	0000000				FORM C	OR-C	;/OH
			AMENDMENDATE/OFFIC				
1 ACCOUNT#			2 Total pages filed: 15	5	OFFIC		SN
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME		•	MI	Date Received	от <u>1</u> 3	RECEIVI
4 ORIGINAL REPORT TYPE	January 15 July 15 July 15 July 15 Bih day before election	Ex 151 20	· · · ·	SUFFIX	Date Hand-delivered	or Postmanta	IVED
5 ORIGINAL PERIOD COVERED	Month Day	Year <b>14</b> TH	Manth HROUGH 09	Day Year 25 14	Date Processed		
County Democra	reported the wron tic Party" instead o ress were correct.	of the co	prrect donor nam	e of "Texas D	emocratic Pa		
Sworn to and subscrit	WARGRETT FRANKLIN COMMISSION EXPIRES OCTOBER 17, 2014 CAMP / SEAL ABOVE Deed before me, by the said_ ertify which, witness my har CAMP / Mach	Check C Semian semiann ment/co report w in good informat Other r Septem report ne that the or affirm was mad	aupe Lofto	is report is an a or after Sept or after the ei r affirm, that the in intent to misle e report. g semiannual ar, or affirm, tha 4th business da filed is inaccura omission in th COMO () signature of Candida	amendment/co ember 1, 201 ghth day after e original report ead or to misre reports due at I am filing th ay after the da ate or incomple e report as or ate or Orffendider	rrection to 1. If amer the origin rt was ma epresent t on or aft is corrected te I learned te I learned te I sweat iginally file	nd- nal de he ed ar, ed
F	Remember To Attac Neede	-	art Of The Camp port And Explain	-	Report Form		

www.ethics.state.tx.us

Revised 09/01/2011

Texas Ethics Commissi	on P.O. Box 1207	70 Aus	tin, Texas	78711-2070	(5	12) 46	3-5800	(тс	DD 1-800-7	35-2989)
•				د از ۱۹۸۵ وی پردیو میکورسین		م در <b>م</b> بمدی		RM C	OR-C	:/OH
	CORREC	TION/A	MEN	NANT	AFE		VIT	,		
	FURC			البادية الج	1		r. , Ø		~	-
1 ACCOUNT#		2	Total page	9"9CT 1	3 1BM	1	18	OFFICI		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST De	Wayne		MI		Date R	eceived	10CT	STI R
NAME	NICKNAME	LAST LO	fton		 Suffix				<u>13</u>	IECE
4 ORIGINAL REPORT	January 15	Runofi		Olher	(specify)				Piŋ	EIVED
TYPE	July 15		ded \$500 limit	Li		<del></del>	Date Ha	and-delivered	or Postmarked	
	30th day before electio		ay after treasu ntment (officeh				Receip	. #	Amount	ŝ
	8th day before election	Final c	report			<u>.</u>		rocessed		· · · · ·
5 ORIGINAL PERIOD COVERED	Month Day 07 _01 20	Year )14 тнго	DUGH	Month D	<sup>⊳ay</sup> ۲ ∕201	'éar 4	Date In	naged		-
6 EXPLANATION OF CO				/	/					
		l swear, or			ty of per	jury,	that th	is correc	ted	
7 AFFIDAVIT		report is tri Check ON								
SU	SAN C. HARRY ublic, State of Texas	Semiannu semiannua ment/corre report was	<b>ual repor</b> al report action is filed, I s ith and w	rts: This ro due on or filed on or wear, or at ithout an ir	<b>after S</b> after th ffirm, tha ntent to	Septo le eig at the	e <mark>mber</mark> ghth da e origin	1, 2011 ay after al repor	l. If ame the origi t was ma	nd- nal ide
MV Co	ay 16, 2015	Septembe report not that the rep	r 1, 2011 later tha port as or that any	xcluding s ): I swear, n the 14th iginally file error or on faith.	or affirn busine: d is ina	n, tha ss da ccura	at I am ay afte ate or in	filing thi r the dat acomple	s correct te Hearn te. Eswe	ed ed ar,
			2		atule of C	andida	U√ ate or¢i	ficefolder		
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	certify which withess my h			~ /u.		~		<u> </u>		- <b>;</b> ,
Signature of officer ad	dministering oath	Printed na	ame of office	$\leq \mathcal{ML}$	g oath	<u>rn</u>	<b>`</b>	itle of offic	er administe	ring path
F	Remember To Attac Neede	ch Any Par ed To Repo			-		Repor	t Form		

Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

#### FORM C/OH COVER SHEET PG 1

	OFFICEHOLDER			FORM COVER SH	EET PG 1
The C/OH Instruction Gui	DE explains how to complete this	form. (Et	COUNT # hics Commission filers) 0000012	2 PAGE # 1 of 14	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRS DeW		м	OFFICE U	SE ONLY
NAME	NICKNAME LAST		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE ( P.O. Box 14651 Austin, TX 78761	#; CITY; °	STATE: ZIP CODE	Date Hand-delivered	or Date Postmarked
Change of Address				Receipt #	Amount
5 CAMPAIGN TREASURER	MS/MRS/MR FIRS		MI	Date Processed	
NAME	Hoov	er		Date Imaged	
	NICKNAME LAS Alexa	r ander	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEAS 2002 Manor Rd. Austin, TX 78722	E); APT / SUITE #:	CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM (512) 474-5454	BER	EXTENSION		
8 REPORT TYPE	January 15 🗙 30th	day before election	Runoff	-	ampaign treasurer fficeholder only)
	July 15 Bth o	lay before election	Exceeded \$500 limit	Final report (Att	lach C/OH - FR)
9 PERIOD COVERED	Month Day Year		Month Day	Year	
	07/01/2014	THROUGH	09/25/20	)14	
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE	Runoff X	General	Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if know City Council, Place		
		GO TO PAG	E 2		

Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

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

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Loftor	n, DeWayne		14 ACCOUNT # 00000012	(Ethics Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca out the candidate's or officeholder's knowledge or consent. Candidat y receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	1,720.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,020.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	D \$	157.06
	4. TOTAL I	POLITICAL EXPENDITURES	\$	19,717.85
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$		\$	9,154.57	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	10,000.00

**17 AFFIDAVIT** 



is true and correct and includes all information required to be reported by me under Title 15, Election Code.

I swear, or affirm, under penalty of perjury, that the accompanying report

ature of Candidate of AFFIX NOTARY STAMP / SEAL ABOVE this the Sworn to and subscribed before me, by the said day of UCIDO to certify which, witness my hand and seal of office. Signature of officer administering oath Print name of officer administering oath Title of officer administering, bati

TDD 1-800-735-2989

SCHEDULE A

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

L.—							
	The Instructio	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/6	Report: 3/14		
2	FILER NAME	Lofton, DeWayne		3 ACCOUNT # 00000012	(Ethics Commission filers)		
4	Date	5 Full name of contributor in out-of-state PAC (ID# Anderson, Joe	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	07/23/2014	6 Contributor address; City; State; Zip Code 1707 Stamford Lance Austin, TX 78703		\$350.00			
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Burns Andersor	structions) Jury & Brenner, I	L.L.P.		
	Date	Full name of contributor Dout-of-state PAC (ID# Bahrami, Mahnaz	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/30/2014	Contributor address; City; State; Zip Code 7117 Avignon Dr Round Rock, TX 78681-5332		\$350.00			
				(if travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions)	Employer (See In	structions)			
	Real Estate Ir		Self Employed				
	Date	Full name of contributor Dout-of-state PAC (ID# Bingham, A.J.	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 2200 Pennsylvania Ave Austin, TX 78702-2217		\$100.00	 		
1				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor D out-of-state PAC (ID# Franklin, Barry	¢)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/11/2014	Contributor address; City; State; Zip Code 1168 Ridgeway Dr Austin, TX 78702-2523		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Funeral Direc	ation / Job title (See Instructions) tor	Employer (See In King-Tears Mor				
	Date	Full name of contributor Dout-of-state PAC (ID# Garretson, Sean	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 1003 E 14th St Austin, TX 78702-1022		\$200.00	   		
					· - · · · · · · · · · · · · · · · · · ·		
L				(If travel outside of	Texas, complete Schedule T)		
		pation / Job title (See Instructions)	Employer (See In				

TDD 1-800-735-2989

SCHEDULE A

POLITICAL CONTRIBUT	IONS
OTHER THAN PLEDGES	OR LOANS

<u> </u>							
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6	6 Report: 4/14		
2	FILER NAME	Lofton, DeWayne		3 ACCOUNT # 00000012	(Ethics Commission filers)		
4	Date	5 Full name of contributor Dout-of-state PAC (ID# Getter, Becky	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/15/2014	<b>6</b> Contributor address; City; State; Zip Code 9301 Johnny Morris Rd Austin, TX 78724-1523		\$350.00	   		
				(if travel outside of	Texas, complete Schedule T)		
9	Principal occup homemaker	ation / Job title (See Instructions)	10 Employer (See In none	structions)			
	Date	Full name of contributor Dout-of-state PAC (ID# Getter, Kerry	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/15/2014	Contributor address; City; State; Zip Code 9301 Johnny Morris Rd Austin, TX 78724-1523		\$350.00	1 1 1		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup CEO	ation / Job title (See Instructions)	Employer (See In Balcones Reso				
	Date	Full name of contributor Dout-of-state PAC (ID# Hartman, Howard	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/21/2014	Contributor address; City; State; Zip Code 11616 Loweswater Ln Austin, TX 78754-5728		\$100.00			
				•	' Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor Dout-of-state PAC (ID# Joslove, Scott	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/01/2014	Contributor address; City; State; Zip Code 2803 Clearview Dr Austin, TX 78703-2844		\$150.00	.   		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor Dout-of-state PAC (ID# Kennedy, Mike	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/08/2014	Contributor address; City; State; Zip Code 515 Congress Ave 1500 Austin, TX 78701-3504		\$200.00	1   . 		
				(if travel outside of	Texas, complete Schedule T)		
⊢	Principal occur	Deation / Job title (See Instructions)	Employer (See In	-	······································		
	Managing Dir		Avison Young				

TDD 1-800-735-2989

SCHEDULE A

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The INSTRUCTIO	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/6	Report: 5/14
2	FILER NAME	Lofton, DeWayne	· ·	3 ACCOUNT # 00000012	(Ethics Commission filers)
4	Date	5 Full name of contributor Dout-of-state PAC (ID# King, Stuart	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4	09/11/2014	6 Contributor address; City; State; Zip Code 2400 Givens Ave Austin, TX 78722-2105		\$100.00	
					Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
-	Date	Full name of contributor D out-of-state PAC (ID# Kirksey, M. Chris	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/06/2014	Contributor address; City; State; Zip Code 5002 Timberline Dr Austin, TX 78746-5537		\$100.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	•	
	Date	Full name of contributor Dout-of-state PAC (ID# Lands, Sterling	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 6510 Berkman Dr. Austin, TX 78723		\$100.00	
				`	r Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor Dout-of-state PAC (ID# Loewy, Adam	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2014	Contributor address; City; State; Zip Code 111 Congress Ave Ste 400 Austin, TX 78701-4143		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Loewy Law Firm		
	Date	Full name of contributor Dout-of-state PAC (ID# Lofton, Donnisha		Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/07/2014	Contributor address; City; State; Zip Code 3215 Westheimer Rd Stone Mountain, GA 30087-4428		\$250.00	.   
Í				(If travel outside of	Texas, complete Schedule T)
	Principal occup Customer Se	ation / Job title (See Instructions) rvice	Employer (See In Humana Insura		<u></u>

TDD 1-800-735-2989

SCHEDULE A.

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	· ·			
The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/6	6 Report: 6/14
2 FILER NAME	Lofton, DeWayne		3 ACCOUNT # 00000012	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Nortey, James	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<u>.</u> 07/31/2014	6 Contributor address; City; State; Zip Code 2033 Philomena St Austin, TX 78723-3322		\$350.00	   
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In: Andrews Kurth		
Date	Full name of contributor Dout-of-state PAC (ID# Schulte, Carianne	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/24/2014	Contributor address; City; State; Zip Code 5001 Pecan Springs Rd Austin, TX 78723-6028		\$350.00	   
			(If travel outside of	Texas, complete Schedule T)
Principal occup jeweler/carpe	ation / Job title (See Instructions) Inter	Employer (See In Self employed	structions	
Date	Full name of contributor Dout-of-state PAC (ID# Shapiro, Jim	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/22/2014	Contributor address; City; State; Zip Code 1000 E 4th St Austin, TX 78702-3833		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Recyler	pation / Job title (See Instructions)	Employer (See In Austin Metal an		
Date	Full name of contributor Dout-of-state PAC (ID# Shapiro, Mrs. Jim	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/25/2014	Contributor address; City; State; Zip Code 1000 E 4th St 1000 east 4th street Austin, TX 78702-3833		\$50.00	   
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	·
Date	Full name of contributor Dout-of-state PAC (ID# Slack, Michael	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/16/2014	Contributor address; City; State; Zip Code 3702 Corum Cv Austin, TX 78746-1551		\$350.00	I . I . I
			(if travel outside of	Texas, complete Schedule T)
Principal occup Attorney	bation / Job title (See Instructions)	Employer (See In Slack & Davis,		

TDD 1-800-735-2989

SCHEDULE A

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The INSTRUCTION	GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/6	8 Report: 7/14			
2	FILER NAME	Lofton, DeWayne		3 ACCOUNT # 00000012	(Ethics Commission filers)			
4	Date	5 Full name of contributor Dout-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 occup homemaker	ation / Job title (See Instructions)	10 Employer (See In none	structions)				
	Date	Full name of contributor Dout-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 occup	ation / Job title (See Instructions)	Employer (See In					
	Date	Full name of contributor Dout-of-state PAC (ID# Texas Democratic Party	ŧ)	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	   · ·			
					Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	· · ·			
	Date	Full name of contributor D out-of-state PAC (ID# The Sam Biscoe Campaign	ŧ)	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 occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor D out-of-state PAC (ID# Triana, Gisela	ŧ)	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 occur	pation / Job title (See Instructions)	Employer (See In	l ·				
	Judge		State of Texas					

TDD 1-800-735-2989

SCHEDULE A

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

		N GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/6	Report: 8/14
2	FILER NAME	Lofton, DeWayne		3 ACCOUNT # 00000012	(Ethics Commission filers)
4	Date	5 Full name of contributor Dout-of-state PAC (ID# Wallen, Rick	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/28/2014	6 Contributor address; City; State; Zip Code 2315 E 8th St Austin, TX 78702-3523		\$350.00	
				(if travel outside of	Texas, complete Schedule T)
9	Principal occup owner/manag	ation / Job title (See Instructions) er	10 Employer (See In Call Phonograp		
	Date	Full name of contributor Dout-of-state PAC (ID# Washington, Milton	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/16/2014	Contributor address; City; State; Zip Code 11500 Oak Trl Austin, TX 78753-2842		\$200.00	
					, 
	Principal occur	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	Auditor		State of Texas		
_	Data	Full name of contributor Dut-of-state PAC (ID#	\ \	A maximation of	la kind anatokutian
	Date	Full name of contributor Dout-of-state PAC (ID# Weynand, Mitch	·,	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/06/2014	Contributor address; City; State; Zip Code 13004 Arroyo Doble Dr Manchaca, TX 78652-4703		\$100.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor D out-of-state PAC (ID# Williams, Mark	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/16/2014	Contributor address; City; State; Zip Code 2801 Scenic Dr Austin, TX 78703-1040		\$350.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup N/A	ation / Job title (See Instructions)	Employer (See In N/A	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Wilt, Terry	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/23/2014	Contributor address; City; State; Zip Code 4009 Marathon Blvd Austin, TX 78756-3717		\$100.00	   · · · ·
				(if travel outside of	Texas, complete Schedule T)
-	Principal occup	ation / Job title (See Instructions)	Employer (See In		
		. ,	. <b>.</b> .	·	

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Texas Ethics Com	mission P.O.Box 12070 Austin, Texas 7871	11-2070(512	2)463-5800 TDD <u>1-800-735-2989</u>
POLITIC	AL EXPENDITURES		SCHEDULE F
	EXPENDITURE CATI		
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ense Gifts/Awards/Memorial Expense Salaries/Wage king Legal Services Solicitation/Fuu nse Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of I	es/Contract Labor Loan Rep ndraising Expense Transport. ict Contributii District Candid ad/Rental Expense OTHER (e	ayment/Reimbursement ation Equipment & Related Expense ons/Donations Made By ate/Officeholder/Political Committee enter a category not listed above)
1 PAGE #	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/6 Re	eport: 9/14 Lofton, DeWayne		00000012
4 Date 09/08/2014	5 Payee name Boaz Enterprises		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$600.00	2011 E. 6th Street, Suite 1209 Austin, TX 78702		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel ou Consulting	tside of Texas, complete Schedule T)
EXPENDITURE		Check If Austin, TX, office	holder living expanse
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 (\$)	Payee address City; State; Zip Code		
\$1,713.39	3217 N. IH 35 Austin, TX 78722		
PURPOSE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel ou Printing	tside of Texas, complete Schedule T)
OF EXPENDITURE		Check if Austin, TX, office	holder 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 (\$)	Payee address City; State; Zip Code		
\$250.00	1601 Willow Road Menlo Park, CA 94025		
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel ou Online political advers	Itside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, office	holder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
07/03/2014	First Data		
Amount (\$)	Payee address City; State; Zip Code		
\$108.95	5565 Glenridge Connector NE Atlanta, GA 30342		
BUBBBBB	Category (See Categories listed at the top of this schedule)		Itside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Accounting/Banking	Credit card processing	-
Complete Obline	Candidata / Office haldes	Check if Austin, TX, office	holder living expense Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Once sought.	Onice held:

(512)463-5800 TDD 1-800-735-2989

POLITIC	AL EXPENDITURES	SCHEDULE F	
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ng Legal Services Solicitation/Fundrai	ntract Labor sing Expense ct ental Expense ct ental Expense ct sing Expense ct ct ct ct ct ct ct ct ct ct ct ct ct	
1 PAGE # Schedule: 2/6 Re	port: 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) Credit card processing fees	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name         Check if Austin, TX, officeholder living expense           Candidate / Officeholder name         Office sought:         Office held:		
Date	Payee name First Data		
07/03/2014 Amount (\$)	Payee address City; State; Zip Code		
\$56.35	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 Credit card processing fees		
Camplete ONIL V if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:	
Complete ONLY if direct expenditure to benefit C/OH			
Date 08/04/2014	Payee name First Data		
Amount (\$)	Payee address City; State; Zip Code		
\$10.20	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) Credit card processing fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense     Office sought: Office held:	
Date 08/04/2014	Payee name First Data	- <u>.</u> .	
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) Credit card processing fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:	
		Electronic Filing Version 3.4.6	

P.O.Box 12070 Austin, Texas 78711-2070

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POLITIC	AL EXPENDITURES	SCHEDULE F
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ng Legal Services Solicitation/Fund	Contract Labor         Loan Repayment/Reimbursement           raising Expense         Transportation Equipment & Related Expense           strict         Contributions/Donations Made By           ktrict         Candidate/Officeholder/Political Committee           Rental Expense         OTHER (enter a category not listed above)
1 PAGE # Schedule: 3/6 Re	port: 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) Credit card processing fees
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
09/03/2014 Amount (\$)	First Data Payee address City; State; Zip Code	
\$8.90	5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit card processing fees
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
09/03/2014 Amount (\$)	First Data Payee address City; State; Zip Code	
\$24.33	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) Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	·····
09/03/2014	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) Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:

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POLITIC	AL EXPENDITURES	SCHEDULE F
	EVDENNITIOP	
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ng Legal Services Solicitat ise Food/Beverage Expense Travel I Polling Expense Travel O Printing Expense Office C	CATEGORIES         Wages/Contract Labor       Loan Repayment/Reimbursement         ion/Fundraising Expense       Transportation Equipment & Related Expense         n District       Contributions/Donations Made By         Dut Of District       Candidate/Officeholder/Political Committee         Verhead/Rental Expense       OTHER (enter a category not listed above)         ains how to complete this form.       Expense
1 PAGE # Schedule: 4/6 Re	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	e
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Consulting Expense	Campaign management
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name Malvaaux, Rudolph	
08/29/2014 Amount (\$)	Malveaux, Rudolph Payee address City; State; Zip Code	9
\$1,750.00	1129 Gunter St. Austin, TX 78721	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	Campaign management
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Date	Payee name	
07/01/2014 Amount (\$)	Susan Harry Consulting, LLC Payee address City; State; Zip Code	e
\$575.00	P.O. Box 301074 Austin, TX 78703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Consulting Expense	tule) Description (If travel outside of Texas, complete Schedule T) compliance consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Date 07/15/2014	Payee name Susan Harry Consulting, LLC	· · · ·
Amount (\$) \$575.00	Payee address City; State; Zip Cod P.O. Box 301074 Austin, TX 78703	e
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Consulting Expense	Description         (If travel outside of Texas, complete Schedule T)           Compliance         consulting           Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

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POLITIC	AL EXPE	NDITURES				SCHEDULE F
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal S nse Food/B Polling	vards/Memorial Expense ervices everage Expense Expense Expense	DITURE CATEG Salaries/Wages/Cc Solicitation/Fundra Travel In District Travel Out Of Distr Office Overhead/R Guide explains how	ontract Labor ising Expense ict	Transportation Contributions/E Candidate/C OTHER (enter	ent/Reimbursement Equipment & Related Expense Jonations Made By Miceholder/Political Committee a category not listed above)
1 PAGE# Schedule: 5/6 Re	eport: 13/14	2 FILER NAME Lofton, DeWayne	•			3 ACCOUNT # (TEC filers) 00000012
4 Date 08/01/2014	5 Payee name Susan Harn	y Consulting, LLC		,		
6 Amount (\$) \$1,400.00	7 Payee addres P.O. Box 30 Austin, TX	1074	Zip Code			····
8 PURPOSE OF EXPENDITURE	(a) Category (Se Consulting I	e Categories listed at the top o Expense	f this schedule)	(b) Description Fundraising	(If travel outside & compliance	of Texas, complete Schedule T)
						er living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office sou	ght:	Office held:
Date	Payee name					· · · · · ·
08/29/2014 Amount (\$)	Payee addres	y Consulting, LLC ss City: State:	Zin Code			
\$1,400.00	P.O. Box 30 Austin, TX	)1074	L.p 0000			
PURPOSE OF EXPENDITURE	Category (Se Consulting	e Categories listed at the top o Expense	f this schedule)	Description Fundraising	(If travel outside & compliance	of Texas, complete Schedule T)
EXPENDITURE				Check if Austin	<u>n, TX, officehold</u>	er living expense
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office sou	ight:	Office held:
Date	Payee name					
09/08/2014 Amount (\$)	Payee addres	ocratic Party ss City; State;	Zin Codo			· · · _ · · _ · · · · · · · · · · · · ·
\$550.00	,	Ben White Blvd., Suite 10	•			
PURPOSE OF EXPENDITURE	Category (Se Fees	ee Categories listed at the top o	f this schedule)	Description voter file acc		of Texas, complete Schedule T)
				Check if Austi	1, TX, officehold	er living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / (	Officeholder name		Office so	ight:	Office held:
Date 07/01/2014	Payee name YStrategy					
Amount (\$) \$3,500.00	Payee addre 3010 Mano Austin, TX	r Rd.	Zip Code			· · · ·
PURPOSE OF EXPENDITURE	Category (Se Consulting	ee Categories listed at the top o Expense	f this schedule)	Description Consulting		of Texas, complete Schedule T)
Complete ONIL V 3	Condidate 1/	Officebolder name		Check If Austi Office sol		er living expense Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name			iynii.	
						Electronic Filing Version 3.4.9

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POLITIC	AL EXPENDITURES		SCHEDULE F
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ing Legal Services Solicitation/Fundra	ontract Labor Loan Repay aising Expense Transportati Contribution crict Candidat Rental Expense OTHER (end	ment/Reimbursement on Equipment & Related Expense s/Donations Made By e/Officeholder/Political Committee ier a category not listed above)
1 PAGE # Schedule: 6/6 Re	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		
β PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outsi printing	de of Texas, complete Schedule T)
		Check if Austin, TX, officeho	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
08/04/2014 Amount (\$)	YStrategy Payee address City; State; Zip Code		
\$2,625.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Consulting	de of Texas, complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeho Office sought:	Ider living expense Office held:
Date 08/29/2014	Payee name YStrategy		
Amount (\$)	Payee address City; State; Zip Code		
\$1,750.00	3010 Manor Rd. Austin, TX 78723		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outsi Consulting	de of Texas, complete Schedule T)
		Check if Austin, TX, officeho	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
			Electronic Filing Version 3.4.6