CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

<u> </u>			
The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE# 1 of 47
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mrs. Ellen NICKNAME LAST Troxclair	MI	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: 8510 Tyhurst Dr. Austin, TX 78749	CITY; STATE; ZIP CODE	Date Hand-delivered of Date Handard PM Amount R
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Leslie NICKNAME LAST Robnett	MI	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT 2411 Sharon Lane Austin, TX 78703	/SUITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 294-3583	EXTENSIÓN	
8 REPORT TYPE	January 15 X 30th day before		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year T 07/01/2014	Month Day HROUGH 09/25/20	Year
10 ELECTION	ELECTION DATE ELECTION Month Day Year Point Poin	ON TYPE rimary	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known Austin City Council	

GO TO PAGE 2

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

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Troxo	lair, Ellen (Mrs.)			14 ACCOUNT # 00000001	(Ethics Commission filers)		
15 NOTICE FROM	have been made with		political committees to support the ca der's knowledge or consent. Candidat ditures				
POLITICAL COMMITTEE(S)	СОММЛТТЕЕ ТҮРЕ	COMMITTEE NAME	-				
	GENERAL	COMMITTEE ADDRESS	3S				
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME				
additional pages		COMMITTEE CAMPAIGN TREAS	NATE ADDRESS				
		COMMITTEE CAMPAIGN THEAS	SURER ADDRESS				
16 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			\$	0.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR		\$	29,393.24		
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE TOTALS			\$	0.00			
·	4. TOTAL	POLITICAL EXPENDITURES		\$	14,148.39		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS I		\$	80,120.69		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL (AY OF THE REPORTING PERI	OUTSTANDING LOANS AS OF THE	\$	55,000.00		
17 AFFIDAVIT				<u> </u>			
	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. My Commission Expires July 02, 2016						
······	Signature of Candidate or Oriceholder						
AFFIX NOTARY	STAMP / SEAL ABO\	/E		(
Sworn to and subscrib	ned before me, by t	he said <u>Elen</u>	Troxdair	, this the	1011 day		
		rtify which, witness my h			- July		
			lasse Sua Gooda	∞ Not	ary		

	The Instruction	N Guide explains how to complete this form.		1 PAGE# Schedule: 1/3	32 Report: 3/47			
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor out-of-state PAC (ID# Alvarado, Christian		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	09/18/2014	6 Contributor address; City; State; Zip Code 16700 Poppy Mallow Drive Austin, TX 78738		\$350.00				
•				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Co-founder	ation / Job title (See Instructions)	10 Employer (See In CBTX Capital	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/12/2014	Contributor address; City; State; Zip Code 1810 Poquito Street Austin, TX 78702		\$536.16				
					Texas, complete Schedule T)			
	Principal occup Janitor	ation / Job title (See Instructions)	Employer (See In PJS	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/03/2014	Contributor address; City; State; Zip Code 3307 Perry Lane Austin, TX 78731		\$700.00	1 			
				(if travel outside of	Texas, complete Schedule T)			
, ·	Principal occup Gov Affairs	ation / Job title (See Instructions)	Employer (See In ConocoPhillips	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/08/2014	Contributor address; City; State; Zip Code 8644 Barrow Glen Loop Austin, TX 78749		\$50.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Chief of Staff	ation / Job title (See Instructions)	Employer (See In Texas Legislatu					
	Date	Full name of contributor ut-of-state PAC (ID# Baehr, Evan	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/02/2014	Contributor address; City; State; Zip Code 2605 W 8th Street Austin, TX 78703		\$125.00	 			
					· 			
	Deinale at a accom	eties / Jak title /Coo Instructions)	Empleyer (Car I	<u> </u>	Texas, complete Schedule T)			
	Principal occup Technologist	eation / Job title (See Instructions)	Employer (See In Able	Su UCUONS)				

	The Instruction	Guide explains how to complete this form.		1 PAGE # Schedule: 2/3	32 Report: 4/47
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Baker, Tom & Linda	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/05/2014	6 Contributor address; City; State; Zip Code 1111 Red Corral Ranch Road Wirnberley, TX 78676		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Consultant	ation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/15/2014	Contributor address; City; State; Zip Code 8400 Emerald Hill Drive Austin, TX 78759		\$50.00	
					Texas, complete Schedule T)
	Principal occup Insurance Ag	ation / Job title (See Instructions) ent	Employer (See In The John A. Ba	structions) rclay Agency, INC	;
	Date	Full name of contributor ut-of-state PAC (ID# Bartley Jr, John T)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 12035 Royal Lytham Court Charlotte, NC 28277		\$50.00	
İ				Of travel curtoide of	Texas, complete Schedule T)
L				•	Texas, complete scredule 1)
	Principal occup CFO	ation / Job title (See Instructions)	Employer (See In Sisters of Mercy		
	Date	Full name of contributor uut-of-state PAC (ID# Beaver, Mary)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/07/2014	Contributor address; City; State; Zip Code 6801 Beckett Road 133R Austin, TX 78749		\$10.00	{ {
				(If travel outside of	Texas, complete Schedule T)
	Principal occup retired	ation / Job title (See Instructions)	Employer (See In retired	structions)	
	Date	Full name of contributor	1	Amount of	In-kind contribution
	Dait	Bell, Niesha	·	contribution (\$)	description (if applicable)
	08/19/2014	Contributor address; City; State; Zip Code 6640 Ruxton Lane Austin, TX 78749		\$50.00	I
				(Mitagral arrialds of	Toyes complete Schodule D.
<u> </u>				<u>t '</u>	Texas, complete Schedule T)
	Principal occup Retired	eation / Job title (See Instructions)	Employer (See In Retired	structions)	

	The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 3/3	32 Report: 5/47				
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)				
4	Date	5 Full name of contributor ut-of-state PAC (ID# Bench, Greg)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)				
	09/25/2014	6 Contributor address; City; State; Zip Code 2509 Quarry Road Unit A Austin, TX 78703		\$25.00	 				
				(If travel outside of	Texas, complete Schedule T)				
9	Principal occup Legislative St	ation / Job title (See Instructions) aff	10 Employer (See In: State of Texas	structions)					
	Date	Full name of contributor ut-of-state PAC (ID# Berry, Jordan	•)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	09/23/2014	Contributor address; City; State; Zip Code 7509 Spivey Drive Austin, TX 78749		\$350.00	 				
				<u></u>	Texas, complete Schedule T)				
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In Self	structions)					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	09/24/2014	Contributor address; City; State; Zip Code 4505 Steed Dr Austin, TX 78749		\$50.00	! ! !				
				(If travel outside of	Texas, complete Schedule T)				
	Principal occup Chief of Staff	ation / Job title (See Instructions)	Employer (See In State of Texas	structions)					
	Date	Full name of contributor ut-of-state PAC (ID# Blackridge	')	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	09/22/2014	Contributor address; City; State; Zip Code 919 Congress Avenue Ste. 950 Austin, TX 78701	•••••	\$350.00	i ! !				
		·		(if travel outside of	Texas, complete Schedule T)				
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)					
-	Date	Full name of contributor ut-of-state PAC (ID# Bowcock, Cheryl	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	09/23/2014	Contributor address; City; State; Zip Code 7312 Seneca Falls Loop Austin, TX 78739		\$25.00	1 				
				<u>L.,</u>	Texas, complete Schedule T)				
	Principal occup Reseach Spe	ation / Job title (See Instructions)	Employer (See In Texas Dept of A		abilitative Services				

	The Instruction	N GUIDE explains how to com	plete this form.		1 PAGE#	32 Report: 6/47			
2	FILER NAME	Troxclair, Ellen (Mrs.)			3 ACCOUNT # 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor Brandt, Michael	out-of-state PAC (ID#	,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	08/06/2014	6 Contributor address; 10605 Londonshire Lane Austin, TX 78739	City; State; Zip Code		\$50.00 ·	1 1 1			
					(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Loan Officer	ation / Job title (See Instruction	s)	10 Employer (See In United Lending	1				
	Date	Full name of contributor Brown, Sabrina	Out-of-state PAC (ID#	;	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	07/25/2014	Contributor address; 1220 Colorado Ste. 220 Austin, TX 78701	City; State; Zip Code		\$350.00	 			
					(If travel outside of	Texas, complete Schedule T)			
	Principal occup Consultant	ation / Job title (See Instruction	is)	Employer (See in Self	structions)	·			
	Date	Full name of contributor Bull, Blaine	out-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/11/2014	Contributor address; 2909 Montebello Court Austin, TX 78746	City; State; Zip Code		\$350.00	 			
			•		(if travel outside of	Texas, complete Schedule T)			
	Principal occup Business Owi	ation / Job title (See Instruction ner	es)	Employer (See In Vianovo	structions)				
	Date	Full name of contributor Busby, Donald	out-of-state PAC (ID#	/	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/24/2014	Contributor address; 6005 Tasajillo Trail Austin, TX 78739	City; State; Zip Code		\$50.00	l 			
					(If travel outside of	Texas, complete Schedule T)			
	Principal occup Business Bro	ation / Job title (See Instruction ker	ns)	Employer (See In Self	structions)				
	Date	Full name of contributor Capriglione, Giovanni	Out-of-state PAC (ID#	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	08/30/2014	Contributor address; 1352 Ten Bar Trail Southlake, TX 76092	City; State; Zip Code		\$150.98	 			
		- Coddingsc, 1A 70032			(If travel outside of	Texas, complete Schedule T)			
	Principal occup Private Equity	ation / Job title (See Instruction	is)	Employer (See In Self	structions)				

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	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 5/	32 Report: 7/47
2	FILER NAME	Troxclair, Ellen (Mrs.)			3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Chevalier-Batik, Helen Sa)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/23/2014	6 Contributor address; 10900 River Plantation Dr. Austin, TX 78747	City; State; Zip Code		\$25.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Consultant	ation / Job title (See Instruction	15)	10 Employer (See In WordPress	structions)	
	Date	Full name of contributor Chick, Craig	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/27/2014	Contributor address; 815 Brazos Street Ste. 701 Austin, TX 78703	City; State; Zip Code		\$25.00	
	Discipal secur	chian / Jah Sala /Con James Ain		~		Texas, complete Schedule T)
	Consultant	ation / Job title (See Instruction	15)	Employer (See In: Capitol Partners		
	Date	Full name of contributor Clark, James	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/07/2014	Contributor address; 1802 Forest Trail Austin, TX 78703	City; State; Zip Code		\$350.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Gov Affairs	ation / Job title (See Instruction	15)	Employer (See In	structions)	
	Date	Full name of contributor Cobb, Gaye	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; 2370 Bridlewood Ranches Dr San Marcos, TX 78666	City; State; Zip Code		\$50.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup retired	ation / Job title (See Instruction	ns)	Employer (See In retired	structions)	
	Date	Full name of contributor Cobb, Jon & Ashley	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/15/2014	PO 340078	City; State; Zip Code		\$700.00]
		Austin, TX 78734			L	Texas, complete Schedule T)
	Principal occup Owner	eation / Job title (See Instruction	is)	Employer (See In Blanco Concere		

	The Instruction	N Guide explains how to comp	plete this form.		1 PAGE# Schedule: 6/	32 Report: 8/47		
2	FILER NAME	Troxclair, Ellen (Mrs.)			3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor Cobb, Nikki	ut-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/22/2014	6 Contributor address; 11201-14 Bonham RR Dripping Springs, TX 78620	City; State; Zip Code		\$50.00			
					(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Legislative Aid	ation / Job title (See Instruction de	s)	10 Employer (See In State of Texas	structions)			
	Date	Full name of contributor	☐ out-of-state PAC (ID#)	Amount of	In-kind contribution		
		Coleman, Tommy			contribution (\$)	description (if applicable)		
	08/27/2014	Contributor address; 1108 Lavaca Ste. 500 Austin, TX 78701	City; State; Zip Code		\$50.00	I		
					ــــــــــــــــــــــــــــــــــــــ	Texas, complete Schedule T)		
	Attorney	ation / Job title (See Instruction	s)	Employer (See In RPT	structions)			
	Date	Full name of contributor Corroa, Jeanine	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/26/2014	Contributor address; 9232 Ridgewell Place Austin, TX 78749	City; State; Zip Code		\$25.00	! ! !		
1					(If travel outside of	Texas, complete Schedule T)		
	Principal occup Teacher	ation / Job title (See Instruction	s)	Employer (See In St Austin Catho				
	Date	Full name of contributor Corroa, Jeanine	Out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
						Ì		
	09/24/2014	Contributor address; 9232 Ridgewell Place Austin, TX 78749	City; State; Zip Code		\$25.00] 		
					(If travel outside of	Texas, complete Schedule T)		
\vdash	Principal occup Teacher	eation / Job title (See Instruction	s)	Employer (See In St. Austin Catho	structions)			
<u> </u>					,			
	Date	Full name of contributor Craven, Lisa & Eric	out-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; 1036 Liberty Park Drive Apt. 2 Austin, TX 78746	City; State; Zip Code	,	\$200.00	[
					(If travel outside of	Texas, complete Schedule T)		
┝	Principal occur	pation / Job title (See Instruction	ns)	Employer (See In	<u> </u>	<u> </u>		
l	State/Federa	Government Relations	=1	Texas Electric				

The	INSTRUCTO	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/3	32 Report: 9/47		
2 FILEF	R NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4 Da	ite	5 Full name of contributor ut-of-state PAC (ID Crowell, David	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
09/25	5/2014	6 Contributor address; City; State; Zip Code PO Box 455 Kyle, TX		\$100.00	l ! !		
				(If travel outside of	Texas, complete Schedule T)		
9 Princi Retir		ation / Job title (See Instructions)	10 Employer (See In Retired	structions)			
Da	ite	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/07	7/2014	Contributor address; City; State; Zip Code 206 Quarry Springs Drive San Marcos, TX 78666		\$150.00	 		
				(If travel outside of	Texas, complete Schedule 1)		
Princi	ipal occur	eation / Job title (See Instructions)	Employer (See In	structions)			
	cutive Dir		AT&T				
Da	ite	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/23	3/2014	Contributor address; City; State; Zip Code 5017 McDade Drive Austin, TX 78735		\$50.00	l 		
				(If travel outside of	Texas, complete Schedule T)		
Princi	inal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>			
	Affairs		TX Land & Title				
Da	ite	Full name of contributor ut-of-state PAC (ID Digneo, Robert & Rita	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/07	7/2014	Contributor address; City; State; Zip Code 1410 Kemp Hills Drive Austin, TX 78737		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
Princi Assis	ipal occup stant VP	ation / Job title (See Instructions)	Employer (See In AT&T	structions)			
Da	ite	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/24	4/2014	Contributor address; City; State; Zip Code 10018 Estancia Lane Austin, TX 78739		\$25.00	! ! !		
				(If travel outside of	Texas, complete Schedule T)		
Princi	ipal occur	l pation / Job title (See Instructions)	Employer (See In	<u> </u>	, vopiece ochedule 1/ L1		
	essional		Seff	· ,			

					
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/3	32 Report: 10/47
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Out-of-state PAC (ID#) Dismore, Charlie & Sharon)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/07/2014	6 Contributor address; City; State; Zip Code 10018 Estancia Lane Austin, TX 78739	,	\$20.00	
				(if travel outside of	Texas, complete Schedule T)
9		ation / Job title (See Instructions) aining & Marketing	10 Employer (See In Capstone Real	structions) Estate Service, In	С
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/07/2014	Contributor address; City; State; Zip Code 1600 Bauerle Avenue Austin, TX 78704		\$350.00]
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Gov Affairs	ation / Job title (See Instructions)	Employer (See In Altria	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/27/2014	Contributor address; City; State; Zip Code 815 Brazos Street Ste. 701 Austin, TX 78703	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$25.00	
				Of travel outside of	Texas, complete Schedule T)
		The state of the s	E	<u> L`</u>	rexas, complete schedule 1)
	Self	ation / Job title (See Instructions)	Employer (See In Doner Fundrais		
	Date	Full name of contributor out-of-state PAC (ID# Dorflinger, Ivan & Katie)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/12/2014	Contributor address; City; State; Zip Code 2603 Greenland Lane Austin, TX 78745		\$100.00	
				(If travel outside of	Texas, complete Schedule 1)
	Principal occup COO	ation / Job title (See Instructions)	Employer (See In MagnetoSpeed		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
-	09/19/2014	Contributor address; City; State; Zip Code 11132 Shady Hollow Drive Austin, TX 78748		\$200.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	·	Tomas, complete schedule 1)
	Retired	Mile ood tille (Ood mali kakana)	Retired		

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 9/	32 Report: 11/47					
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)					
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)					
	08/18/2014	6 Contributor address; City; State; Zip Code 8301 Tyndale Cove Austin, TX 78733		\$700.00	 					
				(If travel outside of	Texas, complete Schedule T)					
9	Principal occup Business Owi	ation / Job title (See Instructions) ner	10 Employer (See In Self	structions)						
	Date	Full name of contributor ut-of-state PAC (ID# Edwards, Rosemary)	Amount of contribution (\$)	In-kind contribution description (if applicable)					
	08/21/2014	Contributor address; City; State; Zip Code 6528 Heron Drive Austin, TX 78759		\$100.00	 					
	Bringing cours		Employee (One In	<u> </u>	Texas, complete Schedule T)					
	Marketing	ation / Job title (See Instructions)	Employer (See In Self	structions)						
	Date	Full name of contributor ut-of-state PAC (ID# Ellmer, Mindy)	Amount of contribution (\$)	In-kind contribution description (if applicable)					
	09/17/2014	Contributor address; City; State; Zip Code 200 Congress Avenue Unit 11E Austin, TX 78701		\$217.00	 					
				(If travel outside of	Texas, complete Schedule T)					
	Principal occup Gov Affairs	ation / Job title (See Instructions)	Employer (See In Self	structions)						
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)					
	09/24/2014	Contributor address; City; State; Zip Code 158 Winter Circle Kyle, TX 78640		\$25.00	 					
				(If travel outside of	Texas, complete Schedule T)					
	Principal occup Research Atto	ation / Job title (See Instructions) priney	Employer (See In: TDCAA							
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)					
	08/08/2014	Contributor address; City; State; Zip Code PO Box 669		\$100.00						
		Van, TX 75790			ļ					
					Texas, complete Schedule T)					
	Principal occup Rancher	ation / Job title (See Instructions)	Employer (See In: Self	structions)						

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	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	0/32 Report: 12/47
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Franklin, Will & Kristel	,)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/12/2014	6 Contributor address; City; State; Zip Code 303 Briarwood Trail Austin, TX 78746		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Consultant	ation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/07/2014	Contributor address; City; State; Zip Code 7021 Finch Trail Austin, TX 78745		\$100.00	i i
				(If travel outside of	Taxas, complete Schedule T)
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Furlow, John)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; State; Zip Code 3131 Memorial Court Apt. 6109 Houston, TX 77007	• • • • • • • • • • • • • • • • • • • •	\$50.00	
					Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In: Mayer Brown LI		
	Date	Full name of contributor ut-of-state PAC (ID# Furnace, Justin)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/17/2014	Contributor address; City; State; Zip Code 2530 Marufo Vega Drive Spring, TX 77386		\$350.00	
					Texas, complete Schedule T)
	External Affai	ation / Job title (See Instructions)	Employer (See In: Hillcorp	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (If applicable)
	09/24/2014	Contributor address; City; State; Zip Code 1059 Links Road Myrtle Beach, SC 29575		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In: Retired		,,,,,,,, .

	The bistriction	N Guide explains how to complete this form.	:	1 PAGE#				
	THE BOTHOUTE	- Complete this form.		Schedule: 11	/32 Report: 13/47			
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT#	(Ethics Commission filers)			
				00000001				
4	Date	5 Full name of contributor out-of-state PAC (ID# Gardner, Stephen)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
		•			' 			
	09/07/2014	6 Contributor address; City; State; Zip Code 11817 Cherisse Drive Austin, TX 78739		\$100.00	' 			
			•	(If travel outside of	Texas, complete Schedule T)			
9		ation / Job title (See Instructions)	10 Employer (See In	<u>L`</u>				
	Owner		SGG Financial					
	Date	Full name of contributor)	Amount of	In-kind contribution			
	4	Gibbs, John		contribution (\$)	description (if applicable)			
	08/01/2014	Contributor address; City; State; Zip Code 5901 Paseo Del Toro		\$125.00	! !			
		Austin,. TX 78731			1			
	District const	(11.69-70-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	5	L`	Texas, complete Schedule T)			
	Chief of Staff	ation / Job title (See Instructions)	Employer (See In: Texas Legislatu					
	Date	Full name of contributor)	Amount of	In-kind contribution			
		Goldman, Adam		contribution (\$)	description (if applicable)			
	09/25/2014	Contributor address; City; State; Zip Code		\$25.00				
		1901 Hill Oaks Ct Austin, TX 78703		1	! !			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	eation / Job title (See Instructions)	Employer (See In	1 -				
	Lobbyist		The Goldman G	iroup				
	Date	Full name of contributor ut-of-state PAC (ID#	·)	Amount of	In-kind contribution			
	·	Gore, Deb & Rex		contribution (\$)	description (if applicable)			
	08/12/2014	Contributor address; City; State; Zip Code		\$700.00	 			
		1304 W. Oltorf Street Austin, TX 78704		·	! 			
				(If travel outside of	Texas, complete Schedule T)			
		pation / Job title (See Instructions)	Employer (See In					
	Teacher		Regents					
	Date	Full name of contributor ut-of-state PAC (ID#	·	Amount of	In-kind contribution			
		Graydon, Galt		contribution (\$)	description (if applicable)			
	09/25/2014	Contributor address; City; State; Zip Code		\$350.00	<u>!</u>			
	JUILUIZU 17	1001 Congress Avenue Austin, TX 78701		Ψ000.00] 			
		10000, 17,10701	-		_			
L	Orinale et e es	A lab Alla (Cara Inglandiana)	F1- (0	<u></u>	Texas, complete Schedule T)			
	Owner	vation / Job title (See Instructions)	Employer (See In The Graydon G					

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	The Instruction	GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	/32 Report: 14/47
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Green, Robert	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Code 1200 Barton Creek Blvd #19 Austin, TX 78735	• • • • • • • • • • • • • • • • • • • •	\$200.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Insurance Ag	ation / Job title (See Instructions) ent	10 Employer (See In Self	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Ground Exchange LLC)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/03/2014	Contributor address; City; State; Zip Code PO Box 91293 Austin, TX 78709		\$500.00	
				•	Texas, complete Schedule 1)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (IDA Hackney, Susan	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/23/2014	Contributor address; City; State; Zip Code 555 E 5th St. #2921 Austin, TX 78701		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup n/a	ation / Job title (See Instructions)	Employer (See In n/a	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/15/2014	Contributor address; City; State; Zip Code 925 Hillside Ct. Highland Village, TX 75077		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Medical Reco	ation / Job title (See Instructions) ards	Employer (See In Self	structions)	
	Date	Full name of contributor	;)	Amount of contribution (\$)	. In-kind contribution description (if applicable)
	08/23/2014	Contributor address; City; State; Zip Code 1316 Birdsall Houston, TX 77007		\$50.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Materials Mar	ation / Job title (See Instructions) nager	Employer (See In Southwest Ship	structions)	

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	/32 Report: 15/47		
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ust-of-state PAC (ID# Hay, Lance)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	08/23/2014	6 Contributor address; City; State; Zip Code 1706 Thousand Oaks Circle Austin, TX 78746		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Finance	ation / Job title (See Instructions)	10 Employer (See In Global Foundrie				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/07/2014	Contributor address; City; State; Zip Code 2800 Silverleaf Circle Austin, TX 78757		\$350.00] 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Consultant		Self				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/22/2014	Contributor address; City; State; Zip Code 4821 Chesney Ridge Austin, TX 78749		\$50.00	 		
		,		.	' 		
_	M. district and a second		Footlever (Cools	<u>l`</u>	Texas, complete Schedule T)		
	Domestic Eng	ation / Job title (See Instructions) jineer	Employer (See In Self	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 8522 Woodstone Drive Austin, TX 78757		\$100.00	I 		
			•	(If travel outside of	Texas, complete Schedule T)		
	Principal occup Self	ation / Job title (See Instructions)	Employer (See In Honor Quest	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/17/2014	Contributor address; City; State; Zip Code 115 Sandra Muraida Way #523 Austin, TX 78703		\$100.00	1 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup n/a	eation / Job title (See Instructions)	Employer (See In n/a	structions)			

					
	The Instruction	N Guide explains how to complete this form.		1 PAGE# Schedule: 14	/32 Report: 16/47
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Code PO Box 1050 Buda, TX 78610		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Consultant	ation / Job title (See Instructions)	10 Employer (See In Take Back Texa		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/02/2014	Contributor address; City; State; Zip Code 4700 Staggerbrush Road #221 Austin, TX 78749		\$25.00	
				(If travel outside of	Texas, complete Schedule 1)
		ation / Job title (See Instructions)	Employer (See In	structions)	
	Student				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 1158 Marlys Avenue Canyon Lake, TX 78133		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Howard, Jay)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/07/2014	Contributor address; City; State; Zip Code 823 Congress Ave Ste. 900 Austin, TX 78701		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In Hillco	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/07/2014	Contributor address; City; State; Zip Code 109 W 39th St. Apt 227 Austin, TX 78751		\$100.00	1
					!
	Dringinal seems	eation / Job title (See Instructions)	Employer (See In	J	Texas, complete Schedule T)
	Attorney	ALBORI / JOD BIE (SEE KISHUCHOIS)	Beatty, Bangle,		

