

FORM COR-C/OH

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 15		OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received				
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #				
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount				
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed				
	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Final report		Date Imaged				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		07	01	14	THROUGH	09	25	14

2014 OCT 13 PM 2:42  
 RECEIVED  
 AUSTIN CITY CLERK

## 6 EXPLANATION OF CORRECTION

We inadvertently reported the wrong name of a donor of an in-kind donation as from the "Travis County Democratic Party" instead of the correct donor name of "Texas Democratic Party". The date, amount and address were correct. This amended report corrects the name.

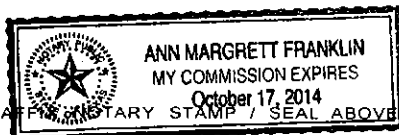
## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*DeWayne Lofton*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said DeWayne Lofton, this the 13th day of October

2014, to certify which, witness my hand and seal of office.

*Ann Margaret Franklin* Ann Margaret Franklin Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

FORM COR-C/OH

# **CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed <b>2014 OCT 13 PM 1 18</b>		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	DeWayne	MI	Date Received <b>2014 OCT 13 PM 1 18</b> <b>AUSTIN CITY CLERK RECEIVED</b>	
	NICKNAME	LAST	Lofton	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	07	01	2014	THROUGH	09	25
Date Hand-delivered or Postmarked						
Receipt #				Amount		
Date Processed						
Date Imaged						

## 6 EXPLANATION OF CORRECTION

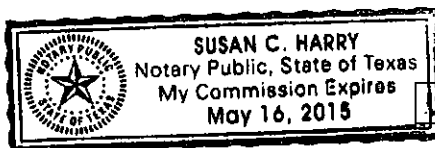
We inadvertently reported the wrong name of a donor of an in-kind donation as from the "Travis County Democratic Party" instead of the correct donor name of "Texas Democratic Party". The date, amount and address were correct. This amended report corrects the name.

## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.



☒ **Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DeWayne Lofton, this the 10<sup>th</sup> day of October, 2014, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Susan Harry  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# 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

NICKNAME

LAST

SUFFIX

Lofton

**OFFICE USE ONLY**

Date Received

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 14651  
Austin, TX 78761
☐ Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

**5 CAMPAIGN  
TREASURER  
NAME**

MS / MRS / MR

FIRST

MI

Hoover

NICKNAME

LAST

SUFFIX

Alexander

Date Processed

Date Imaged

**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**
☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer  
appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ 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

Month

Day

Year

11/04/2014

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special
**11 OFFICE**

OFFICE HELD (if any)

**12 OFFICE SOUGHT (if known)**

City Council, Place 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)  
00000012**15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

