



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

**FORM C/OH  
COVER SHEET PG 2**

13 C/OH NAME Daniel, Katrina (Ms.)	14 ACCOUNT # (Ethics Commission filers) 00000004
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15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,534.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,052.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,747.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Katrina Daniel*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Katrina Daniel, this the 14<sup>th</sup> day of October, 2014, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Guadalupe Cortez  
Print name of officer administering oath

Public Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 1/28 Report: 3/43

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000004

4 Date  
09/24/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Alexander, Troy & Kara

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
1508 Braided Rope Dr  
Austin, TX 78727

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Associate Director Advocacy

10 Employer (See Instructions)  
Texas Medical Association

Date  
09/25/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Apodaca, Michelle

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
PO Box 5972  
Austin, TX 78763

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Lawyer

Employer (See Instructions)  
Waller

Date  
09/25/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Ausley, Robbie

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
3707 Laurel Ledge Ln  
Austin, TX 78731

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
08/15/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Austin Police Association PAC

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
5817 Wilcab Road, Suite #4  
Austin, TX 78721

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
09/04/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Banda, Jennifer

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2501 Galewood Place  
Austin, TX 78703

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Lawyer

Employer (See Instructions)  
Texas Hospital Association



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/28 Report: 5/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Belcher, Nora  6 Contributor address; City; State; Zip Code 4709 Trail Crest Cir Austin, TX 78735	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Trade Associate Executive		10 Employer (See Instructions) Texas e-Health Alliance	
Date  07/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berlanga, Hugo  Contributor address; City; State; Zip Code 28 Hewitt Dr Corpus Christi, TX 78404	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Govt Consultant		Employer (See Instructions) Self	
Date  09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernard, Jim  Contributor address; City; State; Zip Code 7140 Chimney Cors Austin, TX 78731	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) PSW Real Estate	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blanca, Laborde  Contributor address; City; State; Zip Code 2100 La Casa Drive Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Blanca Laborde	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bosse, Portia  Contributor address; City; State; Zip Code 9610 Southward Cove Austin, TX 78733	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas State Teachers Association	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/28 Report: 6/43

**2** FILER NAME Daniel, Katrina (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000004

**4** Date  
09/06/2014

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Brady, Denise

**6** Contributor address; City; State; Zip Code  
1310 San Antonio St #2  
Austin, TX 78701

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)  
\$25.00 |

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions).

Date  
09/25/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Brass, Chelsea

Contributor address; City; State; Zip Code  
8205 Brettonwoods Lane  
Austin, TX 78753

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$50.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Campaign Manager

Employer (See Instructions)  
Katrina; Daniel Campaign

Date  
09/23/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Bresnen, Mr and Mrs Steve

Contributor address; City; State; Zip Code  
1801 Lavaca, Suite 13L  
Austin, TX 78701

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$700.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Self

Date  
08/06/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Brown, Henry

Contributor address; City; State; Zip Code  
1413 Corona Dr  
Austin, TX 78723

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$25.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Professor

Employer (See Instructions)  
UT SPH

Date  
08/21/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Brown, Sabrina

Contributor address; City; State; Zip Code  
2603 Wooldridge  
Austin, TX 78703

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$350.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Lobbyist

Employer (See Instructions)  
Self



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 6/28 Report: 8/43

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000004

4 Date 09/25/2014  
5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Cheng, Karen

7 Amount of contribution (\$) \$100.00  
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
6513 Mitra Drive  
Austin, TX 78739

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Government Affairs

10 Employer (See Instructions)  
Centene

Date 07/29/2014  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Cockerell, Carey

Amount of contribution (\$) \$100.00  
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1213 Timber View Dr  
Bedford, TX 76021

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Social Worker

Employer (See Instructions)  
Retired

Date 09/10/2014  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Coleman, Angelique

Amount of contribution (\$) \$350.00  
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
4364 Faculty Lane  
Houston, TX 77004

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Housewife

Employer (See Instructions)  
Not Employed

Date 09/10/2014  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Coleman, Garnet

Amount of contribution (\$) \$350.00  
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
PO Box 88140  
Houston, TX 77288

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Consultant

Employer (See Instructions)  
Self

Date 08/16/2014  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Crimmins, Patrick

Amount of contribution (\$) \$25.00  
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
9415 McNeal Dr.  
Apt 1224  
Austin, TX 78750

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Media Relations Manager

Employer (See Instructions)  
State of Texas

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/28 Report: 9/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  08/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Danzeiser, Doug  6 Contributor address; City; State; Zip Code 7717 Kiva Drive Austin, TX 78749	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) State of Texas	
Date  07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dejernet, Eric  Contributor address; City; State; Zip Code 2902 Bonnie Road Austin, TX 78703	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) CBRE	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Delisi, Thomas  Contributor address; City; State; Zip Code 1704 Windsor Rd Austin, TX 78701	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Delisi Communications	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diepenbrock, J Ryan  Contributor address; City; State; Zip Code 504 Sunny Lane Austin, TX 78704	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) PSW Homes	
Date  07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Driscoll, Evan  Contributor address; City; State; Zip Code 5500 Ave F Austin, TX 78751	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Farm Manager		Employer (See Instructions) Green Gate Farms	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 8/28 Report: 10/43

**2** FILER NAME Daniel, Katrina (Ms.)

**3** ACCOUNT # (Ethics Commission filers)

00000004

**4** Date

09/03/2014

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Driscoll, Evan

**6** Contributor address; City; State; Zip Code  
6807 Tulane Dr  
Austin, TX 78723

**7** Amount of contribution (\$)

\$100.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Farm Direct Projects Manager

**10** Employer (See Instructions)  
Sustainable Food Center

Date

09/23/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Einhorn, Amy & Peter

Contributor address; City; State; Zip Code  
1205 Sahara Ave  
Austin, TX 78745

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Farmer, Mr & Mrs Gary

Contributor address; City; State; Zip Code  
309 Lake Cliff Trail  
Austin, TX 78746

Amount of contribution (\$)

\$700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
Heritage Title Company

Date

09/23/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Floyd, Jason

Contributor address; City; State; Zip Code  
2609 Wilson St  
Austin, TX 78704

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
confirming

Employer (See Instructions)  
confirming

Date

07/03/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Ford, Victoria

Contributor address; City; State; Zip Code  
1712 Morrow St  
Austin, TX 78757

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Govt Consultant

Employer (See Instructions)  
K & L Gates



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/28 Report: 12/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grant, Kathryn  6 Contributor address; City; State; Zip Code 915 W. Johanna Street Austin, TX 78704	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Self Employed	
Date  09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hackney, Clint  Contributor address; City; State; Zip Code PO Box 163164 Austin, TX 78716	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Government Relations and Public Policy		Employer (See Instructions) Self	
Date  07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hadley, Elizabeth  Contributor address; City; State; Zip Code 2118 Bandera Path Round Rock, TX 78665	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Greenberg Traurig, LLP	
Date  08/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haley, Anthony  Contributor address; City; State; Zip Code 301 Congress Avenue Suite 1700 Austin, TX 78701	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) HMWK, LLC	
Date  07/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, Nancy  Contributor address; City; State; Zip Code 606 Amesbury Austin, TX 78752	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 11/28 Report: 13/43

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000004

4 Date 09/25/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hanna, Mr & Mrs Mark

7 Amount of contribution (\$) \$700.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
900 Congress STE 250  
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Attorney

10 Employer (See Instructions)  
Self

Date 08/03/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hare, Belinda

Amount of contribution (\$) \$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
8501 Shenandoah Dr  
Austin, TX 78753

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 07/27/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Harger, Rachel

Amount of contribution (\$) \$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
4313 Avenue G  
Austin, TX 78751

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Community Organizer/Activist

Employer (See Instructions)  
Self

Date 09/23/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hart, Patricia

Amount of contribution (\$) \$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1504 Hardouin Ave  
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Writer

Employer (See Instructions)  
Self

Date 09/25/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hawkins, John

Amount of contribution (\$) \$350.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
3222 Cherry Lane  
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Government Relations

Employer (See Instructions)  
Texas Hospital Association

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/28 Report: 14/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Mr & Mrs Albert  6 Contributor address; City; State; Zip Code 7005 Quill Leaf Cove Austin, TX 78750	7 Amount of contribution (\$)  \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Policy Consultant		10 Employer (See Instructions) Self Employed	
Date  07/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heckmann, Kris  Contributor address; City; State; Zip Code 4305 Endcliffe Austin, TX 78731	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Granite Public Affairs	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herzog, Amy  Contributor address; City; State; Zip Code 7212 Mitra Dr Austin, TX 78739	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Policy Advisor		Employer (See Instructions) State of Texas	
Date  08/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hickle, Randall  Contributor address; City; State; Zip Code 2404 Topeka Lubbock, TX 79047	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Grace Medical	
Date  09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holmes, Harry  Contributor address; City; State; Zip Code 3121 Buffalo Speedway Houston, TX 77098	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Healthcare Consultant		Employer (See Instructions) GIS	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/28 Report: 15/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  09/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hopson, Steve  6 Contributor address; City; State; Zip Code 1114 Hollybluff Austin, TX 78753	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date  07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johns, Patty  Contributor address; City; State; Zip Code 1306 Cullen Ave Austin, TX 78757	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Austin Portfolio Real Estate - KW	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kamm, Robert  Contributor address; City; State; Zip Code 4703 Gold Flower Hollow Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katopis, Chris  Contributor address; City; State; Zip Code 1308 Clifton Street NW Apt 412 Washington, DC 20009	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self	
Date  07/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katz, Hal  Contributor address; City; State; Zip Code 2301 S. 5th Unit 9 Austin, TX 78704	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hursch Blackwell	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 14/28 Report: 16/43	
<b>2</b> FILER NAME Daniel, Katrina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000004	
<b>4</b> Date 09/23/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kolodzey, Patricia  <b>6</b> Contributor address; City; State; Zip Code 400 Gaines Court Austin, TX 78735	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions) Lobbyist		<b>10</b> Employer (See Instructions) Texas Medical Association	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lambrew, Jeanne  Contributor address; City; State; Zip Code 2801 Connecticut Ave NW Apt 23 Washington, DC 20008	Amount of contribution (\$) \$199.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lavigne, Mike  Contributor address; City; State; Zip Code 1514 Richcreek Road Austin, TX 78757	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) PR		Employer (See Instructions) Mike Lavigne Public Relations	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lenahan, Kevin  Contributor address; City; State; Zip Code 3613 Wilson St. Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Carpenter & Langford	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leonard, Eric  Contributor address; City; State; Zip Code 160 Drifting Sands Dr Dripping Springs, TX 78620	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/28 Report: 17/43

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date  
  
08/22/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Lieberknecht, John & Terry

6 Contributor address; City; State; Zip Code  
1602 Patterson Rd  
Austin, TX 78733

7 Amount of contribution (\$)  
  
\$200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Retired

10 Employer (See Instructions)  
Retired

Date  
  
09/24/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Lieberknecht, Katherine

Contributor address; City; State; Zip Code  
3817 Avenue G  
Austin, TX 78751

Amount of contribution (\$)  
  
\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Lecturer, PI

Employer (See Instructions)  
UT Austin

Date  
  
09/25/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Longley, Dianne

Contributor address; City; State; Zip Code  
1507 Bamfield Cove  
Round Rock, TX 78665

Amount of contribution (\$)  
  
\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Principal - Consulting

Employer (See Instructions)  
Health Management Assoc

Date  
  
09/25/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Longley, Joey

Contributor address; City; State; Zip Code  
1507 Bamfield Cove  
Round Rock, TX 78665

Amount of contribution (\$)  
  
\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Consultant

Employer (See Instructions)  
Grant Thornton

Date  
  
09/25/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Mahoney, Brooke

Contributor address; City; State; Zip Code  
19710 Spotted Owl Ln  
Pflugerville, TX 78660

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 16/28 Report: 18/43	
<b>2</b> FILER NAME Daniel, Katrina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000004	
<b>4</b> Date  09/25/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manross, Lee  <b>6</b> Contributor address; City; State; Zip Code 206 E. 15th #1 Austin, TX 78701	<b>7</b> Amount of contribution (\$)  \$350.00	<b>8</b> In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions) Consultant		<b>10</b> Employer (See Instructions) Self	
Date  09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marvitz, Darlene  Contributor address; City; State; Zip Code PO Box 50550 Austin, TX 78763	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Writer-Artist		Employer (See Instructions) Villa Texas	
Date  07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathews, Miles  Contributor address; City; State; Zip Code 1326 Drifting Wind Run Dripping Springs, TX 78620	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) HMWK, LLC	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mayberry, Warren & Margaret  Contributor address; City; State; Zip Code 6917 Larue Belle Cove Austin, TX 78739	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Government		Employer (See Instructions) Dupont	
Date  09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meredith, Lynn  Contributor address; City; State; Zip Code 98 San Jacinto Blvd FSR-PH Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/28 Report: 19/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  09/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meroney, Shannon  6 Contributor address; City; State; Zip Code 6901 Glen Ridge Drive Austin, TX 78731	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Account Executive		10 Employer (See Instructions) Aetna	
4 Date  08/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Millwee, Billy  6 Contributor address; City; State; Zip Code 568 Beauchamp Road Dripping Springs, TX 78620	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed	
4 Date  09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moffatt, Lori  6 Contributor address; City; State; Zip Code 5903 Belfast Drive Austin, TX 78723	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) TxDot	
4 Date  07/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moncrief, Mike  6 Contributor address; City; State; Zip Code 777 Taylor Street Fort Worth, TX 76102	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
4 Date  09/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moorhead, Barbara  6 Contributor address; City; State; Zip Code 4300 Rosedale Ave Austin, TX 78756	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Impact	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/28 Report: 20/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  09/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Munoz, Mario  6 Contributor address; City; State; Zip Code 1731 Spyglass Dr. No 70 Austin, TX 78746	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Legislative Consultant		10 Employer (See Instructions) Self	
Date  09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Needham, Terri  Contributor address; City; State; Zip Code 12521 Belcara Place Austin, TX 78732	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager of Operations		Employer (See Instructions) PS Landscape	
Date  07/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicolas & Levinson, Sandra & Scott  Contributor address; City; State; Zip Code  TX	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas	
Date  07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norton, Jo Betsy  Contributor address; City; State; Zip Code 611 Westbrook Dr Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Mutual Ins. Co	
Date  09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perrin, Sherry  Contributor address; City; State; Zip Code 8005 A Tuscarora Tr Austin, TX 78729	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Regional Supervisor		Employer (See Instructions) Jones Management Company	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/28 Report: 21/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  07/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pickens, Marilyn  6 Contributor address; City; State; Zip Code 100 W Lisa Dr Austin, TX 78752	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Teacher		10 Employer (See Instructions) Huntington-Surrey School	
Date  09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinnelli, Janis  Contributor address; City; State; Zip Code PO Box Austin, TX 78763	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self	
Date  07/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinon, Monica  Contributor address; City; State; Zip Code 5930 Worth Street Dallas, TX 75214	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Health Care Service Corporation	
Date  07/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Polikov, Scott  Contributor address; City; State; Zip Code 3000 Blackburn St Apt # Dallas, TX 78204	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Town Planner		Employer (See Instructions) Gateway Planning	
Date  09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Quin, David  Contributor address; City; State; Zip Code 1600 Pennsylvania Ave Austin, TX 78702	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) DSL Inc		Employer (See Instructions) Program Manager	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/28 Report: 22/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  09/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Quirk, Thomas  6 Contributor address; City; State; Zip Code 4307 Beechwood Lane Dallas, TX 75220	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Health Care Services		10 Employer (See Instructions) United Health Care	
Date  09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randolph, Ian & Jane  Contributor address; City; State; Zip Code 1309 Concho St. Austin, TX 78702	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Premier Legislative Consulting	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Jim & Rita  Contributor address; City; State; Zip Code 5117 Prairie Dunes Dr Austin, TX 78747	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Healthcare Executive		Employer (See Instructions) TexHealth Central Texas	
Date  09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Marc  Contributor address; City; State; Zip Code 485 Nicholas Lane Driftwood, TX 78619	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self Employed	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rogoff, Regina  Contributor address; City; State; Zip Code 1705 Schieffer Austin, TX 78722	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Peoples Community Clinic	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/28 Report: 23/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roland, Bill  6 Contributor address; City; State; Zip Code 808 W 10th St Austin, TX 78701	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Principle		10 Employer (See Instructions) Granite Properties	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Romo, Joel  Contributor address; City; State; Zip Code PO Box 114 Chappell Hill, TX 77426	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Gov Relations		Employer (See Instructions) Gov Relations	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sawyer, Charles  Contributor address; City; State; Zip Code 6800 Airport Blvd Austin, TX 78752	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schiless, Luniece  Contributor address; City; State; Zip Code 1801 Yaupon Valley Rd Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  07/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schultz, Karla  Contributor address; City; State; Zip Code 7005 Deborah Drive Austin, TX 78752	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Walsh, Anderson, Gallegos, Green & Trevino, P.C.	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 22/28 Report: 24/43	
<b>2</b> FILER NAME Daniel, Katrina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000004	
<b>4</b> Date 09/25/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sharphorn, Bridget (Ms.)  <b>6</b> Contributor address; City; State; Zip Code 5904 Marilyn Dr Austin, TX 78757	<b>7</b> Amount of contribution (\$) \$25.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		<b>10</b> Employer (See Instructions) State	
<b>4</b> Date 09/25/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simpson, Don  <b>6</b> Contributor address; City; State; Zip Code 1105 Upland Dr Austin, TX 78741	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		<b>10</b> Employer (See Instructions) Retired	
<b>4</b> Date 09/25/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spilman, Annie  <b>6</b> Contributor address; City; State; Zip Code 10004 Sausalito Drive Austin, TX 78759	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lobbyist		<b>10</b> Employer (See Instructions) NFIB	
<b>4</b> Date 09/06/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stonewall Democrats of Austin PAC  <b>6</b> Contributor address; City; State; Zip Code PO Box 40898 Austin, TX 78704	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 09/16/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strama, Keith  <b>6</b> Contributor address; City; State; Zip Code 4502 Riverwood Ct Austin, TX 78731	<b>7</b> Amount of contribution (\$) \$200.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		<b>10</b> Employer (See Instructions) Beatty Bangle Strama	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 23/28 Report: 25/43

**2** FILER NAME Daniel, Katrina (Ms.)

**3** ACCOUNT # (Ethics Commission filers)

00000004

**4** Date  
  
09/25/2014

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Strickland, Stanton

**6** Contributor address; City; State; Zip Code  
1174 San Bernard St  
Austin, TX 78702

**7** Amount of contribution (\$)  
  
\$100.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Summerville, Patti

09/22/2014

Contributor address; City; State; Zip Code  
1820 West 10th Street  
Austin, TX 78703

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Organizational Consultant

Employer (See Instructions)  
Self Employed

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Susswein, Melanie

08/24/2014

Contributor address; City; State; Zip Code  
3902 Silverspring Dr  
Austin, TX 78759

Amount of contribution (\$)  
  
\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
VP

Employer (See Instructions)  
SUMA Social Marketing

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Talerico, Jeanne

09/17/2014

Contributor address; City; State; Zip Code  
13404 Caballero Cv  
Austin, TX 78727

Amount of contribution (\$)  
  
\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Association Director

Employer (See Instructions)  
TALHFA

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Taylor, Stephen

07/06/2014

Contributor address; City; State; Zip Code  
4611 Lambs Lane  
Austin, TX 78744

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/28 Report: 26/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 09/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Temborius, Karen 6 Contributor address; City; State; Zip Code 8601 Green Valley Austin, TX 78759	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Property Management		10 Employer (See Instructions) Westdale Real Estate	
Date 08/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Democratic Party Contributor address; City; State; Zip Code 4818 E Ben White Suite 104 Austin, TX 78741	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) In Kind Contribution Voter File Access
Principal occupation / Job title (See Instructions) Comptroller		Employer (See Instructions) Texas Democratic Party	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Traylor, Kitty (Ms.) Contributor address; City; State; Zip Code 100 W. O'Dell St Austin, TX 78752	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired - Refunded due to error on web		Employer (See Instructions) retired	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Traylor, Kitty (Ms.) Contributor address; City; State; Zip Code 100 W. O'Dell St Austin, TX 78752	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tredway, Ryan Contributor address; City; State; Zip Code 335 Catalina Lane Austin, TX 78737	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) United Health	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 25/28 Report: 27/43	
<b>2</b> FILER NAME Daniel, Katrina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000004	
<b>4</b> Date 07/30/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Unruh, Stephen  <b>6</b> Contributor address; City; State; Zip Code 2501 Aztec Drive Austin, TX 78703	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Software Engineer		<b>10</b> Employer (See Instructions) ARL:UT	
<b>4</b> Date 09/18/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Sickle, S J  <b>6</b> Contributor address; City; State; Zip Code PO Box 301660 Austin, TX 78703	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Program Manager		<b>10</b> Employer (See Instructions) Applied Materials	
<b>4</b> Date 09/23/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waldrop, Rebecca  <b>6</b> Contributor address; City; State; Zip Code 4800 Placid Place Austin, TX 78731	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Government Affairs		<b>10</b> Employer (See Instructions) Sandofi	
<b>4</b> Date 08/12/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Kwame  <b>6</b> Contributor address; City; State; Zip Code 718 Sparks Avenue Austin, TX 78705	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Lobbyist		<b>10</b> Employer (See Instructions) McGuire Woods Consulting LLC	
<b>4</b> Date 09/02/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Kwame  <b>6</b> Contributor address; City; State; Zip Code 718 Sparks Avenue Austin, TX 78705	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Lobbyist		<b>10</b> Employer (See Instructions)* McGuire Woods Consulting LLC	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 26/28 Report: 28/43	
<b>2</b> FILER NAME Daniel, Katrina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000004	
<b>4</b> Date 09/09/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ward, Martha  <b>6</b> Contributor address; City; State; Zip Code 905 East 55 1/2 Street Austin, TX 78751	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
<b>4</b> Date 07/07/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) West, Jane  <b>6</b> Contributor address; City; State; Zip Code 9537 Big View Dr Austin, TX 78730	<b>7</b> Amount of contribution (\$) \$250.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Finance Director		Employer (See Instructions) Apple	
<b>4</b> Date 09/25/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whellus, C. Daniel  <b>6</b> Contributor address; City; State; Zip Code 3103 Bee Caves Rd Suite 201 Austin, TX 78746	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>4</b> Date 09/24/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whipple & Keltors, Lori & Jeff  <b>6</b> Contributor address; City; State; Zip Code 1602 Broadmoor Dr Austin, TX 78723	<b>7</b> Amount of contribution (\$) \$60.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>4</b> Date 09/23/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitehurst, Darren  <b>6</b> Contributor address; City; State; Zip Code 4706 Chiappero Trail Austin, TX 78731	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) VP - Advocacy		Employer (See Instructions) Medical Association	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/28 Report: 29/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  07/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wing, Victoria  6 Contributor address; City; State; Zip Code 304 Wilmes Drive Austin, TX 78752	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wissolik, Erica  Contributor address; City; State; Zip Code 2001 L Street NW, Suite 700 Washington, DC 20036	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wissolik, Erica  Contributor address; City; State; Zip Code 2001 L Street NW, Suite 700 Washington, DC 20036	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Govt Relations		Employer (See Instructions) IEEE	
Date  08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wolfe, Leigh  Contributor address; City; State; Zip Code 105 Timber Ridge Cv Austin, TX 78733	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Clinical Social Worker/Psychotherapist		Employer (See Instructions) Self Employed	
Date  09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woods Martin, Patsy  Contributor address; City; State; Zip Code 3003 C West 35th Street Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ED		Employer (See Instructions) Annie's List	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 28/28 Report: 30/43

**2 FILER NAME** Daniel, Katrina (Ms.)

**3 ACCOUNT #** (Ethics Commission filers)  
00000004

**4 Date** 07/01/2014  
**5 Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Zabel, Doug

**7 Amount of contribution (\$)** | **8 In-kind contribution description (if applicable)**  
\$100.00 |

**6 Contributor address; City; State; Zip Code**  
1501 Barton Springs Rd  
Austin, TX 78704

(If travel outside of Texas, complete Schedule T)

**9 Principal occupation / Job title (See Instructions)**  
Retired

**10 Employer (See Instructions)**  
Retired

**Date** 09/23/2014  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Zachary, Andrew & Leslie

**Amount of contribution (\$)** | **In-kind contribution description (if applicable)**  
\$100.00 |

**Contributor address; City; State; Zip Code**  
3220 Park Hills Dr  
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/12 Report: 32/43		<b>2 FILER NAME</b> Daniel, Katrina (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000004	
<b>4 Date</b> 08/22/2014		<b>5 Payee name</b> Adjavon, Tsoke			
<b>6 Amount (\$)</b> \$205.00		<b>7 Payee address</b> City: State: Zip Code 916 Rochester Castle Way Pflugerville, TX 78660			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Booth at the Cultural Fest  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/15/2014		<b>Payee name</b> Austin AFL- CIO			
<b>Amount (\$)</b> \$145.00		<b>Payee address</b> City: State: Zip Code C/O PO Box 301074 Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 2014 Labor Day Program Ad  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/01/2014		<b>Payee name</b> Azul Strategies			
<b>Amount (\$)</b> \$1,286.25		<b>Payee address</b> City: State: Zip Code 1802 Ann Arbor Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Tri-Folds 7500  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/01/2014		<b>Payee name</b> Azul Strategies			
<b>Amount (\$)</b> \$1,320.00		<b>Payee address</b> City: State: Zip Code 1802 Ann Arbor Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Tri-Folds  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/12 Report: 33/43		<b>2 FILER NAME</b> Daniel, Katrina (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000004	
<b>4 Date</b> 07/21/2014		<b>5 Payee name</b> Azul Strategies			
<b>6 Amount (\$)</b> \$2,441.50		<b>7 Payee address</b> City: State: Zip Code 1802 Ann Arbor Austin, TX 78704			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard Signs, 4x8 signs, Tshirts  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 08/20/2014		<b>Payee name</b> Azul Strategies			
<b>Amount (\$)</b> \$500.00		<b>Payee address</b> City: State: Zip Code 1802 Ann Arbor Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Invoice # 14-04-04  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 09/21/2014		<b>Payee name</b> Azul Strategies			
<b>Amount (\$)</b> \$716.07		<b>Payee address</b> City: State: Zip Code 1802 Ann Arbor Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising and event reimbursement  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 09/23/2014		<b>Payee name</b> Bob Bullock Museum			
<b>Amount (\$)</b> \$8.00		<b>Payee address</b> City: State: Zip Code Austin, TX			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bob Bullock Texas State History Museum  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/12 Report: 34/43		<b>2 FILER NAME</b> Daniel, Katrina (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000004	
<b>4 Date</b> 07/15/2014		<b>5 Payee name</b> Brass, Chelsea (Ms.)			
<b>6 Amount (\$)</b> \$1,000.00		<b>7 Payee address</b> City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> payroll 7/1/2014 - 7/15/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/31/2014		<b>Payee name</b> Brass, Chelsea (Ms.)			
<b>Amount (\$)</b> \$1,000.00		<b>Payee address</b> City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll 7/16/2014 - 7/31/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/20/2014		<b>Payee name</b> Brass, Chelsea (Ms.)			
<b>Amount (\$)</b> \$1,000.00		<b>Payee address</b> City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll for Weeks of 8/1/14 - 8/15/14  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/31/2014		<b>Payee name</b> Brass, Chelsea (Ms.)			
<b>Amount (\$)</b> \$1,000.00		<b>Payee address</b> City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll for Weeks of 8/16/14 to 8/31/14  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/12 Report: 35/43		<b>2 FILER NAME</b> Daniel, Katrina (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000004	
<b>4 Date</b> 09/15/2014		<b>5 Payee name</b> Brass, Chelsea (Ms.)			
<b>6 Amount (\$)</b> \$1,000.00		<b>7 Payee address City; State; Zip Code</b> 8205 Brettonwoods Lane Austin, TX 78753			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Payroll for wks 9/1/2014 to 9/15/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/04/2014		<b>Payee name</b> Clark, Elizabeth			
<b>Amount (\$)</b> \$100.00		<b>Payee address City; State; Zip Code</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> 10 hours of canvassing  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/23/2014		<b>Payee name</b> Donor, Kate			
<b>Amount (\$)</b> \$350.00		<b>Payee address City; State; Zip Code</b> 815 Brazos St Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> OTHER - Return of contribution - By Cashier Check		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Return of contribution - By Cashier Check  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/31/2014		<b>Payee name</b> Facebook			
<b>Amount (\$)</b> \$70.58		<b>Payee address City; State; Zip Code</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Fees		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Reimbursement for Facebook Fees  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 5/12 Report: 36/43	<b>2 FILER NAME</b> Daniel, Katrina (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00000004
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<b>4 Date</b> 08/20/2014	<b>5 Payee name</b> Kelly Graphics
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<b>6 Amount (\$)</b> \$1,118.47	<b>7 Payee address</b> City: State: Zip Code 1409 Quaker Ridge Austin, TX 78746
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Letter Head, Envelopes, Lapel Stickers, Graphic Design  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 09/09/2014	<b>Payee name</b> Martinez, Cristian
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<b>Amount (\$)</b> \$180.00	<b>Payee address</b> City: State: Zip Code 201 E. 21st # M0813R Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvasser  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 09/21/2014	<b>Payee name</b> Martinez, Cristian
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<b>Amount (\$)</b> \$200.00	<b>Payee address</b> City: State: Zip Code 201 E. 21st St #M0813R Austin, TX 78705
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Walking/canvassing  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 09/22/2014	<b>Payee name</b> Northeast Station
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<b>Amount (\$)</b> \$147.00	<b>Payee address</b> City: State: Zip Code 900 Blackson Ave Austin, TX 78752
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Post office for Stamps	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps for mailings  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 6/12 Report: 37/43		<b>2 FILER NAME</b> Daniel, Katrina (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000004	
<b>4 Date</b> 08/03/2014	<b>5 Payee name</b> Office Max				
<b>6 Amount (\$)</b> \$13.62	<b>7 Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OMX Copy Ream		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 09/09/2014	<b>Payee name</b> Olivares, Christopher				
<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City: State: Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvansor		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 09/21/2014	<b>Payee name</b> Olivares, Christopher				
<b>Amount (\$)</b> \$200.00	<b>Payee address</b> City: State: Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Walking/canvassing		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 08/07/2014	<b>Payee name</b> Pacheco, Jeanette				
<b>Amount (\$)</b> \$320.00	<b>Payee address</b> City: State: Zip Code 4600 Elmont Dr Apt 933 B Austin, TX 78741				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Walker/doorhangers		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 7/12 Report: 38/43	<b>2 FILER NAME</b> Daniel, Katrina (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00000004
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<b>4 Date</b> 08/17/2014	<b>5 Payee name</b> Pacheco, Jeanette
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<b>6 Amount (\$)</b> \$160.00	<b>7 Payee address</b> City: State: Zip Code 4600 Elmont Dr Apt 933 B Austin, TX 78741
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Block Walking  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 08/05/2014	<b>Payee name</b> Post Office
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<b>Amount (\$)</b> \$588.00	<b>Payee address</b> City: State: Zip Code 900 Blackson Ave Austin, TX 78752
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage Stamps for mailout  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 07/28/2014	<b>Payee name</b> Randalls
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<b>Amount (\$)</b> \$99.90	<b>Payee address</b> City: State: Zip Code 8040 Mesa Drive Austin, TX 78731
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gift Cards to be used for gas for Canvassers  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 08/07/2014	<b>Payee name</b> Sills, Alejandro
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<b>Amount (\$)</b> \$280.00	<b>Payee address</b> City: State: Zip Code 10705 Buckthorn Drive Austin, TX 78759
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Walker/doorhangers  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 8/12 Report: 39/43		<b>2 FILER NAME</b> Daniel, Katrina (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000004	
<b>4 Date</b> 07/18/2014		<b>5 Payee name</b> Staples			
<b>6 Amount (\$)</b> \$19.43		<b>7 Payee address</b> City: State: Zip Code 1201 Barbara Jordan Blvd Austin, TX 78723			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Water, staples  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/05/2014		<b>Payee name</b> Staples			
<b>Amount (\$)</b> \$48.68		<b>Payee address</b> City: State: Zip Code 1201 Barbara Jordan Blvd Austin, TX 78723			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Tape, Envelopes, Scissors  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/06/2014		<b>Payee name</b> Stoneking, Taryn (Ms.)			
<b>Amount (\$)</b> \$240.00		<b>Payee address</b> City: State: Zip Code 2208 Pearl St. #307 Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll 6/30/2014 - 7/6/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/13/2014		<b>Payee name</b> Stoneking, Taryn (Ms.)			
<b>Amount (\$)</b> \$240.00		<b>Payee address</b> City: State: Zip Code 2208 Pearl St. #307 Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll 7/7/2014 - 7/13/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 9/12 Report: 40/43		<b>2 FILER NAME</b> Daniel, Katrina (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000004	
<b>4 Date</b> 07/20/2014		<b>5 Payee name</b> Stoneking, Taryn (Ms.)			
<b>6 Amount (\$)</b> \$240.00		<b>7 Payee address</b> City: State; Zip Code 2208 Pearl St. #307 Austin, TX 78705			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll 7/14/2014 - 7/20/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/27/2014		<b>Payee name</b> Stoneking, Taryn (Ms.)			
<b>Amount (\$)</b> \$240.00		<b>Payee address</b> City: State; Zip Code 2208 Pearl St. #307 Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll 7/21/2014 - 7/27/14  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/03/2014		<b>Payee name</b> Stoneking, Taryn (Ms.)			
<b>Amount (\$)</b> \$240.00		<b>Payee address</b> City: State; Zip Code 2208 Pearl St. #307 Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll 7/28/2014 - 8/3/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/10/2014		<b>Payee name</b> Stoneking, Taryn (Ms.)			
<b>Amount (\$)</b> \$240.00		<b>Payee address</b> City: State; Zip Code 2208 Pearl St. #307 Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll 8/4/2014 - 8/10/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 10/12 Report: 41/43	<b>2 FILER NAME</b> Daniel, Katrina (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00000004
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<b>4 Date</b> 08/20/2014	<b>5 Payee name</b> Stoneking, Taryn (Ms.)
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<b>6 Amount (\$)</b> \$240.00	<b>7 Payee address</b> City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705
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<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll Week of 8/11/14 - 8/17/14  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 08/29/2014	<b>Payee name</b> Stoneking, Taryn (Ms.)
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<b>Amount (\$)</b> \$240.00	<b>Payee address</b> City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll for Week of 8/18/14 to 8/24/14  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 08/31/2014	<b>Payee name</b> Stoneking, Taryn (Ms.)
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<b>Amount (\$)</b> \$240.00	<b>Payee address</b> City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll for Week of 8/25/14 to 8/31/14  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 09/09/2014	<b>Payee name</b> Stoneking, Taryn (Ms.)
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<b>Amount (\$)</b> \$240.00	<b>Payee address</b> City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wk 9/1/2014 - 9/07/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 11/12 Report: 42/43	<b>2 FILER NAME</b> Daniel, Katrina (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00000004
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<b>4 Date</b> 09/15/2014	<b>5 Payee name</b> Stoneking, Taryn (Ms.)
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<b>6 Amount (\$)</b> \$240.00	<b>7 Payee address</b> City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705
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<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll for wk 9/8/2014 - 9/14/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 09/21/2014	<b>Payee name</b> Stoneking, Taryn (Ms.)
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<b>Amount (\$)</b> \$240.00	<b>Payee address</b> City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wk of 9/15/2014 - 9/21/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 07/17/2014	<b>Payee name</b> Texas VAN Candidate
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<b>Amount (\$)</b> \$225.00	<b>Payee address</b> City; State; Zip Code 4818 Ben White Blvd STE 104 Austin, TX 78741
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution to the Texas Democratic Party for VAN  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 09/25/2014	<b>Payee name</b> Traylor, Kitty
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<b>Amount (\$)</b> \$150.00	<b>Payee address</b> City; State; Zip Code 100 W O'Dell St Austin, TX 78752
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - Return of Contribution - Credit Card Web Bas	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Error in web based contribution - was not deposited as of this date  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 12/12 Report: 43/43	<b>2 FILER NAME</b> Daniel, Katrina (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00000004
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<b>4 Date</b> 08/07/2014	<b>5 Payee name</b> Washington, Randrick
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<b>6 Amount (\$)</b> \$180.00	<b>7 Payee address</b> City: State: Zip Code 12612 N. Lamar Apt 8105 Austin, TX 78753
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor	<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Walker/doorhangers  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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