FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

| , , | | | · | ر _م | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|------------------------------|----------------------------------|----------------------------|--|
| 1 ACCOUNT# | | 2 | Total pages filed: | 62 | OFFICE | E USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME | | Gree | · | MI | Date Received | AUSTIN RE 2014 OCT (| |
| 4 ORIGINAL REPORT TYPE | January 15 July 15 30th day before election 8th day before election | 15th day appoint Final rep | ed \$500 limit y after treasurer ment (officeholder only) | Other (specify) | Date Hand-delivered of Receipt # | CEIVE | |
| 5 ORIGINAL PERIOD COVERED 6 EXPLANATION OF CO | Month Day Yea 07 01 2014 | | JGH . 09 /2 | Day Year 25 / 2014 | Date Imaged | | |
| The employer and occupation for one donor was inadvertently left off of the original report. This report includes that information. We are also including information regarding out of state PAC contributions that we were unable to locate before the original report was due. | | | | | | | |
| 7 AFFIDAVIT | rep | oort is true | e and correct. | nalty of perjury, t | hat this correc | ted | |
| Notary Public, My Commis | 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. SUSAN C. HARRY Notary Public, State of Texas My Commission Expires Other reports (excluding semiannual reports due on or after September 1, 2011): I swear or affirm that Lorn 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 of Candidate or Officeholder | | | | | | | |
| 12/ | ed before me, by the said ertify which, withess my hand a | <u> </u> | office. | this the | day of O | Av., er administering oath | |
| R | emember To Attach A | nv Part | Of The Camp | aign Finance F | enort Form | | |

Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | N. | | | |
|---------------------------------------------------------------|---------------------------------------------------------------------|-----------------------|---------------------------------------------------|---------------------|---------------------------------------|
| The C/OH Instruction Guil | DE explains how to complete this | Torm. (Et | COUNT # hics Commission filers) | 2 PAGE# 1 of 58 | |
| 3 CANDIDATE / OFFICEHOLDER | Ms/MRs/MR FIRST Grego | | MI | OFFICE U | SE ONLY |
| NAME | NICKNAME LAST Casar | | SUFFIX | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | P.O. Box 180941 Austin, TX 78718 | ; CITY; | STATE; ZIP CODE | Date Hand-delivered | or Date Postmarked |
| Change of Address | Traditity (TX) or 10 | | | | |
| | | | | Receipt # | Amount |
| 5 CAMPAIGN TREASURER | MS / MRS / MR FIRST | | MI | Date Processed. | |
| NAMĖ | Teofile | · | | Date Imaged | |
| r | Teo Tijerin | | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE) 1201 Tinnin Ford Austin, TX 78741 |); APT / SUITE #; | CITY; STATE; | ZIP CODE | |
| , 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMB (512) 964-2843 | BER | EXTENSION | | |
| 8 REPORT TYPE | January 15 X 30th o | day before election | Runoff | 15th day after co | ampaign treasurer ficeholder only) |
| ٠. | July 15 8th da | ay before election | Exceeded \$500 limit | Final report (Atta | ach 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 Primary | Runoff X | General | Special |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) City Council District | | <u> </u> |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

| SUPPORT & TOTALS COVER SHEET PG 2 | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------|--|--|--|
| 13 C/OH NAME Casa | r, Gregorio | | 14 ACCOUNT # 00000010 | (Ethics Commission filers) | | | |
| 15 NOTICE FROM | have been made with | tice of political expenditures by political committees to support the tout the candidate's or officeholder's knowledge or consent. Candid by receive notice of such expenditures | | | | | |
| POLITICAL COMMITTEE TYPE COMMITTEE NAME | | | | | | | |
| · | GENERAL COMMITTEE ADDRESS | | | | | | |
| · | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| additional pages | • | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |
| | | | | | | | |
| 16 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ | | 2,797.00 | | | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 43,513.20 | | | |
| EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ | | | 619.26 | | | | |
| · | 4. TOTAL I | POLITICAL EXPENDITURES | \$ | 30,617.30 | | | |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD | \$ | 43,924.53 | | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD | \$ | 5,025.00 | | | |
| 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. SUSAN C. HARRY Notary Public, State of Texas | | | | | | | |
| May 16, 2015 | | | | | | | |
| | Sworn to and subscribed before me, by the said | | | | | | |
| of 10 (100) | 20 | rtify which, witness my hand and seal of office. | ^ | , | | | |
| Signature of officer admi | nistering oath | Print name of officer administering oath | Title of officer adn | ninisterile oath | | | |

| The Instructi | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/3 | 34 Report: 3/58 |
|---------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------|----------------------------------------------------|
| 2 FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor | <i>‡</i>) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 07/11/2014 | 6 Contributor address; City; State; Zip Code 6204 Shadow Mountain Cv Austin, TX 78731-4110 | | \$150.00 | |
| } | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occu | pation / Job title (See nstructions) | 10 Employer (See In | structions) | |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/07/2014 | Contributor address; City; State; Zip Code 1607 Kerr Ave Austin, TX 78704-1424 | | \$250.00 | ` |
| | 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7 | | | <u> </u> |
| | | | | Texas, complete Schedule T) |
| Principal occu Owner | pation / Job title (See Instructions) | Employer (See In Bicycle Sport S | | |
| Owner | | Bicycle Sport S | пор . | |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/22/2014 | Contributor address; City; State; Zip Code 1625 L St NW | | \$350.00 | i |
| | Washington, DC 20036-5665 | | : (If travel outside of | Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See In | structions) | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/05/2014 | Contributor address; City; State; Zip Code 1204 Castle Hill St Austin, TX 78703-4126 | | \$150.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See In | structions) | |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/04/2014 | Contributor address; City; State; Zip Code 1101 Grove Blvd Apt 703 | · · · · · · · · · · · · · · · · · · · | \$200.00 [°] | |
| | Austin, TX 78741-3513 | | | ·. _ |
| | | | <u> </u> | Texas, complete Schedule T) |
| Principal occup Professor | pation / Job title (See Instructions) | Employer (See In Austin Commur | , | |

| , | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE# Schedule: 2/3 | 34 Report: 4/58 |
|---|----------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------|------------------------------------------------------|
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 | Date _. | 5 Full name of contributor ☐ out-of-state PAC (ID# Alvarez, Grace |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/16/2014 | 6 Contributor address; City; State; Zip Code 1406 N Georgetown St Round Rock, TX 78664-3211 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Floral Design | eation / Job title (See Instructions) | 10 Employer (See In Violet Hill | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/14/2014 | Contributor address; City; State; Zip Code 1107 Quaker Ridge Dr Austin, TX 78746-6340 | | \$100.00 | |
| | | | | | · ·- · · · · · · · · · · · · · · · · · · |
| | Principal occur | pation / Job title (See Instructions) | Employer (See In | | Texas, complete Schedule T) |
| | Frincipal occup | iadon / Job due (See instructions) | Employer (See III | structions) | |
| | Date | Full name of contributor □ out-of-state PAC (ID# Aparicio, Eduardo |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/20/2014 | Contributor address; City; State; Zip Code 9906 Dorset Dr Austin, TX 78753-4414 | | \$100.00 | |
| | | Augili, 17/10/00 44/4 | | (if travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Emplayer (See In | structions) | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Austin Board of Realtors PAC |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/24/2014 | Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756 | | \$350.00 | f |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/07/2014 | Contributor address; City; State; Zip Code 2408 Keating Ln Austin, TX 78703-2342 | | \$350.00 | |
| | | , | | ()fitzaral mataida | Texas, complete Schedule T) |
| | Principal occup Land Steward | eation / Job title (See Instructions) | Employer (See In Shield Ranch | <u> </u> | Texas, complete scriedule 1) |
| | | | | | |

| <u> </u> | | | | | | <u> </u> |
|----------|------------------------------|----------------------------------------------------------------|-------------------------|----------------------------------------------|-------------------------------|--------------------------------------------------|
| | The Instruction | on Guide explains how to com | plete this form. | | 1 PAGE# | |
| | <u> </u> | | | | Schedule: 3/3 | 34_Report: 5/58 |
| 2 | FILER NAME | Casar, Gregorio | | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| - | | F F # | — | , | <u> </u> | l o la tradicionale de la |
| 4 | Date | 5 Full name of contributor Barrett, Kathleen | ut-of-state PAC (ID# | ;) | 7 Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/17/2014 | 6 Contributor address; 9011 Blue Quail Austin, TX 78758 | City; State; Zip Code | | \$200.00 | |
| | | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup counselor | eation / Job title (See Instruction | ns) | 10 Employer (See In Samaritan Cent | | |
| | Date | Full name of contributor Beall, Jonathan | out-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| : | 08/27/2014 | Contributor address; 2503 Flora Cv Austin, TX 78746-6902 | City; State; Zip Code | | \$100.00 | |
| | | · | | | (if travel outside of | Texas, complete Schedule T) |
| | Principal occur | ation / Job title (See Instruction | ne) | Employer (See In | <u> </u> | Toxas, complete contents 17 |
| | Timospar occup | and the food management | 10) | Employer (dec m | ionocuoria; | |
| | Date | Full name of contributor Behara, Vasu | out-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/28/2014 | Contributor address; 360 Nueces St Apt 3204 | City; State; Zip Code | | \$101.00 | |
| | | Austin, TX 78701-4274 | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instruction | ns) | Employer (See In | estructions) | |
| - | | | | | T | • • • • • • • • • • • • • • • • • • • |
| | Date | Full name of contributor Blackburn Betts PLLC | ☐ out-of-state PAC (ID# | <u>; </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/18/2014 | Contributor address, 1106 San Antonio St | City; State; Zip Code | | \$200.00 | <u> </u> - |
| | | Austin, TX 78701-2109 | • | | | |
| | | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instruction | ns) | Employer (See In | estructions) | |
| - | Data | Full name of contributor | ☐ out-of-state PAC (ID# | <u></u> | Amount of | In-kind contribution |
| | Date | Bogdanski, David | Out-of-state PAC (ID# | !) | contribution (\$) | description (if applicable) |
| | 08/09/2014 | Contributor address; 604 Wilmes Dr Austin, TX 78752-4140 | City; State; Zip Code | | \$100.00 |] |
| | | | | • | (If travel outside of | Texas, complete Schedule T) |
| \vdash | Principal occur | t ation / Job title (See Instruction | ns) | Employer (See In | <u> </u> | |
| | , | , | • | , , | • | |

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE# . Schedule: 4/3 | 34 Report: 6/58 | | | |
|---|------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------|-------------------------------------------------------|--|--|--|
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) | | | |
| 4 | Date | 5 Full name of contributor uut-of-state PAC (IDA Bolivar, Gonzalo | ! | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | | |
| | 09/19/2014 | 6 Contributor address; City; State; Zip Code 7312 Ogden Ave Apt 6 | | \$350.00 | | | | |
| | | Riverside, IL 60546-2647 | | (If travel outside of | Texas, complete Schedule T) | | | |
| 9 | | ation / Job title (See Instructions) ommodities trader & broker | 10 Employer (See In Self | structions) | | | | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Bozdogan, Bunyamin | <u>'</u>) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 08/25/2014 | Contributor address; City; State; Zip Code 2000 Short Summer Dr Austin, TX 78754-5857 | | \$75.00 | | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | | | |
| L | | | | | | | | |
| | Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 09/01/2014 | Contributor address; City; State; Zip Code 12001 Remington Rd Oklahoma City, OK 73170-4853 | | \$250.00 | | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | | |
| | Principal occup President | ation / Job title (See Instructions) | Employer (See In Brewer Enterpr | | | | | |
| | Date | Full name of contributor | ·) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 09/07/2014 | Contributor address; City; State; Zip Code 7802 Swindon Ln Austin, TX 78745-6826 | | \$200.00 | | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | | |
| | Principal occup Educator | ation / Job title (See Instructions) | Employer (See In Texas AFT | structions) | | | | |
| | Date | Full name of contributor □ out-of-state PAC (ID# Bridges, Russell |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 6405 Cascada Dr Austin, TX 78750-8156 | • | \$100.00 | | | | |
| | | · | | (If travel outside of | Texas, complete Schedule T) | | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | | | |
| L | | | | . =00 | | | | |

| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE# | 34 Report: 7/58 |
|----------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|----------------------------------------------------|
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT # 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 07/20/2014 | 6 Contributor address; City; State; Zip Code 6500 Santolina Cv Austin, TX 78731-2806 | | \$100.00 | |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | pation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/23/2014 | Contributor address; City; State; Zip Code 2430 Worchester Rd Midlothian, VA 23113-6058 | | \$350.00 | |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| | Principal occup CEO | pation / Job title (See Instructions) | Employer (See In Slipper App, Ind | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/21/2014 | Contributor address; City; State; Zip Code 7000 Timarou Ter Austin, TX 78754-5738 | | \$100.00 | |
| | | | | (If trave) outside of | Texas, complete Schedule T) |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In | <u> </u> | |
| _ | Date | Full name of contributor ☐ out-of-state PAC (ID# Cherian, Antony | <u>; </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/15/2014 | Contributor address; City; State; Zip Code 5807 Lookout Mountain Dr Austin, TX 78731-3617 | | \$100.00 |] |
| | | , | | | ' |
| - | Principal occur | pation / Job title (See Instructions) | Employer (See In | <u> </u> | Texas, complete Schedule T) |
| | · morpor codop | (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 1101 (000 11 | | | |
| | Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/28/2014 | Contributor address; City; State; Zip Code PO Box 144542 Austin, TX 78714-4542 | | \$300.00 | ; [|
| | | | | (If travel outside of | Texas, complete Schedule T) |
| <u> </u> | Principal occup Driver | Dation / Job title (See Instructions) | Employer (See In Lonestar Cab | 1 - | |
| ı | | | | | |

| _ | | | | | | | | |
|---|--------------------------------|----------------------------------------------------------------------|-------------------------|----------------------------------------|-------------------------------------|-----------------------------------------------------|--|--|
| | The Instruction | on Guide explains how to con | plete this form. | | 1 PAGE# Schedule: 6/3 | 34 Report: 8/58 | | |
| 2 | FILER NAME | Casar, Gregorio | | · · | 3 ACCOUNT# 00000010 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor Chimenti, Danette | out-of-state PAC (ID# | *) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 09/18/2014 | 6 Contributor address; 200 The Cir Austin, TX 78704-2418 | City; State; Zip Code | | \$350.00 | | | |
| | | | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup Consultant | ation / Job title (See Instruction | ns) | 10 Employer (See In Self | structions) | | | |
| | Date | Full name of contributor Church, Danielle | out-of-state PAC (ID) | *). | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 08/20/2014 | Contributor address; 17306 Autumn Oak Ct Spring, TX 77379-5556 | City; State; Zip Code | ······································ | \$350.00 | | | |
| | | | · | | <u> </u> | Texas, complete Schedule T) | | |
| | Principal occup Attorney | ation / Job title (See Instruction | ns) | Employer (See In Waller Lansder | estructions) n Dortch & Davis, I | LLP | | |
| | Date | Full name of contributor Cirkiel, Martin | ☐ out-of-state PAC (ID# | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/11/2014 | Contributor address; 1201 County Road 138 Hutto, TX 78634-5127 | City; State; Zip Code | | \$350.00 | | | |
| l | | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Attorney | ation / Job title (See Instruction | ns) | Employer (See In Cirkiel & Assoc | structions) | | | |
| | Date | Full name of contributor Cirkiel, Pamela | ☐ out-of-state PAC (ID# | *) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/11/2014 | Contributor address; 1201 County Road 138 Hutto, TX 78634-5127 | City; State; Zip Code | | \$350.00 | | | |
| | | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Real Estate | ation / Job title (See Instruction | ns) | Employer (See In M.E. Gene Joh | structions) nson Realtors, Inc | | | |
| | Date | Full name of contributor Cirkiel, Sarah | ☐ out-of-state PAC (ID# | ‡) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 07/08/2014 | Contributor address; 912 E 48th St Austin, TX 78751-3407 | City; State; Zip Code | | \$350.00 |] } | | |
| | | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | | ation / Job title (See Instruction | ns) | Employer (See In | structions) | | | |
| | Publicist | | | Pitch Control Pi | ublic Relations | | | |

| | The Instruction | N Guide explains how to complete this form. | | 1 PAGE # Schedule: 7/3 | 34 Report: 9/58 | | | |
|---|-----------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|-----------------------------------------------------|--|--|--|
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) | | | |
| 4 | Date | 5 Full name of contributor uut-of-state PAC (ID# Clinton, Ryan |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | | |
| | 07/21/2014 | 6 Contributor address; City; State; Zip Code 8509 Adirondack Cv Austin, TX 78759-7917 | | \$100.00 | | | | |
| _ | Delevate at a save | stien (lab title (Con la devestions) | 40 Employer (Cooks | l ' ' | Texas, complete Schedule T) | | | |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) | | | | |
| | Date | Full name of contributor uut-of-state PAC (ID# Cofer, Rick |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 507 Pressler St Apt 4132 | | \$100.00 | 1 | | | |
| | | Austin, TX 78703-5192 | | (If travel outside of | Texas, complete Schedule T) | | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In: | structions) | | | | |
| | | • . | | | | | | |
| | Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| - | 08/25/2014 | Contributor address; City; State; Zip Code 939 N High St Unit 202 Columbus, OH 43201-2555 | | \$350.00 | | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | | |
| | Principal occup Attorney | ation / Job title (See Instructions) | Employer (See In: Unemployed | structions) | | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Curry, Michael |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 09/15/2014 | Contributor address; City; State; Zip Code 700 Lavaca St. Ste. 1400 | | \$100.00 | l , | | | |
| | , | Austin, TX 78701 | | (If travel outside of | Texas, complete Schedule T) | | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In: | structions) | | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | | |
| | 09/17/2014 | Contributor address; City; State; Zip Code 8900 Bluegrass Dr Austin, TX 78759-7168 | | \$100.00 | | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In: | • | , , | | | |
| | | · · · · · · · · · · · · · · · · · · · | , , , , , , , , , , , , , , , , , , , , | • | | | | |

| The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 8/ | 34 Report: 10/58 |
|------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------|--------------------------------------------------|
| 2 FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Daywood, Barbara | !) | 7 Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/30/2014 | 6 Contributor address; City; State; Zip Code 11231 Tracton Ln Austin, TX 78739-1401 | | \$300.00 | 1 - / 1 1 |
| | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occul Realtor | pation / Job title (See Instructions) | 10 Employer (See In Self | structions) | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/18/2014 | Contributor address; City; State; Zip Code 7821 Wisteria Valley Dr Austin, TX 78739-1993 | | \$100.00 |] |
| | Trading TX 10705 7555 | | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See In | 1 ' | Texas, complete Schedule T) |
| r mopal occu | parion, and the fore management | Employer (dee m | au deliona) | |
| Date | Full name of contributor out-of-state PAC (ID# Dileo, Michael | () | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/20/2014 | Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703-3138 | | \$350.00 | † · |
| | Austin, 17/0/03-3130 | • | (If travel outside of | Texas, complete Schedule T) |
| Principal occu Writer | pation / Job title (See Instructions) | Employer (See In Self | structions) | |
| Date . | Full name of contributor | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/20/2014 | Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703-3138 | | \$350.00 | |
| | | | L.` | Texas, complete Schedule T) |
| Principal occup Partner | pation / Job title (See Instructions) | Employer (See In Kiliam Oil Comp | | • |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/20/2014 | Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751-1912 | | \$200.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | Employer (See In | structions) | · · · · · · · · · · · · · · · · · · · |
| Executive Dir | ector | Austin Coopera | tive Business Ass | sociation |