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

**COMMITTEE TYPE****COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****16 CONTRIBUTION  
TOTALS**

1. 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  
BALANCE**

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

\$

9,154.57

**OUTSTANDING  
LOAN TOTALS**

6. 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 10<sup>th</sup> day of October, 20 14, 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 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 <input type="checkbox"/> 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) <input type="checkbox"/>
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 <input type="checkbox"/> 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Self Employed	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/11/2014	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) King-Tears Mortuary, Inc.	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
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 <input type="checkbox"/> 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) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/06/2014	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/24/2014	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/14/2014	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Loewy Law Firm	
Date  08/07/2014	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
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 <input type="checkbox"/> 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) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Andrews Kurth LLP	
Date  07/24/2014	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) jeweler/carpenter		Employer (See Instructions) Self employed	
Date  08/22/2014	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Recycler		Employer (See Instructions) Austin Metal and Iron	
Date  08/25/2014	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/16/2014	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
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  07/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Slack, Tina  6 Contributor address; City; State; Zip Code 3702 Corum Cv Austin, TX 78746-1551	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) homemaker		10 Employer (See Instructions) none	
Date  07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Timothy  Contributor address; City; State; Zip Code 1902 Stamford Ln Austin, TX 78703-2942	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Democratic Party  Contributor address; City; State; Zip Code 4818 East Ben White Blvd., Suite 104 Austin, TX 78741	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable) voter file access  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Sam Biscoe Campaign  Contributor address; City; State; Zip Code 6411 Bridgewater Dr. Austin, TX 78723	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Triana, Gisela  Contributor address; City; State; Zip Code 5504 Fort Benton Dr Austin, TX 78735-7912	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) 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 <input type="checkbox"/> 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) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) owner/manager		10 Employer (See Instructions) Call Phonograph LLC	
Date  08/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Washington, Milton  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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Auditor		Employer (See Instructions) State of Texas Comptroller	
Date  07/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weynand, Mitch  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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Mark  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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date  08/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilt, Terry  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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/6 Report: 9/14		<b>2 FILER NAME</b> Lofton, DeWayne		<b>3 ACCOUNT # (TEC filers)</b> 00000012	
<b>4 Date</b> 09/08/2014		<b>5 Payee name</b> Boaz Enterprises			
<b>6 Amount (\$)</b> \$600.00		<b>7 Payee address</b> City; State; Zip Code 2011 E. 6th Street, Suite 1209 Austin, TX 78702			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting  <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> 07/30/2014		<b>Payee name</b> CheckMark Typesetting			
<b>Amount (\$)</b> \$1,713.39		<b>Payee address</b> City; State; Zip Code 3217 N. IH 35 Austin, TX 78722			
<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  <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> 08/20/2014		<b>Payee name</b> Facebook, Inc.			
<b>Amount (\$)</b> \$250.00		<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 political advertising  <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> 07/03/2014		<b>Payee name</b> First Data			
<b>Amount (\$)</b> \$108.95		<b>Payee address</b> City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (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	
<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: 2/6 Report: 10/14		<b>2 FILER NAME</b> Lofton, DeWayne		<b>3 ACCOUNT # (TEC filers)</b> 00000012	
<b>4 Date</b> 07/03/2014	<b>5 Payee name</b> First Data				
<b>6 Amount (\$)</b> \$16.58	<b>7 Payee address</b> City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b) Description</b> (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				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 07/03/2014	<b>Payee name</b> First Data				
<b>Amount (\$)</b> \$56.35	<b>Payee address</b> City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (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				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 08/04/2014	<b>Payee name</b> First Data				
<b>Amount (\$)</b> \$10.20	<b>Payee address</b> City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (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				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 08/04/2014	<b>Payee name</b> First Data				
<b>Amount (\$)</b> \$50.50	<b>Payee address</b> City: State: Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (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				
<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: 3/6 Report: 11/14		<b>2 FILER NAME</b> Lofton, DeWayne		<b>3 ACCOUNT # (TEC filers)</b> 00000012
<b>4 Date</b> 08/04/2014	<b>5 Payee name</b> First Data			
<b>6 Amount (\$)</b> \$74.77	<b>7 Payee address</b> City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b) Description</b> (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			
<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> First Data			
<b>Amount (\$)</b> \$8.90	<b>Payee address</b> City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (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			
<b>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> First Data			
<b>Amount (\$)</b> \$24.33	<b>Payee address</b> City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (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			
<b>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> First Data			
<b>Amount (\$)</b> \$71.82	<b>Payee address</b> City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (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			
<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: 4/6 Report: 12/14		<b>2 FILER NAME</b> Lofton, DeWayne		<b>3 ACCOUNT # (TEC filers)</b> 00000012	
<b>4 Date</b> 08/04/2014		<b>5 Payee name</b> Malveaux, Rudolph			
<b>6 Amount (\$)</b> \$875.00		<b>7 Payee address</b> City; State; Zip Code 1129 Gunter St. Austin, TX 78721			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign management  <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> 08/29/2014		<b>Payee name</b> Malveaux, Rudolph			
<b>Amount (\$)</b> \$1,750.00		<b>Payee address</b> City; State; Zip Code 1129 Gunter St. Austin, TX 78721			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign management  <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> 07/01/2014		<b>Payee name</b> Susan Harry Consulting, LLC			
<b>Amount (\$)</b> \$575.00		<b>Payee address</b> City; State; Zip Code P.O. Box 301074 Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> compliance consulting  <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> 07/15/2014		<b>Payee name</b> Susan Harry Consulting, LLC			
<b>Amount (\$)</b> \$575.00		<b>Payee address</b> City; State; Zip Code P.O. Box 301074 Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Compliance consulting  <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: 5/6 Report: 13/14		<b>2 FILER NAME</b> Lofton, DeWayne		<b>3 ACCOUNT # (TEC filers)</b> 00000012	
<b>4 Date</b> 08/01/2014	<b>5 Payee name</b> Susan Harry Consulting, LLC				
<b>6 Amount (\$)</b> \$1,400.00	<b>7 Payee address</b> City: State: Zip Code P.O. Box 301074 Austin, TX 78703				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising & compliance consulting		
	<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> 08/29/2014	<b>Payee name</b> Susan Harry Consulting, LLC				
<b>Amount (\$)</b> \$1,400.00	<b>Payee address</b> City: State: Zip Code P.O. Box 301074 Austin, TX 78703				
<b>PURPOSE OF EXPENDITURE</b>	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:
<b>Date</b> 09/08/2014	<b>Payee name</b> Texas Democratic Party				
<b>Amount (\$)</b> \$550.00	<b>Payee address</b> City: State: Zip Code 4818 East Ben White Blvd., Suite 104 Austin, TX 78741				
<b>PURPOSE OF EXPENDITURE</b>	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:
<b>Date</b> 07/01/2014	<b>Payee name</b> YStrategy				
<b>Amount (\$)</b> \$3,500.00	<b>Payee address</b> City: State: Zip Code 3010 Manor Rd. Austin, TX 78723				
<b>PURPOSE OF EXPENDITURE</b>	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) ☐  
printing

☐ 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  
08/04/2014

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) ☐  
Consulting

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought:

Office held:

Date  
08/29/2014

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) ☐  
Consulting

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought:

Office held: