

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 0000000	2 PAGE # 1 of 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Michael		<b>OFFICE USE ONLY</b>  Date Received  2014 OCT 6 PM 4:54 AUSTIN CITY CLERK RECEIVED  Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged
	NICKNAME LAST SUFFIX Cargill		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE P.O. Box 82303 Austin, TX 78708-2303		
<input type="checkbox"/> Change of Address			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. David		
	NICKNAME LAST SUFFIX Adcock		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE 11628 Loweswater Lane Austin, TX 78754		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 788-6998		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    Month Day Year 08/18/2014    THROUGH    09/25/2014		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11/04/2014		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) City Council, City of Austin District 1
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Cargill, Michael (Mr.)

14 ACCOUNT # (Ethics Commission filers)  
000000015 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. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages16 CONTRIBUTION  
TOTALS1. 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)

\$

1,505.00

EXPENDITURE  
TOTALS

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

958.34

CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

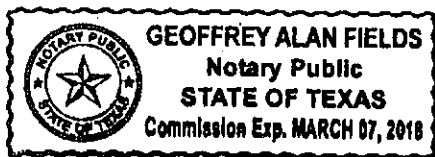
1,467.78

OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

921.12

## 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Cargill, this the 6<sup>th</sup> day of October, 20 17, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Geoffrey A. Fields

Print name of officer administering oath

Notary Public

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: 1/2 Report: 3/15

2 FILER NAME Cargill, Michael (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
0000000

4 Date

08/18/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bass, Stacy G. (Mr.)6 Contributor address; City; State; Zip Code  
3201 Esperanza Crossing, #226  
Austin, TX 787587 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)  
Justice of the Peace10 Employer (See Instructions)  
Travis County

Date

08/21/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Edwards, Rosemary (Dr.)Contributor address; City; State; Zip Code  
6528 Heron Dr  
Austin, TX 78759Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
DoctorEmployer (See Instructions)  
Self-employed

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gore, Rex (Mr.)Contributor address; City; State; Zip Code  
1304 West Oltorf  
Austin, TX 78704Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
PresidentEmployer (See Instructions)  
PJS of Texas

Date

09/16/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hedgecock, Brandon (Dr.)Contributor address; City; State; Zip Code  
6628 Estana Ln  
Austin, TX 78739Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
DentistEmployer (See Instructions)  
Hedgecock Dental

Date

09/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Kyle, David (Mr.)Contributor address; City; State; Zip Code  
3005 S Lamar Blvd, Ste D109-298  
Austin, TX 78704-8864Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
EngineerEmployer (See Instructions)  
AMD

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 4/15

2 FILER NAME Cargill, Michael (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00000004 Date  
  
09/19/20145 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lundgren, Michael (Mr.)6 Contributor address; City; State; Zip Code  
10908 Long Day Cv  
Austin, TX 787547 Amount of  
contribution (\$) \$15.008 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# \_\_\_\_\_)  
Michael Cargill for State Representative District 50

08/20/2014

Contributor address; City; State; Zip Code  
P.O. Box 82303  
Austin, TX 78708-2303Amount of  
contribution (\$) \$315.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Morris, Terry (Mr.)

09/22/2014

Contributor address; City; State; Zip Code  
4402 S Congress 105  
Austin, TX 78748Amount of  
contribution (\$) \$100.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
MedicalEmployer (See Instructions)  
Southwest Surgical Assistants

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Nalle, David (Mr.)

09/22/2014

Contributor address; City; State; Zip Code  
7609 Nez Perce Tr.  
Manor, TX 78653Amount of  
contribution (\$) \$150.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
Font DesignerEmployer (See Instructions)  
Fontcraft

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Shive, James (Mr.)

08/28/2014

Contributor address; City; State; Zip Code  
6505 Auburndale  
Austin, TX 78723Amount of  
contribution (\$) \$250.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
MilitaryEmployer (See Instructions)  
Texas National Guard