	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	/32 Report: 17/47		
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Hutchinson, Scott	F	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	08/29/2014	6 Contributor address; City; State; Zip Code 812 Watson Way Pflugerville, TX 78660		\$25.00	 		
			,	(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Legislative St	pation / Job title (See Instructions) taff	10 Employer (See In: Texas Legislatu				
	Date	Full name of contributor ut-of-state PAC (ID# Jackson, Roy	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/01/2014	Contributor address; City; State; Zip Code 5033 Scottish Thistle Austin, TX 78739	••••	\$100.00	 		
ļ			_	1	Texas, complete Schedule T)		
	Principal occup Gov Affairs	pation / Job title (See Instructions)	Employer (See Ins TNMP	structions)	:		
-	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/19/2014	Contributor address; City; State; Zip Code 1715A Karen Avenue Austin, TX 78757	••••	\$50.00	 		
			ļ	(if travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Ins State of Texas	structions)			
	Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 8401 Denali Parkway Austin, TX 78726		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Ins Jewell & Associa	structions)			
•	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/04/2014	Contributor address; City; State; Zip Code 3211 Stratford Hills Lane Austin, TX 78746		\$350.00	 		
			1		· - · · · · · - □		
	Principal coour	pation / Job title (See Instructions)	Emmlesser (Coo.le		Texas, complete Schedule T)		
	Attorney	auon / Job utie (See insuocuons)	Emptoyer (See Ins Hillco Partners	structions)			

	The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE#			
					Schedule: 16	6/32 Report: 18/47		
2	FILER NAME	Troxclair, Ellen (Mrs.)		•	3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor Jones, William & Amy	out-of-state PAC (ID#	Ŧ)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/12/2014	6 Contributor address; 1804 Cedar Ridge Drive Austin, TX 78741	City; State; Zip Code		\$700.00	‡ ‡ }		
					(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Entrepreneur	pation / Job title (See Instructions	s)	10 Employer (See In: Self	structions)			
_	Date	Full name of contributor	ut-of-state PAC (ID/	#)	Amount of	In-kind contribution		
		Kathy Hutto, Allen Beinke			contribution (\$)	description (if applicable)		
	09/17/2014	2607 Trail of The Madrones	City; State; Zip Code		\$100.00	l 		
		Austin, TX 78746				I		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup Partner	pation / Job title (See Instructions	s)	Employer (See In: Tuggey Calvoz	structions)			
	Date	Full name of contributor Kearns, Dennis	out-of-state PAC (ID#	,	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/12/2014	Contributor address; (1001 Congress Avenue Ste. 4: Austin, TX 78701	City; State; Zip Code 450		\$100.00	[
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup n/a	nation / Job title (See Instructions	s)	Employer (See In: n/a	structions)			
	Date	Full name of contributor	ut-of-state PAC (ID#	¥)	Amount of	In-kind contribution		
		Kerr, Brett		,	contribution (\$)	description (if applicable)		
	09/24/2014	Contributor address; (23915 Travis Trail Katy, TX 77494	City; State; Zip Code		\$50.00	 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	nation / Job title (See Instructions	s)	Employer (See In Calpine	L			
	Date	Full name of contributor	□ out-of-state PAC (ID/	# \	Amount of	In-kind contribution		
	Daie	Kinney, Linda & Wally	D ontonside i no fini	'	contribution (\$)	description (if applicable)		
	09/25/2014	Contributor address; (1034 Hidden Hills Dr Dripping Springs, TX 78620	City; State; Zip Code		\$40.00	 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occupa	pation / Job title (See Instructions sistant	5)	Employer (See In: Hays County	structions)			

					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	7/32 Report: 19/47
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Kish, John C.	#)	7 Amount of contribution (\$)	8
	09/22/2014	6 Contributor address; City; State; Zip Code 7804 Oteka Cove Austin, TX 78735		\$50.00	
9	Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In Retired	<u> </u>	Texas, complete Schedule T)
	Date	Full name of contributor ut-of-state PAC (ID: Kleberg, Robert	#	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/07/2014	Contributor address; City; State; Zip Code 514 Terrace Drive Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Associate Dire	pation / Job title (See Instructions) rector	Employer (See in Texas Parks an	structions) nd Wildlife Founda	ition
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 131 Running Deer Lane Dripping Springs, TX 78620		\$100.00	! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In Self	structions)	
_	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/02/2014	Contributor address; City; State; Zip Code 401 Congress Avenue Austin, TX 78701		\$350.00	1 1 1
				(if travel outside of	Texas, complete Schedule 1)
	Principal occup Senior Vice P	pation / Job title (See Instructions) President	Employer (See In Frost Bank	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/09/2014	Contributor address; City; State; Zip Code 247 Towering Oaks Road Dripping Springs, TX 78620	•••••	\$100.00	i i
				/If travel extends of	Towns complete Schooling Ti
	Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	Assoc. Direct		Bristol-Myers S		

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1	The Instruction	Guide explains how to complete this form.		1 PAGE#	70 Denot 00/47			
					/32 Report: 20/47			
2 F	ILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor ut-of-state PAC (ID#	!)	7 Amount of	8 In-kind contribution			
-		Liner, Tim & Martha		contribution (\$)	description (if applicable)			
09	9/12/2014	6 Contributor address; City; State; Zip Code PO Box 7285 Austin, TX 78713		\$130.00	 			
				(If travel outside of	Texas, complete Schedule T)			
		ation / Job title (See Instructions) ware developer	10 Employer (See In: WP	structions)				
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution			
		Mackie, Thomas & Gaye		contribution (\$)	description (if applicable)			
0	9/25/2014	Contributor address; City; State; Zip Code 812 Post Oak		\$50.00	! 			
		Dripping Springs, TX 78620			1			
				<u></u>	Texas, complete Schedule T)			
	rincipal occup Consultant	ation / Job title (See Instructions)	Employer (See In Self	structions)				
	Date	Full name of contributor ut-of-state PAC (ID# Macksood, Gregory	()	Amount of contribution (\$)	In-kind contribution description (if applicable)			
0:	9/02/2014	Contributor address; City; State; Zip Code 5805 Bull Creek Road Austin, TX 78756		\$100.00	 			
l				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Gov Relation	nation / Job title (See Instructions) S	Employer (See In Chesapeake Er					
	Date	Full name of contributor	,)	Amount of	In-kind contribution			
		Marr, Ray		contribution (\$)	description (if applicable)			
0	8/05/2014	Contributor address; City; State; Zip Code 3801 Aspen Creek Parkway Austin, TX 78749		\$20.00	! 			
<u> </u>				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Statistician	pation / Job title (See Instructions)	Employer (See In Self	structions)				
			¥ `	Amount	In hind contain tion			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)			
0	9/18/2014	Contributor address; City; State; Zip Code 9102 Atwater Cove	• • • • • • • • • • • • • • • • • • • •	\$350.00	1 			
		Austin, TX 78733			f			
		· · · · · · · · · · · · · · · · · · ·			Texas, complete Schedule T)			
	Principal occup Designer/Bui	pation / Job title (See Instructions)	Employer (See In Self	structions)				

	The Instruction	N Guide explains how to complete this form.		1 PAGE# Schedule: 19	/32 Report: 21/47		
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Mashburn, Jennene)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/17/2014	6 Contributor address; City; State; Zip Code 200 Congress Avenue Unit 22 DE Austin, TX 78701		\$217.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup n/a	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 200 Congress Avenue Unit 22 DE Austin, TX 78701		\$75.00	! ! !		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/07/2014	Contributor address; City; State; Zip Code P.O. Box 1583 Austin, TX 78767		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In Self	<u> </u>			
	Date	Full name of contributor ut-of-state PAC (ID# Mathis, Terri & James)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/07/2014	Contributor address; City; State; Zip Code 1630 Moonlight Drive Cedar Park, TX 78613		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In Self	structions)			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/17/2014	Contributor address; City; State; Zip Code 1708 Palma Plz Austin, TX 78703		\$217.00	1 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup Gov Affairs	pation / Job title (See Instructions)	Employer (See In Self	structions)			

					
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 20	/32 Report; 22/47
2	FILER NAME	Troxclair, Ellen (Mrs.)	•	3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID# Mayfield, Barbara		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/18/2014	6 Contributor address; City; State; Zip Code 1600 Barton Springs Road Unit 4402 Austin, TX 78704		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Pinnergy	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/07/2014	Contributor address; City; State; Zip Code 1712 W 29th Street Austin, TX 78703		\$350.00	[
	Birth			L-`	Texas, complete Schedule T)
	Consultant	ation / Job title (See Instructions)	Employer (See In Hillco	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# McClam, Janie)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/22/2014	Contributor address; City; State; Zip Code 7113 Doswell Lane Austin, TX 78739	•••••	\$50.00	
				(If travel outside of	Texas, complete Schedule 1)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City, State; Zip Code 7204 Bending Oak Rd Austin, TX 78749		\$350.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup RN	ation / Job title (See Instructions)	Employer (See In: Austin Heart	structions)	
•	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/14/2014	Contributor address; City; State; Zip Code 300 West 6th Street Suite 1600 Austin, TX 78701		\$200.00	
				L	Texas, complete Schedule T)
	Principal occup VP. Gov Affai	ation / Job title (See Instructions) rs	Employer (See In: NRG Energy, In		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 21/	32 Report: 23/47
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/17/2014	6 Contributor address; City; State; Zip Code 6201 Skahan Lane Austin, TX 78739		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Public Affairs	ation / Job title (See Instructions)	10 Employer (See In Blackridge	structions)	
	D ate	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/12/2014	Contributor address; City; State; Zip Code 3515 Alexandrite Way Round Rock, TX 78681		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
┝	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·
	VP of Sales 8		PJŚ ,		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/20/2014	Contributor address; City; State; Zip Code 12 Niles Road Austin, TX 78703		\$700.00	
				(If travel outside of	Texas, complete Schedule T)
┢	Principal occur	pation / Job title (See Instructions)	. Employer (See In		, <u> </u>
	Consultant	guon / day use (ace maredans)		vernmental Affairs	Consultants
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/16/2014	Contributor address; City; State; Zip Code 6632 Ruxton Lane Austin, TX 78749		\$100.00	 - -
				(If travel outside of	Texas, complete Schedule T)
	Principal occup COO	ation / Job title (See Instructions)	Employer (See In Drake Industrie		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 4610 San Simeon Dr. Austin, TX 78749		\$50.00	
		Auguil, 17 (0)49		1	
L				<u> </u>	Texas, complete Schedule T)
	Principal occup City Carrier	pation / Job title (See Instructions)	Employer (See Ir USPS	estructions)	

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	The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 22	/32 Report: 24/47
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/17/2014	6 Contributor address; City; State; Zip Code 200 Congress Avenue Unit 38NE Austin, TX 78701		\$150.00	
				(if travel outside of	Texas, complete Schedule T)
9	Principal occup Business Ow	ation / Job title (See Instructions) ner	10 Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 284 Cordero Drive San Marcos, TX 78666		\$20.00	 -
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Calibration Te	ation / Job title (See Instructions) echnician	Employer (See In CFAN	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/19/2014	Contributor address; City; State; Zip Code 1216 Tamranae Court Austin, TX 78746		\$350.00	
					'
_	Orinoinal accur	ection / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	Managing Pa	ation / Job title (See Instructions) rtner	Cielo Private Ed		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/05/2014	Contributor address; City; State; Zip Code 3420 Clarksburg Drive Austin, TX 78745		\$200.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup retired	pation / Job title (See Instructions)	Employer (See In retired	estructions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/10/2014	Contributor address; City; State; Zip Code 4711 Colorado Crossing Austin, TX 78731		\$50.00	1
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Drenner Group	structions)	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 23	3/32 Report: 25/47		
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: O'Jibway, Jeffrey	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/17/2014	6 Contributor address; City; State; Zip Code 101 Colorado Street #706 Austin, TX 78701		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Business Own	ation / Job title (See Instructions) ner	10 Employer (See In Self	structions)			
	Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 2401 Lawnmont Avenue Austin, TX 78756		\$100.00	! !		
_				<u> </u>	Texas, complete Schedule T)		
	Government /	ation / Job title (See Instructions) Affairs	Employer (See In EFH	structions)			
	Date	Full name of contributor	F)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/07/2014	Contributor address; City; State; Zip Code 8201 Scenic Ridge Cove Austin, TX 78735		\$350.00	[
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In Self	structions)			
	Date	Full name of contributor ut-of-state PAC (ID: PAC, ARW	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/11/2014	Contributor address; City; State; Zip Code 1808 Congressional Circle Austin, TX 78746		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	, v v v v v v v v v v v v v v v v v v v		
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/22/2014	Contributor address; City; State; Zip Code 8700 Coastal Dr. Austin, TX 78749		\$25.00	! !		
					l 		
	Dri- singless	Alon / Joh Aldo (Con Instruction)	5t. 15	<u> </u>	Texas, complete Schedule T)		
	Engineer	ation / Job title (See Instructions)	Employer (See In Freescale Semi				

	The INSTRUCTION	GUIDE explains how to complete this form.		1 PAGE # Schedule: 24	/32 Report: 26/47		
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor urt-of-state PAC (ID: Pate, Gardner		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/25/2014	6 Contributor address; City; State; Zlp Code 1413 Bay Hill Dr Austin, 1X 78746		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Locke Lord LLP				
	Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/07/2014	Contributor address; City; State; Zlp Code 6317 Pathfinder Drive Austin, TX 78759		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Vice-Presider	ation / Job title (See Instructions) tt	Employer (See In AT&T	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/18/2014	Contributor address; City; State; Zip Code PO Box 684551 Austin, TX 78768		\$350.00			
				Of terrinal analysists and	Towns complete Schodule To		
	Principal occur	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
	Attorney	days on the food monocounty	Self				
	Date	Full name of contributor ut-of-state PAC (ID/ Pitts, JR, John R)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 1703 Mohle Drive Austin, TX 78703		\$350.00	 		
				(If traval outside of	Texas, complete Schedule T)		
	Principal occur	ation / Job title (See Instructions)	Emptoyer (See In		Texas, complete schedule 1)		
	Government		Setf	,			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 3800 Creek Road Dripping Springs, TX 78620		\$100.00	l 		
		FF 0 FF 0-1		(lå tanual autaista - s	Tauran anamalaka Babadula 25. 🗖		
_	Principal occur	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
	Consultant		Benezet Consu	lting			

	The INSTRUCTION	N GUIDE explains how to complete this form.		1 PAGE#			
_	<u> </u>			1	5/32 Report: 27/47		
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT#	(Ethics Commission filers)		
_					10		
4	Date	5 Full name of contributor ☐ out-of-state PAC (I Propes, Jay	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	08/07/2014	6 Contributor address; City; State; Zip Cod 100 Wood Trail West Lake Hills, TX 78746	······)	\$350.00	! ! !		
•				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Public Affairs	ation / Job title (See Instructions)	10 Employer (See In The Graydon G				
	Date	Full name of contributor ut-of-state PAC (I Ramsey, John	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Cod 5500 Basswood Ln. Austin, TX 78723	9	\$200.00	! !		
				(If travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions)	Employer (See In	nstructions)	<u> </u>		
	Venture Capit	talist	Self				
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/06/2014	Contributor address; City; State; Zip Cod 4832 Canyonbend Circle Austin, TX 78735	•••••••	\$50.00	! !		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup best efforts	ation / Job title (See Instructions)	Employer (See In best efforts	istructions)			
	Date	Full name of contributor ut-of-state PAC (I	D#)	Amount of	In-kind contribution		
		Renner, Kimberly & Dan		contribution (\$)	description (if applicable)		
	09/24/2014	Contributor address; City; State; Zip Cod PO Box 13366 Austin, TX 78711	•	\$700.00	I		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Lawyer/Owne	ation / Job title (See Instructions) er	Employer (See In Parsley Coffin I	nstructions) Renner LLP/The F	Renner Project		
	Date	Full name of contributor ut-of-state PAC (Richardson, Elise	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/07/2014	Contributor address; City; State; Zip Cod P.O. Box 1583 Austin, TX 78767	9	\$158.10	i 		
				(If travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions)	Employer (See Ir				
	Assistant		Gavin Massingi	ill			

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	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE#	/32 Report: 28/47	
2	FILER NAME	Troxclair, Ellen (Mrs.)			3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor Rienstra, Matthew	☐ out-of-state PAC (ID#	!)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/07/2014	6 Contributor address; PO Box 91226 Austin, TX 78709	City; State; Zip Code		\$100.00	 	
					(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Attorney	ation / Job title (See Instruction	s)	10 Employer (See In Rienstra Law	structions)		
	Date	Full name of contributor Riley, Elizabeth & Wes	out-of-state PAC (ID#	<u>†)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/22/2014	Contributor address; 3301 Pearce Rd. Austin, TX 78730	City; State; Zip Code		\$250.00	} 	
-		Addut, TX 10130			Of travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In		·	
	Realtor		•	Self	,		
	Date	Full name of contributor Roberts, Justin	out-of-state PAC (ID#)	Amount of contribution (\$)	tn-kind contribution description (if applicable)	
	07/23/2014	Contributor address; 5437 Austral Loop Austin, TX 78739	City; State; Zip Code		\$200.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	ation / Job title (See Instruction	s)	Employer (See In Parsley Coffin F			
	Date	Full name of contributor Rosas, Bonney	Out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/01/2014	Contributor address; 7105 Ridge Oak Road Austin, TX 78749	City; State; Zip Code		\$10.00	i 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Legal Secreta	ation / Job title (See Instruction try	s)	Employer (See In Graves Doughe			
	Date	Full name of contributor Saenz, Luis	Out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; 7205 Doswell Lane Austin, TX 78739	City; State; Zip Code		\$350.00	 	
					(If travel outside of	Texas, complete Schedule T)	
┪	Principal occup	L ation / Job title (See Instruction	s)	Employer (See In		· · · · ·	
	Consultant	,		McGuireWoods			

	The INSTRUCTION	w GuiD∈ explains how to com	plete this form.		1 PAGE # Schedule: 27	/32 Report: 29/47
2	FILER NAME	Troxclair, Ellen (Mrs.)			3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Searle, Michael	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/12/2014	6 Contributor address; 2209 E 9th Street #A Austin, TX 78702	City; State; Zip Code		\$50.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Project Coord	ation / Job title (See Instruction linator	ns)	10 Employer (See In LVS	structions)	
	Date	Full name of contributor Shafford, William	Out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; 8508 Tyhurst Drive Austin, TX 78749	City; State; Zip Code		\$50.00	
		7,0341, 77,70745			(If travel outside of	t Texas, complete Schedule T)
		ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Engineer			TCEQ		
	Date	Full name of contributor Skaggs, Jim & Betty	Out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/16/2014	Contributor address; 4700 Toreador Drive Austin, TX 78746	City; State; Zip Code		\$700.00	
		,			(If travel outside of	Texas, complete Schedule 1)
	Principal occup n/a	ation / Job title (See Instruction	ns)	Employer (See In n/a	structions)	
	Date	Full name of contributor Smith, Deeann	out-of-state PAC (ID4	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; 3816 Travis Country Circle Austin, TX 78735	City; State; Zip Code	,	\$350.00	{
					(If travel outside of	Texas, complete Schedule T)
	Principal occup n/a	ation / Job title (See Instruction	ns)	Employer (See In n/a	structions)	
	Date	Full name of contributor Sparks, Michael	out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; 11603 Wilcant Ln Cypress, TX 77429	City; State; Zip Code		\$25.00	
					At traval outside of	Texas, complete Schedule T)
┝	Principal occur	pation / Job title (See Instruction	ns)	Employer (See In	<u>L`.</u>	rezea, cumprete acriedure 1)
	Manager	. ,	-	BP (

The INSTRUCT	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 28	/32 Report: 30/47		
2 FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID: Spiller, Russell & Janine	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
08/04/2014	6 Contributor address; City; State; Zip Code 1702 Misty Hill Lane Kingwood, TX 77345		\$50.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occu Chemical En	pation / Job title (See Instructions) gineer	10 Employer (See In Retired	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (If applicable)		
07/24/2014	Contributor address; City; State; Zip Code 1321 Spyglass Drive Austin, TX 78746	. ,	\$100.00	} 		
	Treating TX TOTAL		(If travel outside of	Texas, complete Schedule T)		
Principal occu Consultant	pation / Job title (See Instructions)	Employer (See In Self	structions)			
Date	Full name of contributor	")	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/04/2014	Contributor address; City; State; Zip Code 1309 Barclay Drive Austin, TX 78746		\$50.00	 		
	Trading TXTO TO		(If travel outside of	Texas, complete Schedule T)		
Principal occu Public Policy	pation / Job title (See Instructions)	Employer (See In State of Texas	structions)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Silatina iii, Soii]]		
07/16/2014	Contributor address; City; State; Zip Code 5302 Ashcroft Ct. Austin, TX 78749		\$25.00	! !		
	Austin, TA 70145			' <u> </u>		
Bar validada	A Section of the Albert Constant and the	F		Texas, complete Schedule T)		
Chief of Staf	pation / Job title (See Instructions) f	Employer (See In Texas Legislatu				
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/19/2014	Contributor address; City; State; Zip Code 15903 Soleil Court Austin, TX 78734		\$150.00	 		
	,		(N transal audaida -4	Towns complete Schooling To		
Principal accu	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
Retired Nurs		Retired	ad doubling)	_		

	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 29	0/32 Report: 31/47		
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Stumpf, Christina	#)	7 Amount of contribution (\$)	I 8 In-kind contribution description (if applicable)		
	09/24/2014	6 Contributor address; City; State; Zip Code 1213 Cabrillo Avenue Burlingame, TX 94010		\$350.00	 		
_				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Physicians As	ation / Job title (See Instructions) ssistant	10 Employer (See Ins UCSF	structions)			
	Date	Full name of contributor	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/24/2014	Contributor address; City; State; Zip Code 7708 Menler Dr Austin, TX 78735		\$200.00] 		
		Audult, TA 10100	1	fif travel outside of	Texas, complete Schedule T)		
		nation / Job title (See Instructions)	Employer (See Ins	nstructions)	Tonas vempre-		
_	Realtor		Regent Property	y Group			
	Date	Full name of contributor ut-of-state PAC (ID# Taylor, James	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/08/2014	Contributor address; City; State; Zip Code 2201 Woodmont Avenue Austin, TX 78703		\$350.00	 		
		l .	ļ	(If travel outside of	Texas, complete Schedule T)		
	Principal occupa Business Owr	ation / Job title (See Instructions) ner	Employer (See Ins Vianovo, LP	<u> </u>			
	Date	Full name of contributor out-of-slate PAC (ID#	<i>;</i>)	Amount of	In-kind contribution		
]	Taylor, Kathy		contribution (\$)	description (if applicable)		
	09/17/2014	Contributor address; City; State; Zip Code 200 Congress Avenue Unit 27 EG Austin, TX 78701		\$217.00	 		
		1	1	ru traval autoide at	Town complete Schodule D		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	 	Texas, complete Schedule T)		
	Community Vo		Self	,			
	Date	Full name of contributor ut-of-slate PAC (ID# Tintera, John)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	ŀ	Contributor address; City; State; Zip Code		\$150.00			
	07/01/2014	11612 Lowewater Lane Austin, TX 78754		1 ,	1		
	07/01/2014	11612 Lowewater Lane		(If travel outside of	Texas, complete Schedule T)		
		11612 Lowewater Lane	Employer (See Ins	structions)	Texas, complete Schedule T)		

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_		Translate Elles Miss b		1	//32 Report: 32/47		
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Data	E Cultura of contributes			10 4.1		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Tintera, John		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/25/2014	6 Contributor address; City; State; Zip Code 11612 Loweswater Austin, TX 78754	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	} 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Geologist	pation / Job title (See Instructions)	10 Employer (See Ins Sebree & Tinter				
	Date	Full name of contributor out-of-state PAC (ID#	t)	Amount of	In-kind contribution		
		Troxclair, Noel		contribution (\$)	description (if applicable)		
	07/05/2014	Contributor address; City; State; Zip Code RR1 Box 45A Knippa, TX 78870		\$100.00	! 		
				-	Texas, complete Schedule T)		
,	Principal occupations Entomologist	ation / Job title (See Instructions)	Employer (See Ins Self	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Valdez, Jerry & Heather)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/22/2014	Contributor address; City; State; Zip Code 3210 Thousand Caks Drive Austin, TX 78746		\$500.00	 		
		l		(If travel outside of	Texas, complete Schedule T)		
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Ins Self	structions)			
	Date	Full name of contributor ut-of-state PAC (ID#	·)	Amount of	In-kind contribution		
		Vane, Mark		contribution (\$)	description (if applicable)		
	08/29/2014	Contributor address; City; State; Zip Code 6809 Via Correto Austin, TX 78749		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occupa Lawyer	ation / Job title (See Instructions)	Employer (See Ins Gardere Wynn S				
	Date	Full name of contributor out-of-state PAC (ID# Venable, Peggy	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/12/2014	Contributor address; City; State; Zip Code 13419 Wisterwood Street Austin, TX 78729		\$100.00	! !		
		•		Of traval outside of	Texas, complete Schedule T)		
	Principal occurs	ation / Job title (See Instructions)	Employer (See Ins	L	Texas, complete schedule 17		
	Nonprofit Exe		AFP (CCC III.	sa ocucina)			

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 31	/32 Report: 33/47		
2 FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
09/25/2014	6 Contributor address; City; State; Zip Code 816 Congress Avenue, Suite 1100 Austin, TX 78701	•••••	\$50.00	} 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup External Affai	oation / Job title (See Instructions) irs	10 Employer (See In AT&T	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/23/2014	Contributor address; City; State; Zip Code 3401 S. Lamar Bivd #2110 Austin, TX 78704		\$25.00	! ! !		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Elected Offici	ation / Job title (See Instructions) als Staff	Employer (See In: State of Texas	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/23/2014	Contributor address; City; State; Zip Code 6101D Forest Hills Drive Austin, TX 78746	• • • • • • • • • • • • • • • • • • • •	\$30.00	f 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Executive Ass	ation / Job title (See Instructions) sistant	Employer (See In Texas Railroad				
Date	Full name of contributor ut-of-state PAC (ID# Westenhover, Ashley	'	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/12/2014	Contributor address; City; State; Zip Code 4424 Gaines Ranch Loop Apt. 1715 Austin, TX 78735		\$200.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Chief of Staff	ation / Job title (See Instructions)	Employer (See Ins Texas Legislatu	structions)			
Date	Full name of contributor ut-of-state PAC (ID#	· \	Amount of	In-kind contribution		
	Wied, Lauren	·/	contribution (\$)	description (if applicable)		
09/25/2014	Contributor address; City; State; Zip Code 3715 S. 1st St. #574 Austin, TX 78704		\$100.00			
		.]	(H traval custoide et	Texas, complete Schedule T)		
Principal occupa Consultant	ation / Job title (See Instructions)	Employer (See Ins Self		Coas complete screenile 1)		

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	The Instruction	GUIDE explains how to complete this form.		1 PAGE # Schedule: 32	/32 Report: 34/47		
2	FILER NAME	Troxclair, Ellen (Mrs.)		3 ACCOUNT# -00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Wilbanks, Chad	<u> </u>	7 Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/24/2014	6 Contributor address; City; State; Zip Code po box 342693 Austin, TX 78734	· · · · · · · · · · · · · · · · · · ·	\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup President	ation / Job title (See Instructions)	10 Employer (See In Wilbanks	structions)			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 1104 Lafayette Ln Pflugerville, TX 78660		\$700.00	 		
	ļ.	Pringerville, 12 78000			_		
	D: :-:			,	Texas, complete Schedule T)		
	Developer	ation / Job title (See Instructions)	Employer (See In: self	structions)			
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/08/2014	Contributor address; City; State; Zip Code 7300 Moon Rock Road Austin, TX 78739		\$100.00	! 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Government	ation / Job title (See Instructions) Affairs	Employer (See In: Xcel Energy	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Young, Chris & Katie	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 11300 Pompey Ct. Austin, TX 78739		\$50.00	! 		
		T		(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In: Linebarger Gog	structions) gan Blair & Samp	son, LLP		

Texas Ethics Commis	ssion P.O.Box 12070 Austin, T	exas 78711-2070	(512)463-5800	TDD 1-800-735-2989
LOANS				SCHEDULE E
The Instruction Gu	IDE explains how to complete this form.		1 PAGE# Schedule: 1/1	Report: 35/47
2 FILER NAME TO	roxclair, Ellen (Mrs.)		3 ACCOUNT # (0 00000001	Ethics Commission filers)
4 TOTAL OF UN	ITEMIZED LOANS:	000000		\$
5 Date of loan 09/25/2014	7 Name of lender ou Troxclair, Ellen & Caleb	t-of-state PAC (ID#)	9 Loan Amount (\$) \$50,000.00
6 Is lender a financial institution?	8 Lender address; City; State; 8510 Tyhurst Dr. Austin, TX 78749	Zip Code		10 Interest rate 0
No				11 Maturity date
12 Principal occupation Realtor	n / Job title (See Instructions)	13 Employer (See Instrui Self	ctions)	
14 Description of Colla	teral	15 Check if personal fund	ds were deposited into	political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code		
20 Principal Occupation	n	21 Employer		
		`		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/12 F	Tanada Ellas (Mas.)	0000001
4 Date	5 Payee name	
09/02/2014	Callfire Inc	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$300.00	1410 2nd St, Suite 200 Santa Monica, CA 90401	<u> </u>
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) phone banking
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/19/2014	City of Austin	
Amount (\$)	Payee address City; State; Zip Code	•
\$500.00	PO Box 1088 Austin, TX 78767	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) [
EXPENDITURE		<u> </u> _
	Candidata / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought. Office held.
Date	Payee name	
07/23/2014	Conviction Digital	
Amount (\$)	Payee address City; State; Zip Code	
\$2,407.00	401 Little Texas Lane #1731 Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule 1) digital media Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
07/25/2014	FedEx	
Amount (\$)	Payee address City; State; Zip Code	
\$14.77 	3300 Bee Caves Rd. Ste. 715 Austin, TX 78746	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) printing
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Soticitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Hental Expense

rees	The Instruction Guide explains ho	ow to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 2/12 F		0000001
4 Date	5 Payee name	
07/26/2014	La Posada	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$40.13	6800 Westgate Blvd. #143	
	Austin, TX 78745	
<u></u>		la. a
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) [food for volunteers
OF	Event Expense	
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY If	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		•
Date	Payee name Local Voice Solutions	
07/23/2014 Amount (\$)	Payee address City; State; Zip Code	
	•	
\$540.00	3700 Thompson St. Austin, TX 78702	
	·	
-	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Consulting Expense	data services
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
07/14/2014	Mailchimp	
Amount (\$)	Payee address City; State; Zip Code	
\$30.00	512 Means St NW #404	
}	Atlanta, GA 30318	
	0.11	Constitution (Manual autida of Taylor constitut Cabadala D
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) email marketing
OF	Advertising Expense	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		•
	Power page	
Date 09/13/2014	Payee name Mailchimp	
08/12/2014 Amount (\$)	Payee address City; State; Zip Code	. <u>.</u>
	512 Means St NW #404	
\$35.00	Atlanta, GA 30318	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	email marketing
EXPENDITURE		<u> </u>
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Jonations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead: The Instruction Guide explains ho	Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 3/12 F		00000001
4 Date	5 Payee name	
09/12/2014	Mailchimp	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$45.00	512 Means St NW #404 Atlanta, GA 30318	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (if travel outside of Texas, complete Schedule T) email marketing
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
07/01/2014	McGee, Chelsey	
Amount (\$)	Payee address City; State; Zip Code	
\$1,000.00	5001 Convict Hill Rd. #604 Austin, TX 78749	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		n
	On this control of the control of th	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/01/2014	McGee, Chelsey	
Amount (\$)	Payee address City; State; Zip Code	
\$1,000.00	3816 S Larnar Blvd Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) staff pay
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Рауее пате	
08/30/2014	McGee, Chelsey	
Amount (\$)	Payee address City; State; Zip Code	
\$1,500.00	3816 S Lamar Blvd Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Staff pay
<u> </u>	Condidate (Officebolder no	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

direct expenditure to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

San Francisco, CA 94105

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# FILER NAME Troxclair, Ellen (Mrs.) 00000001 Schedule: 4/12 Report: 39/47 4 Date 5 Payee name Peel Inc 08/08/2014 6 Amount (\$) Payee address City; State; Zip Code 308 Meadowlark St \$621.00 Lakeway, TX 78734

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside newsletter ads	e of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

Date	Payee name		
07/01/2014	Piryx		
Amount (\$)	Payee address	City; State; Zip Code	
\$54.64	144 2nd, St.		

PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees
EXPENDITURE	·	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held: Date Payee name

,										
Piryx										
Payee address	City;	State,	Zip Code							
144 2nd. St. San Francisco,	CA 94105									
	Piryx Payee address 144 2nd. St.	Piryx Payee address City;	Piryx Payee address City; State; 144 2nd. St.	Piryx Payee address City; State; Zip Code 144 2nd. St.	Piryx Payee address City; State; Zip Code 144 2nd. St.	Piryx Payee address City; State; Zip Code 144 2nd. St.	Piryx Payee address City; State; Zip Code 144 2nd. St.	Piryx Payee address City; State; Zip Code 144 2nd. St.	Piryx Payee address City; State; Zip Code 144 2nd. St.	Piryx Payee address City; State; Zip Code 144 2nd. St.

Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign credit card processing fees Fees OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Payee name Date 08/23/2014 Piryx Amount (\$) Payee address City; State: Zip Code 144 2nd. St. \$23.01 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign credit card processing fees Fees

EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY If Candidate / Officeholder name Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Potting Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	Rental Expense OTHER (enter a category not listed above) w to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 5/12 F	Translate Filler (March	0000001
4 Date	5 Payee name	
08/27/2014	Piryx	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$0.58	144 2nd. St. San Francisco, CA 94105	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (It travel outside of Texas, complete Schedule T) Campaign credit card processing fees
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/29/2014	Piryx	
Amount (\$)	Payee address City; State; Zip Code	
\$7.19	144 2nd. St. San Francisco, CA 94105	
PURPOSE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/30/2014	Piryx	
Amount (\$)	Payee address Clty; State; Zip Code	
\$20.13	144 2nd. St. San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
09/02/2014	Piryx	
Amount (\$)	Payee address City; State; Zip Code	
\$14.38	144 2nd. St. San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Calegory (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	(Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 6/12 F		0000001
4 Date	5 Payee name	
09/04/2014	Piryx	
6 Amount (\$)	7 Payee address City, State, Zip Code	•
\$2.88	144 2nd. St.	
\$2.00	San Francisco, CA 94105	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travet outside of Texas, complete Schedule T) Campaign credit card processing fees
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 09/08/2014	Payee name Piryx	
Amount (\$)	Payee address City; State; Zip Code	
\$28.76	144 2nd. St. San Francisco, CA 94105	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees
EXPENDITURE		_
	<u> </u>	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
09/09/2014	Piryx	
Amount (\$)	Payee address City; State; Zip Code	
\$5.75	144 2nd. St. San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	· · · · · · · · · · · · · · · · · · ·
09/10/2014	Piryx	
Amount (\$)	Payee address City; State; Zip Code	
\$2.88	1	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

ļ					
	EXPENDITURE CATE	GORIES			
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	nse Gifts/Awards/Memorial Expense Salaries/Wages ing Legal Services Solicitation/Fun ise Food/Beverage Expense Travel In Distric Polling Expense Travel Ort Of D	Contract Labor dralsing Expense dralsing Expense district d/Rental Expense OTHER (enter a category not listed above) Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Condidate/Officeholder/Political Committee OTHER (enter a category not listed above)			
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)			
Schedule: 7/12 F	T	0000001			
4 Date	5 Payee name				
09/11/2014	Piryx				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$20.13	1				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF	Fees	Campaign credit card processing fees			
EXPENDITURE		<u> </u>			
2.2	On distance of Original Line	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:			
Date	Рауее пате				
09/12/2014	Piryx				
Amount (\$)	Payee address City, State, Zip Code				
\$11.50	144 2nd. St. San Francisco, CA 94105				
PURPOSE	Category (See Categories listed at the lop of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees			
EXPENDITURE		in .			
Complete Chill V il	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Oniceriorder name	Office sought: Office held:			
Date	Payee name				
09/15/2014	Piryx				
Amount (\$)	Payee address City; State; Zip Code				
\$2.88	144 2nd. St.				
	San Francisco, CA 94105	•			
PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule 1) Campaign credit card processing fees			
EXPENDITURE		m			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:			
Date	Payee name				
09/17/2014	Piryx				
Amount (\$)	Payee address City; State; Zip Code				
\$20.13	144 2nd. St. San Francisco, CA 94105				
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
PURPOSE	Fees	Campaign credit card processing fees			
OF EXPENDITURE					
		Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:			

SCHEDULE F

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
- · · · ·

direct expenditure to benefit C/OH

EXPENDITURE CATEGORIES Gitts/Awards/Memorial Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Legal Services
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense Travel In District

Loan Repayment/Reimbursement
Transportation Equipment & Retated Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Travel Out Of District
Office Overhead/Rental Expense Fees The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) FILER NAME Troxclair, Ellen (Mrs.) 00000001 Schedule: 8/12 Report: 43/47 5 Payee name Date 09/18/2014 Piryx Amount (\$) Payee address City; State; Zip Code 6 144 2nd, St. \$43.14 San Francisco, CA 94105 Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Fees OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Payee name 09/19/2014 Piryx City; State; Zip Code Amount (\$) Payee address 144 2nd. St. \$11.51 San Francisco, CA 94105 Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees Category (See Categories listed at the top of this schedule) **PURPOSE** Fees OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Payee name Date Piryx 09/22/2014 Amount (\$) Payee address City; State; Zip Code 144 2nd. St. \$41.71 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign credit card processing fees Fees EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/23/2014 Piryx Amount (\$) Pavee address City: State: Zip Code 144 2nd. St. \$25.89 San Francisco, CA 94105 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Campaign credit card processing fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District

Fees	Printing Expense The Instruction Guide explains ho	Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 9/12 F	The shall fill a March	0000001
4 Date	5 Payee name	
09/24/2014	Piryx	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$133.73	144 2nd. St. San Francisco, CA 94105	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 09/25/2014	Payee name Piryx	
Amount (\$)	Payee address City; State; Zip Code	
\$102.10	144 2nd St. San Francisco, CA 94105	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees
EXPENDITURE		<u> </u>
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Рауее пате	
09/15/2014	Special Olympics	
Amount (\$)	Payee address City; State; Zip Code	
\$70.00	7715 Chevy Chase Dr #120 Austin, TX 78752	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	race registration
EXPENDITURE		<u>_</u>
		Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/29/2014	Spiller, Alyssa	
Amount (\$)	Payee address City; State; Zip Code	
\$100.00	400 W. Saint Elmo Rd. #132 Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (II travel outside of Texas, complete Schedule T) photography Check if Austin, TX, officeholder tiving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

EXPENDITE	IDE		$\alpha \alpha$	DIEC
	m	CAIL	.uui	ᆩᇉᇰ

Advertising Expense Accounting/Banking Consulting Expense Event Expense CAI
Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 10/12	The state of the Atlanta	00000001
4 Date	5 Payee name	1 0000001
07/22/2014	Square	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$8.90		
φυ.συ	San Francisco, CA 94103	
		•
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)
PURPOSE OF	Fees	Campaign credit card processing fees
EXPENDITURE		
- C	O	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
08/07/2014	Square	
Amount (\$)	Payee address City; State; Zip Code	
\$12.40	1455 Market Street, Ste. 600	
	San Francisco, CA 94103	
<u> </u>	0.1 20 0.1 20 0.1	
PURPOSE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Campaign credit card processing fees
OF	rees	ouripage, aroun one processing root
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY II	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		-
	<u> </u>	
Date 0/10/1014	Payee name Square	
09/19/2014 Amount (\$)		
\$26.70	San Francisco, CA 94103	
	Category (See Categories listed at the top of this schedule)	Description (tf travel outside of Texas, complete Schedule T)
PURPOSE OF	Fees	Campaign credit card processing fees
EXPENDITURE		<u> </u>
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
07/26/2014	Starbucks #6386	
Amount (\$)	Payee address City; State; Zip Code	
\$16.18	6816 Westgate Blvd	
	Austin, TX 78745	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Coffee for volunteers
OF	Event Expense	Conce for Volunteers
EXPENDITURE		The same of the sa
Complete ONLY if	Candidate / Officeholder name	Check if Austin, 1X, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH		Since seaght.
10 00.10.11 01.1		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES
ense Salaries/Wages/Contract Labor
Solicitation/Fundralising Expense
Travel In District
Travel Out Of District
Office Contracted Page 15

Event Expense Fees	Polling Expense Travel Out of Dis Printing Expense Office Overhead: The Instruction Guide explains ho	Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 11/12	Report: 46/47 Troxclair, Ellen (Mrs.)	00000001
4 Date	5 Payee name	# · · · · · · · · · · · · · · · · · ·
09/23/2014	TCCSA	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$90.00	4504 Travis Country Circle Austin, TX 78735	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) newsletter ad
EXPENDITURE		
.	One district a constraint and a constrai	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
07/23/2014	Thomas Graphics	
Amount (\$)	Payee address City; State; Zip Code	
\$4,266.41	PO Box 142226 Austin, TX 78714	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	print materials
EXPENDITURE		
Complete Call M.V.	Condidate LOSS-stalders-	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
07/23/2014	Traxler, Janet	
Amount (\$)	Payee address City; State; Zip Code	
\$50.00	919 Congress Ave. #1500 Austin, TX 78701	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	report preparation
EXPENDITURE		
Complete CNI Mil	Condidate / Office belder	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
07/25/2014	USPS	
Amount (\$)	Payee address City; State; Zip Code	
\$35.28	6104 Old Fredricksburg Road Austin, TX 78749	·
D. 185005	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	stamps
EXPENDITURE		
Complete Call 1111	Condidate / Officebolder pr	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held: