPIES OF TI	IIS SCHEDUI E AS	SNEEDED
	ATTACHADDITIONAL COPIES OF T	IIO OOI ILDOLL AG	· · · · · · · · · · · · · · · · · · ·

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

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	EXPENDITURE CATEGORIES	FOR BOY 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/f	ontract Labor Loan Rep ising Expense Transpor Contribut rict Candi	payment/Reimbursement lation Equipment & Related Expense ions/Donations Made By date/Officeholder/Politicał Committed enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
otal pages Schedule F:	2 FILER NAME Maro Marcilla		ACCOUNT # (Ethics Commission Filer
8/11/14	5 Payee address: City: State: Zin Code	4	
Amount (\$)	7 Payee address; City; State: Zip Code		
·CP.12	1123 S. Corgues	Bush , the	28103
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel out	side of Texas, complete Schedule T)
OF EXPENDITURE	Ford Bernye Exper	Check if Austin, TX, o	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/11/14	meta mest		
Amount (\$)	Payee address; City; State; Zip Code		
21.88	1600 uhlen Ro	1 Ang day TX	78758
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule T)
EXPENDITURE	Frod Beng Egorge	Check if Austin, TX, o	officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/11/14	Exxun mebil		
Amount (\$)	Payee address; City; State; Zip Code		
25.55	Wus Corners A	re Aut n. H	75703
PURPOSE	Category (See categories listed at the top of this schedule)		tside of Texas, complete Schedule T)
OF EXPENDITURE	Trevel in distant		officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
8/1/14	Payee name #EB		\
Amount (\$)	Payee address: City: State: Zip Code	•	
7.59	9414 Lamar Blut	Auston 1x	78758
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Full (Example)	- Kud	utside of Texas, complete Schedule T) . officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

P.O. Box 12070

	EXPENDITURE CAT	TEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sala Legal Services Soli Food/Beverage Expense Trav Polling Expense Office Printing Expense Office	aries/Wages/Contract Labor citation/Fundraising Expense vel In District vel Out Of District ce 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)
1 Total pages Schedule F:		lains how to complete this f	
1 Total pages Schedule F.	2 FILER NAME Morie 1	Menilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/11/14	5 Payee name	Sake	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
41.18	9503 Res.		Dusda, 40 78759
8 PURPOSE OF	(a) Category (See categories listed at the top of this		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fred / Berry	Check if	Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ght Office held
Date	Payee name		
@ lully	Mandy		
Amount (\$)	Payee address; City: State;	Zip Code	
30.79	10705 NL	ana Blud	Austin, 4x 78752
PURPOSE	Category (See categories listed at the top of this		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	First / Be ray &	Checkin	Twd (Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sous	ght Office held
Date	Payee name		
81nl	TAPASITAS		
Amount (\$)	Payee address; City; State;	Zip Code	
7-50	800 W 641	St Austin	TX 71701
PURPOSE	Category (See categories listed at the top of this		n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food / Berise	Extra Checki	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held
Date	Payee name		
6/13/14	Payee address; City; State;	5	
Amount (\$)	Payee address; City; State;	Źip Code	 -
7.79	any w s	52h 55	
PURPOSE	Category (See categories listed at the top of thi	is schedule) Descriptio	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Ford Beny	FZ Check	if Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sou	
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE A	\$ NEEDED

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/0	, ,	ent
Accounting/Banking	Legal Services Solicitation/Funda		·
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di		
Fees	Printing Expense Office Overhead	To the contract of the contrac	
1663	The Instruction Guide explains how to		nsted above)
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics C	'ammission Eilars'
Tiotal pages Schedule P.	Merco March	las	olomission Fliers)
4 Date	5 Payee name		
8/13/14	Whatabuser		
6 Amount (\$)	7 Payee address; City; State; Žip Code		
9.01	67 US N. Comer	Australt 7875	2
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete S	
EXPENDITURE	Food / Blurge Exms	Check if Austin, TX, officeholder living exper	nse
9 Complete ONLY if direct	Candidate / Officeholder name	<u> </u>	e held
expenditure to benefit C/C			
Date	Payee name		
8/18/14	Sun rose Mart		
Amount (\$)	Payee address; City; State; Zip Code		
9.77	1809 W Anders	in in Austrity 75	757
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete \$	Schedule T)
OF		tred	
EXPENDITURE	Fact Bener Grown	Check if Austin, TX, officeholder living exper	nse
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office	ce held
Date	Payee name		
Quelic	2 / -		•
<u> 7 18/14</u>	Source address City States 7 in Sada	ne-	
Amount (\$)	Payee address; City; State; Zip Code	4	
166.50	SUI E. Stassney	LA Buston, TX	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete \$	Schedule T)
OF EXPENDITURE	ansating Expand	September 5 Check if Austin, TX, officeholder living expe	nşe
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office	ce held
			<u> </u>
9119/14	Payee name Thum 13e 1/		
Amount (\$)	Payee address; City; State; Zip Code		
6.05	7793 Bunat 111	78758 Aughoith	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete	Schedule T)
OF		Check if Austin, TX, officeholder (iving expe	
EXPENDITURE	Leva Exporer	<u> </u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office	ce held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

P.O. Box 12070

		····		
·	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist	ntract Labor Losing Expense Tr	oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/R		THER (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
27	Marce Man.	illa	· · · · · · · · · · · · · · · · · · ·	
4 Date	5 Payee name Cusa Chapala			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
105.58	9041 Research B	lud De	16 TX 78758	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)	
OF EXPENDITURE		Food		
EXPENDITORE	Fred / Beverage Expanse	Check if Aus	tin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	
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	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED	

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai	ntract Labor Loan Repayment/Reimbursement sing Expense Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of District	Contributions/Donations Made By rict Candidate/Officeholder/Political Committee
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4 Date	5 Payee name	
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6 Amount (\$)	7 Payee address: City; State; Zip Code	
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8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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6.59	2805 Beclares	Dustin, XX 78746
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EXPENDITURE	Food/Bones Eyener	Check if Austin, TX, officeholder living expense
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P.O. Box 12070

Advertising Expense	EXPENDITURE Gift/Awards/Memorials Expense	CATEGORIES FO Salaries/Wages/Contra		n Repayment/Reimbursement	
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Texas Ethics Commission

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)
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6 Amount (\$)	7 Payee address; City; State: Zip Code	
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8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
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5.33	2712 Bel cares	Durson, 4x 75746
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OF EXPENDITURE	Food/Bereze Gran	Check if Austin, TX, officeholder living expense
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20-32	3545 N/cme	Andon ty 78758
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EXPENDITURE	Fred Buye Engra	Check if Austin, TX, officeholder living expense
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OF EXPENDITURE	Ford / Boing Eyon	Check if Austin, TX, officeholder living expense
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P.O. Box 12070

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P.O. Box 12070

Advertising Expense Accounting/Banking	EXPENDITUI Gift/Awards/Memorials Expense Legal Services	RE CATEGORIES F Salaries/Wages/Cor Solicitation/Fundrais	ntract Labor Le	pan Repayment/Reimburansportation Equipmen	
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PURPOSE	Category (See categories listed at th	ne top of this schedule)	Description (I	f travel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	Talko.	as Expres	Check if Au	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit Co		me	Office sought		Office held
expenditure to benefit of	ATTACH ADDITIONA	L COPIES OF THIS S	SCHEDULE AS N	EEDED	· · · · · · · · · · · · · · · · · · ·
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	EXPENDITUR	E CATEGORIES FOR	BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract I		payment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundralsing Ex	cpense Transpor	rtation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	·	tions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District		idate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental E	xpense OTHER	(enter a category not listed above)
	-	te explains how to comple		
1 Total pages Schedule F:	2 FILER NAME	2/		ACCOUNT # (Ethics Commission Filers)
አ ግ	N/G	a Mara	cillas	
4 Date	5 Payee name	1		
9/22/14	\vdash	faells		
6 Amount (\$)	7 Payee address; City: 5	State; Zip Code		
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8 PURPOSE OF	(a) Category (See categories listed at the	top of this schedule) (b) C	Description (If travel or	itside of Texas, complete Schedule T)
EXPENDITURE	Frul/Bevorg		Chack if Austin TV	officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder nam	e typense -	ffice sought	Office held
expenditure to benefit C/C			moo sought	J. 1100 11012
Date	Рауее пате			
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Amount (\$)	Payee address; City;	State; Zip Code		
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PURPOSE OF	Category (See categories listed at the	lop of this schedule)	Description (If travel or	itside of Texas, complete Schedule T)
EXPENDITURE	Travel Ind;	_1 _1 _	Check if Austin TX	officeholder living expense
Camplete ONLY if direct	Candidate / Officeholder nam		ffice sought	Office held
expenditure to benefit C/C	Э		Ŭ	
Date	Payee name			
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Amount (\$)	Payee address; City;	State; Zip Code		
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PURPOSE	Category (See categories listed at the			utside of Texas, complete Schedule T)
OF EXPENDITURE	Fred Bevers	. [Check if Austin, TX.	officeholder living expense
<u> </u>	Candidate / Officeholder nan		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	- • · · · • · · · · · · · · · · · · · ·	-		
Date	Payee name			
9helle		ul Sicial		
Amount (\$)		State; Zip Code		
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PURPOSE	Category (See categories listed at the	top of this schedule)	Description (If travel o	utside of Texas, complete Schedule T)
OF EXPENDITURE	Pard Ben	and described 1	Check if Austin, TX,	officeholder living expense
	Candidate / Officeholder nan	7 = 17 - 1= 	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/		ie C	moo sougin	Chico ficia
	ATTACH ADDITIONAL	COPIES OF THIS SCHE	DULE AS NEEDE	D

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EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	intract Labor	Loan Repayment/Reim	bursement		
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense Transportation Equipment & Related Expense			ent & Related Expense		
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations			
Event Expense	Polling Expense	Travel Out Of Dist			der/Political Committee		
Fees	Printing Expense	Office Overhead/R	•	OTHER (enter a catego	ory not listed above)		
	The Instruction Guid	ie explains how to d	complete this fo	rm.			
1 Total pages Schedule F:	2 FILER NAME	Ω		3 ACCOUNT # (E	thics Commission Filers)		
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6 Amount (\$)	7 Payee address; City; S	State; Zip Code					
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0 BURDOSE	(a) Category (See categories listed at the I	op of this schedule)	(b) Description	(If travel outside of Texas, co	molete Schedule T)		
8 PURPOSE OF	1-7 - Cottogory (out categories listed at the	op or and deriduals)	(3) 2030(ipii0f)	(
EXPENDITURE	5 110		_				
	Food Benne	Exerce	Check if A	Austin, TX, officeholder livin	g expense		
9 Complete ONLY if direct	Candidate / Officeholder nam	e	Office sough	nt	Office held		
expenditure to benefit C/C)H						
Date	Payee name						
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Amount (\$)	Payee address; City; S	State: Zip Code					
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PURPOSE	Category (See categories listed at the t			(If travel outside of Texas, co	mplete Schedule T)		
OF							
EXPENDITURE	Food/Ben	- Fa. 1	Check if A	Austin, TX, officeholder livin	g expense		
	Candidate / Officeholder nam		Office sough		Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		le .	Office sough	11.	Office field		
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Date	Payee name						
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1100119) 1/4/	Bills Gr.	: <i>[[</i>				
Amount (\$)	Payee address; City; S	State; Zip Code					
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<u> </u>	Catagory (Say and a Maria Maria Maria	log of this pobladula	Description	(If travel outside of Texas, co	molele Schedule T)		
PURPOSE	Category (See categories listed at the I	iop of this schedule)	Description	for distance of lexast co	mpiote delicade ()		
OF EXPENDITURE	5 110			Auntin TV officialists "	a avaansa		
EXPENDITURE	Told Issenge		L	Austin, TX, officeholder livin			
Complete ONLY if direct	Candidate / Officeholder nam	ie	Office sough	ht	Office held		
expenditure to benefit C/C	эн						
	D		- :-				
Date	Payee name						
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Amount (\$)	Payee address; City; S	State: Zip Code					
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	Category (See categories listed at the	top of this schedule)		(If travel outside of Texas, o			
PURPOSÉ OF			1				
EXPENDITURE	Truck / Rouse	· Done	Check if	Austin, TX, officeholder livir	ig expense		
	Candidate / Officeholder nam		Office soug		Office held		
Complete ONLY if direct		10	Onice soug	,,,	Cindo Holo		
expenditure to benefit C/OH							
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	EXPENDITURE	CATEGORIES FOR BOX 8	B(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 Expen Contributions/Donations Made By Candidate/Officeholder/Political Commi e OTHER (enter a category not listed above	ttee			
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F:	2 FILER NAME Mara	Mancilla	3 ACCOUNT # (Ethics Commission F	ilers)			
4 Date 9/25/14	5 Payee name 7 ele -	n	·				
6 Amount (\$)	7 Payee address; City; S	ate; Zip Code	,				
4.20	282	o Slower B		,ej			
8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule) (b) Descript	tion (If travel outside of Texas, complete Schedule T)				
EXPENDITURE	Food Ben	Check	ck if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office so	ought Office held				
Date	Payee name						
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PURPOSE OF	Category (See categories listed at the to	p of this schedule) Descript	tion (If travel outside of Texas, complete Schedule T)	ĺ			
EXPENDITURE	Fux/Bever	Check	ck if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	- 1	ought Office held				
Date	Payee name						
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PURPOSE OF	Category (See categories listed at the to	p of this schedule) Descript	tion (If travel outside of Texas, complete Schedule T)				
EXPENDITURE		Chec	ck if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	e Office so	ought Office held				
Date	Payee name						
Amount (\$)	Payee address; City; S	ate; Zip Code					
PURPOSE OF	Category (See categories listed at the to		otion (If travel outside of Texas, complete Schedule T)				
EXPENDITURE	<u> </u>		ck if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office so	ought Office held				
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