

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) 00000012	2 PAGE # 1 of 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI DeWayne		OFFICE USE ONLY Date Received 2014 OCT 6 PM 4 34 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Lofton		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 14651 Austin, TX 78761		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Hoover		
	NICKNAME LAST SUFFIX Alexander		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2002 Manor Rd. Austin, TX 78722		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 474-5454		
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 07/01/2014 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 District 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Lofton, DeWayne

14 ACCOUNT # (Ethics Commission filers)
0000001215 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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$

1,720.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

9,020.00

EXPENDITURE
TOTALS

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

\$

157.06

4. TOTAL POLITICAL EXPENDITURES

\$

19,717.85

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

\$

9,154.57

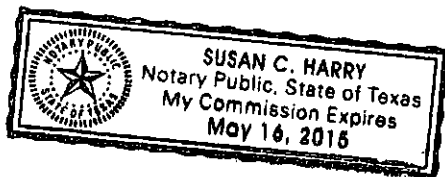
OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

10,000.00

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.



DeWayne Lofton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DeWayne Lofton, this the 6th day
of October, 2014, to certify which, witness my hand and seal of office.

Susan Harry
Signature of officer administering oath

Susan Harry
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/6 Report: 3/14

2 FILER NAME Lofton, DeWayne

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

07/23/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Anderson, Joe

6 Contributor address; City; State; Zip Code
1707 Stamford Lance
Austin, TX 78703

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Burns Anderson Jury & Brenner, L.L.P.

Date

07/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bahrami, Mahnaz

Contributor address; City; State; Zip Code
7117 Avignon Dr
Round Rock, TX 78681-5332

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)
Real Estate Investor

Employer (See Instructions)
Self Employed

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bingham, A.J.

Contributor address; City; State; Zip Code
2200 Pennsylvania Ave
Austin, TX 78702-2217

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)

Date

09/11/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Franklin, Barry

Contributor address; City; State; Zip Code
1168 Ridgeway Dr
Austin, TX 78702-2523

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)
Funeral Director

Employer (See Instructions)
King-Tears Mortuary, Inc.

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Garretson, Sean

Contributor address; City; State; Zip Code
1003 E 14th St
Austin, TX 78702-1022

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)
planner

Employer (See Instructions)
Pegasus

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/6 Report: 4/14

2 FILER NAME Lofton, DeWayne

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

09/15/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Getter, Becky

6 Contributor address; City; State; Zip Code
9301 Johnny Morris Rd
Austin, TX 78724-1523

7 Amount of contribution (\$)

\$350.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
homemaker

10 Employer (See Instructions)
none

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Getter, Kerry

09/15/2014

Contributor address; City; State; Zip Code
9301 Johnny Morris Rd
Austin, TX 78724-1523

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)
CEO

Employer (See Instructions)
Balcones Resources, Inc

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hartman, Howard

09/21/2014

Contributor address; City; State; Zip Code
11616 Loweswater Ln
Austin, TX 78754-5728

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)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Joslove, Scott

08/01/2014

Contributor address; City; State; Zip Code
2803 Clearview Dr
Austin, TX 78703-2844

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kennedy, Mike

09/08/2014

Contributor address; City; State; Zip Code
515 Congress Ave
1500
Austin, TX 78701-3504

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)
Managing Director

Employer (See Instructions)
Avison Young

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/6 Report: 5/14

2 FILER NAME Lofton, DeWayne

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

09/11/2014

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

King, Stuart

6 Contributor address; City; State; Zip Code

2400 Givens Ave
Austin, TX 78722-2105

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

07/06/2014

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

Kirksey, M. Chris

Contributor address; City; State; Zip Code

5002 Timberline Dr
Austin, TX 78746-5537

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)

Date

09/24/2014

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

Lands, Sterling

Contributor address; City; State; Zip Code

6510 Berkman Dr.
Austin, TX 78723

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)

Date

07/14/2014

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

Loewy, Adam

Contributor address; City; State; Zip Code

111 Congress Ave
Ste 400
Austin, TX 78701-4143

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)

Lawyer

Employer (See Instructions)

Loewy Law Firm

Date

08/07/2014

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

Lofton, Donnisha

Contributor address; City; State; Zip Code

3215 Westheimer Rd
Stone Mountain, GA 30087-4428

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)

Customer Service

Employer (See Instructions)

Humana Insurance Co

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/6 Report: 6/14

2 FILER NAME Lofton, DeWayne

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

07/31/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Nortey, James

6 Contributor address; City; State; Zip Code
2033 Philomena St
Austin, TX 78723-3322

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Andrews Kurth LLP

Date

07/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Schulte, Carianne

Contributor address; City; State; Zip Code
5001 Pecan Springs Rd
Austin, TX 78723-6028

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)
jeweler/carpenter

Employer (See Instructions)
Self employed

Date

08/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Shapiro, Jim

Contributor address; City; State; Zip Code
1000 E 4th St
Austin, TX 78702-3833

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)
Recycler

Employer (See Instructions)
Austin Metal and Iron

Date

08/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Shapiro, Mrs. Jim

Contributor address; City; State; Zip Code
1000 E 4th St
1000 east 4th street
Austin, TX 78702-3833

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

07/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Slack, Michael

Contributor address; City; State; Zip Code
3702 Corum Cv
Austin, TX 78746-1551

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)
Attorney

Employer (See Instructions)
Slack & Davis, L.L.P.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/6 Report: 7/14

2 FILER NAME Lofton, DeWayne

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

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

Slack, Tina

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

07/16/2014

6 Contributor address; City; State; Zip Code

3702 Corum Cv
Austin, TX 78746-1551

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
homemaker

10 Employer (See Instructions)
none

Date

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

Taylor, Timothy

Amount of contribution (\$)

In-kind contribution description (if applicable)

07/01/2014

Contributor address; City; State; Zip Code

1902 Stamford Ln
Austin, TX 78703-2942

\$100.00

(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# _____)

The Sam Biscoe Campaign

Amount of contribution (\$)

In-kind contribution description (if applicable)

09/25/2014

Contributor address; City; State; Zip Code

6411 Bridgewater Dr.
Austin, TX 78723

\$350.00

(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# _____)

Travis County Democratic Party

Amount of contribution (\$)

In-kind contribution description (if applicable)
voter file access

09/06/2014

Contributor address; City; State; Zip Code

4818 East Ben White Blvd., Suite 104
Austin, TX 78741

\$350.00

(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# _____)

Triana, Gisela

Amount of contribution (\$)

In-kind contribution description (if applicable)

09/09/2014

Contributor address; City; State; Zip Code

5504 Fort Benton Dr
Austin, TX 78735-7912

\$200.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Judge

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: 6/6 Report: 8/14

2 FILER NAME Lofton, DeWayne

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

08/28/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Wallen, Rick

6 Contributor address; City; State; Zip Code
2315 E 8th St
Austin, TX 78702-3523

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
owner/manager

10 Employer (See Instructions)
Call Phonograph LLC

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Washington, Milton

08/16/2014

Contributor address; City; State; Zip Code
11500 Oak Trl
Austin, TX 78753-2842

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)
Auditor

Employer (See Instructions)
State of Texas Comptroller

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Weynand, Mitch

07/06/2014

Contributor address; City; State; Zip Code
13004 Arroyo Doble Dr
Manchaca, TX 78652-4703

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)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Williams, Mark

07/16/2014

Contributor address; City; State; Zip Code
2801 Scenic Dr
Austin, TX 78703-1040

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)
N/A

Employer (See Instructions)
N/A

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wilt, Terry

08/23/2014

Contributor address; City; State; Zip Code
4009 Marathon Blvd
Austin, TX 78756-3717

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 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.

1 PAGE # Schedule: 1/6 Report: 9/14		2 FILER NAME Lofton, DeWayne		3 ACCOUNT # (TEC filers) 00000012	
4 Date 09/08/2014		5 Payee name Boaz Enterprises			
6 Amount (\$) \$600.00		7 Payee address City: State: Zip Code 2011 E. 6th Street, Suite 1209 Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/30/2014		Payee name CheckMark Typesetting			
Amount (\$) \$1,713.39		Payee address City: State: Zip Code 3217 N. IH 35 Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing <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:	
Date 08/20/2014		Payee name Facebook, Inc.			
Amount (\$) \$250.00		Payee address City: State: Zip Code 1601 Willow Road Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online political advertising <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:	
Date 07/03/2014		Payee name First Data			
Amount (\$) \$108.95		Payee address City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees <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.

1 PAGE # Schedule: 2/6 Report: 10/14		2 FILER NAME Lofton, DeWayne		3 ACCOUNT # (TEC filers) 00000012	
4 Date 07/03/2014		5 Payee name First Data			
6 Amount (\$) \$16.58		7 Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/03/2014		Payee name First Data			
Amount (\$) \$56.35		Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/04/2014		Payee name First Data			
Amount (\$) \$10.20		Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/04/2014		Payee name First Data			
Amount (\$) \$50.50		Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees	
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.

1 PAGE # Schedule: 3/6 Report: 11/14		2 FILER NAME Lofton, DeWayne		3 ACCOUNT # (TEC filers) 00000012	
4 Date 08/04/2014		5 Payee name First Data			
6 Amount (\$) \$74.77		7 Payee address City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/03/2014		Payee name First Data			
Amount (\$) \$8.90		Payee address City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees <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:	
Date 09/03/2014		Payee name First Data			
Amount (\$) \$24.33		Payee address City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees <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:	
Date 09/03/2014		Payee name First Data			
Amount (\$) \$71.82		Payee address City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees <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.

1 PAGE # Schedule: 4/6 Report: 12/14		2 FILER NAME Lofton, DeWayne		3 ACCOUNT # (TEC filers) 00000012	
4 Date 08/04/2014		5 Payee name Malveaux, Rudolph			
6 Amount (\$) \$875.00		7 Payee address City; State; Zip Code 1129 Gunter St. Austin, TX 78721			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign management	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/29/2014		Payee name Malveaux, Rudolph			
Amount (\$) \$1,750.00		Payee address City; State; Zip Code 1129 Gunter St. Austin, TX 78721			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign management	
				<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:	
Date 07/01/2014		Payee name Susan Harry Consulting, LLC			
Amount (\$) \$575.00		Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> compliance consulting	
				<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:	
Date 07/15/2014		Payee name Susan Harry Consulting, LLC			
Amount (\$) \$575.00		Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Compliance consulting	
				<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.

1 PAGE # Schedule: 5/6 Report: 13/14		2 FILER NAME Lofton, DeWayne		3 ACCOUNT # (TEC filers) 00000012	
4 Date 08/01/2014		5 Payee name Susan Harry Consulting, LLC			
6 Amount (\$) \$1,400.00		7 Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising & compliance consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/29/2014		Payee name Susan Harry Consulting, LLC			
Amount (\$) \$1,400.00		Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising & compliance consulting <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:	
Date 09/08/2014		Payee name Texas Democratic Party			
Amount (\$) \$550.00		Payee address City; State; Zip Code 4818 East Ben White Blvd., Suite 104 Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> voter file access <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:	
Date 07/01/2014		Payee name YStrategy			
Amount (\$) \$3,500.00		Payee address City; State; Zip Code 3010 Manor Rd. Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting <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.

1 PAGE # Schedule: 6/6 Report: 14/14		2 FILER NAME Lofton, DeWayne		3 ACCOUNT # (TEC filers) 00000012	
4 Date 08/04/2014		5 Payee name YStrategy			
6 Amount (\$) \$1,575.00		7 Payee address City; State; Zip Code 3010 Manor Rd. Austin, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/04/2014		Payee name YStrategy			
Amount (\$) \$2,625.00		Payee address City; State; Zip Code 3010 Manor Rd. Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/29/2014		Payee name YStrategy			
Amount (\$) \$1,750.00		Payee address City; State; Zip Code 3010 Manor Rd. Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	