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 1/2 Report: 5/15	
2 FILER NAME    Cargill, Michael (Mr.)			3 ACCOUNT #    (Ethics Commission filers) 0000000	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$				
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Byington, Michele (Mrs.)	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
09/21/2014	7 Pledgor address;      City; State; Zip Code 1020 Bay Area Blvd #200 Houston, TX 77058	\$350.00	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Principal occupation / Job title (See Instructions) Attorney		11 Employer (See Instructions) Walker, Rice & Wisdom		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Chapa, Bernard (Mr.)	Amount of pledge (\$)	In-kind description (if applicable)	
09/21/2014	Pledgor address;      City; State; Zip Code 10701 Austin, TX 78753	\$350.00	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Alcatel-Lucent		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Morris, David (Mr.)	Amount of pledge (\$)	In-kind description (if applicable)	
09/21/2014	Pledgor address;      City; State; Zip Code 4402 S Congress 105 Austin, TX 78748	\$350.00	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Green Star Mechanical		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Mike (Mr.)	Amount of pledge (\$)	In-kind description (if applicable)	
09/21/2014	Pledgor address;      City; State; Zip Code 4402 South Congress #202 Austin, TX 78745	\$350.00	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Smith & Jones		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Edwin (Mr.)	Amount of pledge (\$)	In-kind description (if applicable)	
09/21/2014	Pledgor address;      City; State; Zip Code 1020 Bay Area Blvd, Suite 220 Houston, TX 77058	\$350.00	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Walker, Ricce & Wisdom		

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 2/2 Report: 6/15

**2** FILER NAME Cargill, Michael (Mr.)**3** ACCOUNT # (Ethics Commission filers)

0000000

**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date

09/20/2014

**6** Full name of pledgor

Wofford, Ann &amp; Willie

☐ out-of-state PAC (ID# \_\_\_\_\_)**7** Pledgor address;

3535 Hadley Place

Snellville, GA 30039

City: State; Zip Code

**8** Amount of  
pledge (\$)

\$700.00

**9** In-kind description  
(if applicable)(If travel outside of Texas, complete Schedule T) ☐**10** Principal occupation / Job title (See Instructions)  
Retired**11** Employer (See Instructions)  
Retired

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1 PAGE #</b> Schedule: 1/4 Report: 7/15	
<b>2 FILER NAME</b> Cargill, Michael (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 0000000	
<b>4 TOTAL OF UNITEMIZED LOANS:</b> ⇄⇄⇄⇄⇄			<b>\$</b>
<b>5 Date of loan</b> 08/31/2014	<b>7 Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		<b>9 Loan Amount (\$)</b> \$25.00
<b>6 Is lender a financial Institution?</b>  No	<b>8 Lender address; City; State; Zip Code</b> 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		<b>10 Interest rate</b> 0
			<b>11 Maturity date</b>
<b>12 Principal occupation / Job title (See Instructions)</b> Business Owner		<b>13 Employer (See Instructions)</b> Sporting Goods Store	
<b>14 Description of Collateral</b> <input checked="" type="checkbox"/> none		<b>15 Check if personal funds were deposited into political account</b> <input checked="" type="checkbox"/>	
<b>16 GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>17 Name of guarantor</b>  <b>18 Guarantor address; City; State; Zip Code</b>		<b>19 Amount Guaranteed (\$)</b>
<b>20 Principal Occupation</b>		<b>21 Employer</b>	
<b>Date of loan</b> 09/01/2014	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		<b>Loan Amount (\$)</b> \$250.00
<b>Is lender a financial Institution?</b>  No	<b>Lender address; City; State; Zip Code</b> 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		<b>Interest rate</b> 0
			<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b> Business Owner		<b>Employer (See Instructions)</b> Sporting Goods Store	
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<b>Check if personal funds were deposited into political account</b> <input checked="" type="checkbox"/>	
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>  <b>Guarantor address; City; State; Zip Code</b>		<b>Amount Guaranteed (\$)</b>
<b>Principal Occupation</b>		<b>Employer</b>	

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 8/15	
2 FILER NAME    Cargill, Michael (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 TOTAL OF UNITEMIZED LOANS:                      ⇨⇨⇨⇨⇨⇨			\$
5 Date of loan 09/02/2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		9 Loan Amount (\$) \$334.48
6 Is lender a financial Institution?  No	8 Lender address;    City;            State;    Zip Code 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		10 Interest rate 0
			11 Maturity date
12 Principal occupation / Job title (See Instructions) Business Owner		13 Employer (See Instructions) Sporting Goods Store	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City;            State;    Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer	
Date of loan 09/03/2014	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		Loan Amount (\$) \$77.94
Is lender a financial Institution?  No	Lender address;    City;            State;    Zip Code 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		Interest rate 0
			Maturity date
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Sporting Goods Store	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City;            State;    Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	



**LOANS****SCHEDULE E**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 3/4 Report: 9/15	
<b>2 FILER NAME</b> Cargill, Michael (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 0000000	
<b>4 TOTAL OF UNITEMIZED LOANS:</b> ⇨⇨⇨⇨⇨⇨			<b>\$</b>
<b>5 Date of loan</b> 09/10/2014	<b>7 Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		<b>9 Loan Amount (\$)</b> \$30.01
<b>6 Is lender a financial Institution?</b>  No	<b>8 Lender address; City; State; Zip Code</b> 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		<b>10 Interest rate</b> 0
			<b>11 Maturity date</b>
<b>12 Principal occupation / Job title (See Instructions)</b> Business Owner		<b>13 Employer (See Instructions)</b> Sporting Goods Store	
<b>14 Description of Collateral</b> <input checked="" type="checkbox"/> none		<b>15 Check if personal funds were deposited into political account</b> <input checked="" type="checkbox"/>	
<b>16 GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>17 Name of guarantor</b>  <b>18 Guarantor address; City; State; Zip Code</b>		<b>19 Amount Guaranteed (\$)</b>
<b>20 Principal Occupation</b>		<b>21 Employer</b>	
<b>Date of loan</b> 09/15/2014	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		<b>Loan Amount (\$)</b> \$93.10
<b>Is lender a financial Institution?</b>  No	<b>Lender address; City; State; Zip Code</b> 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		<b>Interest rate</b> 0
			<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b> Business Owner		<b>Employer (See Instructions)</b> Sporting Goods Store	
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<b>Check if personal funds were deposited into political account</b> <input checked="" type="checkbox"/>	
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>  <b>Guarantor address; City; State; Zip Code</b>		<b>Amount Guaranteed (\$)</b>
<b>Principal Occupation</b>		<b>Employer</b>	

**LOANS****SCHEDULE E**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 4/4 Report: 10/15	
<b>2 FILER NAME</b> Cargill, Michael (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 0000000	
<b>4 TOTAL OF UNITEMIZED LOANS:</b> ⇨⇨⇨⇨⇨⇨			<b>\$</b>
<b>5 Date of loan</b> 09/19/2014	<b>7 Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		<b>9 Loan Amount (\$)</b> \$67.97
<b>6 Is lender a financial Institution?</b>  No	<b>8 Lender address; City; State; Zip Code</b> 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		<b>10 Interest rate</b> 0
			<b>11 Maturity date</b>
<b>12 Principal occupation / Job title (See Instructions)</b> Business Owner		<b>13 Employer (See Instructions)</b> Sporting Goods Store	
<b>14 Description of Collateral</b> <input checked="" type="checkbox"/> none		<b>15 Check if personal funds were deposited into political account</b> <input checked="" type="checkbox"/>	
<b>16 GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>17 Name of guarantor</b>  <b>18 Guarantor address; City; State; Zip Code</b>		<b>19 Amount Guaranteed (\$)</b>
<b>20 Principal Occupation</b>		<b>21 Employer</b>	
<b>Date of loan</b> 09/20/2014	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		<b>Loan Amount (\$)</b> \$42.62
<b>Is lender a financial Institution?</b>  No	<b>Lender address; City; State; Zip Code</b> 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		<b>Interest rate</b> 0
			<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b> Business Owner		<b>Employer (See Instructions)</b> Sporting Goods Store	
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<b>Check if personal funds were deposited into political account</b> <input checked="" type="checkbox"/>	
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>  <b>Guarantor address; City; State; Zip Code</b>		<b>Amount Guaranteed (\$)</b>
<b>Principal Occupation</b>		<b>Employer</b>	

**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: 1/5 Report: 11/15		<b>2 FILER NAME</b> Cargill, Michael (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 0000000	
<b>4 Date</b> 09/15/2014		<b>5 Payee name</b> Austin Budget Signs			
<b>6 Amount (\$)</b> \$93.10		<b>7 Payee address</b> City: State: Zip Code 3904D Warehouse Row Austin, TX 78704			
<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"/> Printing Expense  <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> 09/03/2014		<b>Payee name</b> Bender Bar & Grill			
<b>Amount (\$)</b> \$77.94		<b>Payee address</b> City: State: Zip Code 321 W Ben White Blvd. Ste 300 Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food Expense  <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> 08/31/2014		<b>Payee name</b> Facebook Inc.			
<b>Amount (\$)</b> \$25.00		<b>Payee address</b> City: State: Zip Code 1601 Willow Road Menlo Park, CA 94025			
<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"/> Online Advertising Fee  <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> 09/02/2014		<b>Payee name</b> Office Max 1287			
<b>Amount (\$)</b> \$334.48		<b>Payee address</b> City: State: Zip Code 9600 S IH35 Service Road SB Austin, TX 78748			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing Expense  <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: 2/5 Report: 12/15		<b>2 FILER NAME</b> Cargill, Michael (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 0000000	
<b>4 Date</b> 09/10/2014		<b>5 Payee name</b> Office Max 1287			
<b>6 Amount (\$)</b> \$30.01		<b>7 Payee address</b> City: State: Zip Code 9600 S IH35 Service Road SB Austin, TX 78748			
<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"/> Printing Expense  <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> 08/18/2014		<b>Payee name</b> PayPal			
<b>Amount (\$)</b> \$3.20		<b>Payee address</b> City: State: Zip Code 2211 North First Street San Jose, CA 95131			
<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"/> Transaction Fee  <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> 08/21/2014		<b>Payee name</b> PayPal			
<b>Amount (\$)</b> \$3.20		<b>Payee address</b> City: State: Zip Code 2211 North First Street San Jose, CA 95131			
<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"/> Transaction Fee  <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> 08/28/2014		<b>Payee name</b> PayPal			
<b>Amount (\$)</b> \$7.55		<b>Payee address</b> City: State: Zip Code 2211 North First Street San Jose, CA 95131			
<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"/> Transaction Fee  <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: 3/5 Report: 13/15		<b>2 FILER NAME</b> Cargill, Michael (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 0000000	
<b>4 Date</b> 09/15/2014		<b>5 Payee name</b> PayPal			
<b>6 Amount (\$)</b> \$1.03		<b>7 Payee address</b> City: State: Zip Code 2211 North First Street San Jose, CA 95131			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee  <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> 09/16/2014		<b>Payee name</b> PayPal			
<b>Amount (\$)</b> \$3.20		<b>Payee address</b> City: State: Zip Code 2211 North First Street San Jose, CA 95131			
<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"/> Transaction Fee  <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> 09/19/2014		<b>Payee name</b> PayPal			
<b>Amount (\$)</b> \$0.74		<b>Payee address</b> City: State: Zip Code 2211 North First Street San Jose, CA 95131			
<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"/> Transaction Fee  <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> 09/22/2014		<b>Payee name</b> PayPal			
<b>Amount (\$)</b> \$4.65		<b>Payee address</b> City: State: Zip Code 2211 North First Street San Jose, CA 95131			
<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"/> Transaction Fee  <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: 4/5 Report: 14/15		<b>2 FILER NAME</b> Cargill, Michael (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 0000000	
<b>4 Date</b> 09/22/2014		<b>5 Payee name</b> PayPal			
<b>6 Amount (\$)</b> \$3.20		<b>7 Payee address</b> City: State: Zip Code 2211 North First Street San Jose, CA 95131			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee  <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> 09/24/2014		<b>Payee name</b> PayPal			
<b>Amount (\$)</b> \$10.45		<b>Payee address</b> City: State: Zip Code 2211 North First Street San Jose, CA 95131			
<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"/> Transaction Fee  <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> 09/19/2014		<b>Payee name</b> Sam's Club 4720			
<b>Amount (\$)</b> \$67.97		<b>Payee address</b> City: State: Zip Code 4970 W. Highway 290 Austin, TX 78735			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food Expense  <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> 09/01/2014		<b>Payee name</b> The Liberty Beat			
<b>Amount (\$)</b> \$250.00		<b>Payee address</b> City: State: Zip Code 512 W Martin Luther King Jr Blvd #170 Austin, TX 78701			
<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"/> Advertising Subscription - September  <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  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan 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</b> PAGE # Schedule: 5/5 Report: 15/15		<b>2</b> FILER NAME Cargill, Michael (Mr.)		<b>3</b> ACCOUNT # (TEC filers) 0000000	
<b>4</b> Date 09/20/2014	<b>5</b> Payee name Whataburger 84				
<b>6</b> Amount (\$) \$42.62	<b>7</b> Payee address City: State: Zip Code 6106 Cameron Rd Austin, TX 78723				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				