

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <i>Valerie</i> MI <i>M</i> NICKNAME LAST <i>MENARD</i> SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # <i>2014</i> Amount Date Processed <i>2014 OCT 6 PM 3 59</i> Date Imaged <div style="text-align: right; font-weight: bold; transform: rotate(90deg);"> AUSTIN CITY CLERK RECEIVED </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 140022, AUSTIN, TX 78714</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 926-1369</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <i>CHRISTY</i> MI NICKNAME LAST <i>VARGAS RIVERA</i> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1704 E. FULTON ST. STE. 103, AUSTIN, TX 78702</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 478-3090</i>		
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 <i>7 / 15 / 2014 9 / 25 / 14</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 4 / 14</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>NA</i>	13 OFFICE SOUGHT (if known) <i>CITY COUNCIL DIST 1</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <i>Valerie Menard</i>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 600
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1113 2225
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 353.23
	4. TOTAL POLITICAL EXPENDITURES	\$ 1450.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 774.4
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Valerie Menard

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Valerie Menard, this the 6 day of October, 20 14, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Myrna Rios

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
76

2 FILER NAME
JALERIE MENARO

3 ACCOUNT # (Ethics Commission Filers)

4 Date
9/25/14

5 Full name of contributor out-of-state PAC (ID#)
ARACELLI RIOS

7 Amount of contribution (\$)
\$50

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**1600 BEACON ST, BROOKLINE, MA
02446**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
9/21/14

Full name of contributor out-of-state PAC (ID#)
OLGA HERNANDEZ

Amount of contribution (\$)
\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**14531 LA CUARTA ST, WHITTIER, CA
90605**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/25/14

Full name of contributor out-of-state PAC (ID#)
DIANE VALERA

Amount of contribution (\$)
\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1707 E 6TH ST, AUSTIN, TX 78702

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/18/14

Full name of contributor out-of-state PAC (ID#)
MARY E. SCRIBNER

Amount of contribution (\$)
\$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**13022 SILVER CREEK DR, AUSTIN, TX
78727**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/22/14

Full name of contributor out-of-state PAC (ID#)
DR VN COMSTOCK

Amount of contribution (\$)
\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**3103 LOYOLA LN, AUSTIN, TX
78723**

(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: <u>6</u>	
2 FILER NAME <u>Whitaker Monard</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>9/23/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JUAN RODRIGUEZ</u>	7 Amount of contribution (\$) <u>\$20</u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>1800 WHITE OAK LOOP ROUND ROCK, TX 78681</u>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>9/22/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>CHRISTINE GRANADOS</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>608 TANYA ST FREDERICKS BURG, TX 78624</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/19/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>CATHERINE VASQUEZ-REVILLA</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>1704 E. 5TH ST AUSTIN, TX 78702</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/20/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>BERTHA MARTINEZ</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>2309 W. MULBERRY AVE SAN ANTONIO, TX 78201</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/23/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>ROBERT & CAROL SANDOVAL</u>	Amount of contribution (\$) <u>\$25</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>5611 WESTERDALE DR, FULLSHEAR, TX 77441</u>	(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: 6

2 FILER NAME VANCOLO MONARD

3 ACCOUNT # (Ethics Commission Filers)

4 Date 7-22-14

5 Full name of contributor out-of-state PAC (ID# _____)
MARUS J. MONARD

7 Amount of contribution (\$) \$200

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
225 E ST NE #1014
WASHINGTON, DC 20002

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
SELF-EMPLOYED

10 Employer (See Instructions)

Date 8-27-14

Full name of contributor out-of-state PAC (ID# _____)
LOMEO POLOZ

Amount of contribution (\$) \$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
126 COURTLAND CIR
AUSTIN, TX 78737

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 8-15-14

Full name of contributor out-of-state PAC (ID# _____)
MELANIE THOMAS

Amount of contribution (\$) \$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2904 HAWKS SWOOP DR.
Pflugerville, TX 78660

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 8-9-14

Full name of contributor out-of-state PAC (ID# _____)
JILL CHRISTINE KAMLER

Amount of contribution (\$) \$200

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
8309 PLAZA RD.
AUSTIN, TX 78745

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
MANAGER

Employer (See Instructions)
UTERO HEALTH FORUM

Date 9-23-14

Full name of contributor out-of-state PAC (ID# _____)
HONKY MONARD

Amount of contribution (\$) \$200

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1109 S. STONEMAN AVE.
ACHAMBA, CA 91801

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
RA

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **76**

2 FILER NAME: **V. Hunter MONTAUD**

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **9/5/14**
 5 Full name of contributor: **ESTEPANIA LEBARON**
 6 Contributor address: City: State: Zip Code
**4304 KILGORE LN
 AUSTIN, TX 78727**

7 Amount of contribution (\$): **\$15**
 8 In-kind contribution description (if applicable):
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **8/22/14**
 Full name of contributor: **GLORIA SANDOVAL**
 Contributor address: City: State: Zip Code
**300 WESTWOOD TERRACE
 AUSTIN, TX 78746**

Amount of contribution (\$): **\$50**
 In-kind contribution description (if applicable):
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8/22/14**
 Full name of contributor: **BEVERLY POND**
 Contributor address: City: State: Zip Code
**1809 MADISON AVE
 AUSTIN, TX 78767**

Amount of contribution (\$): **\$50**
 In-kind contribution description (if applicable):
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8/9/14**
 Full name of contributor: **PETE RIVERA**
 Contributor address: City: State: Zip Code
**5405 PROCK LN
 AUSTIN, TX 78721**

Amount of contribution (\$): **\$20**
 In-kind contribution description (if applicable):
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-22-14**
 Full name of contributor: **ANITA MUÑOZ**
 Contributor address: City: State: Zip Code
**7513 DEANWOOD DR, AUSTIN, TX
 78792**

Amount of contribution (\$): **\$15**
 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:

76

2 FILER NAME *V. HORSE MONTROD*

3 ACCOUNT (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

8/11/14

LINDA WATER NELSON

\$150

6 Contributor address; City; State; Zip Code

*116 W. EAGLE DR
THE HILLS, TX 78738*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/15/14

NORMA LOUISE FLORES

\$35

Contributor address; City; State; Zip Code

*909 E. ARROYO TERR
ALHAMBRA, CA, ~~91801~~ 91801*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/22/14

GLORIA SANDOVAL

\$100

Contributor address; City; State; Zip Code

*300 WESTWOOD TERR
AUSTIN, TX 78746*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/17/14

DOMINIQUE HERNANDEZ

\$20

Contributor address; City; State; Zip Code

*8941 VALLEY VIEW AVE
WHITTIER, CA 90605*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/18/14

ERNESTINA F HERNANDEZ

\$50

Contributor address; City; State; Zip Code

*8941 VALLEY VIEW AVE
WHITTIER, CA 90605*

(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:

9 6

2 FILER NAME

V. H. ~~W. R.~~ MONTRO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/22/14

5 Full name of contributor out-of-state PAC (ID# _____)

ROCHELLE GONZALES

6 Contributor address; City; State; Zip Code

8404 FARMDALE LN
AUSTIN, TX 78749

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/21/14

Full name of contributor out-of-state PAC (ID# _____)

LYNDON CONRAD-BELL

Contributor address; City; State; Zip Code

LAFAYETTE, CA 94549

Amount of contribution (\$)

\$20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/21/14

Full name of contributor out-of-state PAC (ID# _____)

JENNIFER E. JEANES

Contributor address; City; State; Zip Code

8837 N. PLAZA CRT
AUSTIN, TX 78753

Amount of contribution (\$)

\$75

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/14

Full name of contributor out-of-state PAC (ID# _____)

RODOLFO MENDEZ

Contributor address; City; State; Zip Code

3111 GARWOOD ST
AUSTIN, TX 78702

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/6/14

Full name of contributor out-of-state PAC (ID# _____)

JULIE MENARD

Contributor address; City; State; Zip Code

4010 OAK BEND
BRYAN, TX 77802

Amount of contribution (\$)

\$100

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 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: 3		2 FILER NAME Valerie Menard		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-11-14		5 Payee name IA PAMA			
6 Amount (\$) 40.03		7 Payee address; City; State; Zip Code 6640 E. Hwy 290, Austin, TX 78723			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) LUNCH <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Valerie Menard Office sought: CITY COUNCIL / DIST 1 Office held:				
Date 8-22-14		Payee name Bob Bullock Museum			
Amount (\$) 8.00		Payee address; City; State; Zip Code 1800 N. Congress Ave., Austin, TX 78701			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORT. EXPENSE		Description (If travel outside of Texas, complete Schedule T) PARKING <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Valerie Menard Office sought: CITY COUNCIL Office held:				
Date 8-8-14		Payee name Redox Office			
Amount (\$) 70.96		Payee address; City; State; Zip Code 9222 Bullock Rd., Austin, TX 78798			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING		Description (If travel outside of Texas, complete Schedule T) BUS. CARDS <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Valerie Menard Office sought: CITY COUNCIL Office held:				
Date 8-21-14		Payee name THE AMIGOS			
Amount (\$) 14.85		Payee address; City; State; Zip Code 7935 Hwy 290 West			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING OTHER		Description (If travel outside of Texas, complete Schedule T) LUNCH w/ Aust. Am. Statesman <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Valerie Menard Office sought: CITY COUNCIL Office held:				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Valerie Menard	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-21-14	5 Payee name Ampro
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6 Amount (\$) \$400.00	7 Payee address: City, State: Zip Code 7202 Smolen Hill Rd., Austin, TX 78736
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Valerie Menard	Office sought City Council	Office held
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Date 9-17-14	Payee name V9 Permatone
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Amount (\$) 15.68	Payee address: City, State: Zip Code 8225 Chassard Dr., Austin, TX 78710
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Impressions	Description (If travel outside of Texas, complete Schedule T) Stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Valerie Menard	Office sought City Council	Office held
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Date 9-19-14	Payee name Blue Earth Tax Assessor
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Amount (\$) \$9.10	Payee address: City, State: Zip Code 5501 Hillport Blvd, Austin, TX 78751
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Expense	Description (If travel outside of Texas, complete Schedule T) Vote Buss <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Valerie Menard	Office sought City Council	Office held
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Date 9-8-14	Payee name Ampro
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Amount (\$) 500.00	Payee address: City, State: Zip Code 7202 Smolen Hill Rd, Austin, TX 78736
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Campaign Signs/Push Cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Valerie Menard	Office sought City Council	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME Valerie Montano		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-8-14		5 Payee name Office Depot			
6 Amount (\$) 47.63		7 Payee address; City; State; Zip Code 816 TRILADO ST. AUSTIN, TX 78792			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing		(b) Description (If travel outside of Texas, complete Schedule T) POST CARDS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Valerie Montano		Office sought City Council	
Date 8-22-14		Payee name THE AMIGOS RESTAURANT			
Amount (\$) 296.56		Payee address; City; State; Zip Code 7535 Hwy. 290 East, Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) CAJONET PARTY <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Valerie Montano		Office sought City Council	
Date 8-22-14		Payee name Office Max			
Amount (\$) 46.98		Payee address; City; State; Zip Code 4615 N. IHAR, Austin, TX 78756			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) POST CARDS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Valerie Montano		Office sought City Council	
Date 7-30-14		Payee name MBOIATS LLC			
Amount (\$) 100.00		Payee address; City; State; Zip Code 6010 W. ALAMOGADO PT SE CROFTON, MD 49316			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Web Page <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Valerie Montano		Office sought City Council	

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