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

| | The Instruction | אס Guide explains how to complete this form. | · | 1 PAGE# Schedule: 9/ | 34 Report: 11/58 |
|----------|-------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------------|
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ⊠ out-of-state PAC (ID# Eastern Missouri Laborers' Educational and Bene | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 08/27/2014 | 6 Contributor address; City; State; Zip Code 3450 Hollenberg Dr Bridgeton, MO 63044-2405 | | \$350.00 | [|
| | | | | (if travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| | Date | Full name of contributor | <u>;</u>) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/22/2014 | Contributor address; City; State; Zip Code 316 West 12th St. Ste. 202 | ب ر | \$350.00 | |
| | | Austin, TX 78701 | | (If travel outside of | Texas, complete Schedule T) |
| \vdash | Principal occup | ation / Job title (See Instructions) | Employer (See In | <u>. </u> | |
| | | | | | i |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Ejigu, Daniel | <u>; </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/20/2014 | Contributor address; City; State; Zip Code 1522 Thibodeaux Dr Round Rock, TX 78664-7209 | · · · · · · · · · · · · · · · · · · · | \$300.00 | |
| | | Tround Mosk, TX 1000 / 1200 | | | |
| _ | Principal occur | pation / Job title (See Instructions) | Employer (See In | <u> </u> | Texas, complete Schedule T) |
| | Driver | allow the foce management | AB Cab Co. | | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Engdaw, Teferi | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/20/2014 | Contributor address; City; State; Zip Code 2505 Alexander Ct Round Rock, TX 78665-7917 | | \$300.00 | 1 |
| | | - | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Driver | ation / Job title (See Instructions) | Employer (See In Lonestar Cab | structions) | |
| | Date | Full name of contributor | <u>; </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/19/2014 | Contributor address; City; State; Zip Code 5508 Janice Ave Kenner, LA 70065-1540 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Programmer | ation / Job title (See Instructions) | Employer (See In Force Multiplier | | |

| L | | | | | |
|---|-----------------------------|----------------------------------------------------------------------------------------|---------------------------------|-------------------------------|------------------------------------------------------------------------|
| | The INSTRUCTION | ON GUIDE explains how to complete this form. | • | 1 PAGE# | 1/34 Report: 12/58 |
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT # 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Fish, Andrew |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/23/2014 | 6 Contributor address; City; State; Zip Code 2 Rose St Somerville, MA 02143-3811 | | \$51.00 | |
| | | | , | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Advocate | pation / Job title (See Instructions) | 10 Employer (See In MASSPIRG | structions) | |
| | Date | Full name of contributor ut-of-state PAC (ID#Fish, Andrew | <u>;</u>) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/23/2014 | Contributor address; City; State; Zip Code 2 Rose St Somerville, MA 02143-3811 | | \$199.00 | |
| | | , | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | | | | | |
| | Date | Full name of contributor | ‡) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/04/2014 | Contributor address; City; State; Zip Code 4904 Tahoe Tr! Austin, TX 78745-1556 | | \$20.00 | |
| | | • | , | 1 ' | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor | ‡) | Amount of contribution (\$) | in-kind contribution description (if applicable) |
| 4 | 08/17/2014 | Contributor address; City; State; Zip Code 4904 Tahoe Trl Austin, TX 78745-1556 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor ut-of-state PAC (ID# Garcia, Angie | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) music for event |
| | 09/24/2014 | Contributor address; City; State; Zip Code 1704 Meander Dr. Austin, TX 78721 | | \$200.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup artist | eation / Job title (See Instructions) | Employer (See In self | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| | | | | | |

| | The Instruction | IN GUIDE explains how to complete this form. | | 1 PAGE# | ······································ |
|---|-------------------|--------------------------------------------------------------------------------------------|---------------------|-------------------------------|-----------------------------------------------------|
| | | | | Schedule: 11 | /34 Report: 13/58 |
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Garcia & Garcia Attorneys at Law PLLC |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/24/2014 | 6 Contributor address; City; State; Zip Code PO Box 140028 Austin, TX 78714 | | \$350.00 | |
| _ | Dringing! | ation / Job title (See Instructions) | 48 Employer/See In | <u> </u> | Texas, complete Schedule T) |
| 9 | Principal occup | ation / 300 title (See instructions) | 10 Employer (See In | structions) | |
| | Date | Full name of contributor ut-of-state PAC (ID# Garwood, Merle |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/31/2014 | Contributor address; City; State; Zip Code 3408 Timberwood Cir Austin, TX 78703-1013 | | \$100.00 | [[[|
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | <u>.</u> | | | | |
| | Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/18/2014 | Contributor address; City; State; Zip Code 8624 Young Ln Austin, TX 78737-3154 | | \$100.00 | |
| | | | | /lf traval outside of | Texas, complete Schedule T) |
| | Principal occur | ation / Job title (See Instructions) | Employer (See In: | <u> </u> | rexas, complete schedule 1) |
| | - Tillcipal occup | audity 300 tille (366 illistractions) | Employer (See an | structions | |
| | Date | Full name of contributor ut-of-state PAC (ID# Gene, Fatih |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/25/2014 | Contributor address; City; State; Zip Code 8106 Chainfire Cv Austin, TX 78729-6421 | | \$100.00 | |
| | | | | | ************************************** |
| | Principal occur | ation / Job title (See Instructions) | Employer (See In: | | Texas, complete Schedule T) |
| | -ттеграг оссир | audit 7 Job une (Jee mail uctions) | Employer (See III | | |
| | Date | Full name of contributor ut-of-state PAC (ID# George, R. James Jr. |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/17/2014 | Contributor address; City; State; Zip Code 2501 Stratford Dr Austin, TX 78746-5755 | | \$150.00 | I I I , |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | | , | | | |

| | <u> </u> | | | |
|----------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|--------------------------------------------------------------------------|
| The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 12 | /34 Report: 14/58 |
| 2 FILER NAME | Casar, Gregorio | | | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ut-of-state PAC (ID# Getahun, Firew | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 08/25/2014 | 6 Contributor address; City; State; Zip Code 2722 High Point Dr Round Rock, TX 78664-5790 | | \$300.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occup Accountant | pation / Job title (See Instructions) | 10 Employer (See In Financial freedo | | · · · · · · · · · · · · · · · · · · · |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/10/2014 | Contributor address; City; State; Zip Code 5114 Emerald Forest Dr Austin, TX 78745-2123 | | \$250,00 | |
| C | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Executive Dir | pation / Job title (See Instructions) ector | Employer (See In Austin Young C | structions) hamber of Comm | erce |
| Date | Full name of contributor | <u>. </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) food & drinks for event |
| 09/18/2014 | Contributor address; City; State; Zip Code 605 W 10th St Austin, TX 78701 | | \$270.20 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See In: | structions) | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/14/2014 | Contributor address; City; State; Zip Code 7416 Carissa Cv Austin, TX 78759-6445 | | \$350.00 | |
| | · | | <u> </u> | Texas, complete Schedule T) |
| Principal occup Yoga Instruct | pation / Job title (See Instructions) for | Employer (See In: Self Employed | structions) | |
| Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/14/2014 | Contributor address; City; State; Zip Code PO Box 200388 Austin, TX 78720-0388 | | \$350.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Engineer | Dation / Job title (See Instructions) | Employer (See In: CP&Y, Inc | <u></u> | |

| | The Instruction | ON GUIDE explains how to complete this form. | · · · · · · · · · · · · · · · · · · · | 1 PAGE# Schedule: 13 | //34 Report: 15/58 |
|---|----------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------|----------------------------------------------------|
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Hadnot, Carolyn | !) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/19/2014 | 6 Contributor address; City; State; Zip Code 8204 Brettonwoods Lane Austin, TX 78753 | | \$100.00 | |
| | | · · | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/25/2014 | Contributor address; City; State; Zip Code 2722 High Point Dr Round Rock, TX 78664-5790 | | \$300.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Financial Fre | pation / Job title (See Instructions) edom | Employer (See In Production | estructions) | |
| | Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| - | 09/02/2014 | Contributor address; City; State; Zip Code 7820 Prospect Ave Kansas City, MO 64132-3403 | | \$350.00 | |
| | - | | ı. | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor ut-of-state PAC (ID# | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/28/2014 | Contributor address; City; State; Zip Code 9426 Hunters Trce Austin, TX 78758-6202 | | \$50.00 |] |
| | | | - | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/15/2014 | Contributor address; City; State; Zip Code 9426 Hunters Trce Austin, TX 78758-6202 | | \$50.00 | |
| | e. | | | (if travel outside of | Texas, complete Schedule T) |
| | Prińcipal occup | pation / Job title (See Instructions) | Employer (See In | structions) | |
| i | | | | | · · |

| _ | | | | | |
|---|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 14 | /34 Report: 16/58 |
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT # 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID) Herring, Charles | ;) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 07/16/2014 | 6 Contributor address; City; State; Zip Code 1204 Castle Hill St Austin, TX 78703-4126 | | \$350.00 | |
| | 1 | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Attorney | ation / Job title (See Instructions) | 10 Employer (See In Herring & Irwin, | | · |
| | Date | Full name of contributor | £ C00027342) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/17/2014 | Contributor address; City; State; Zip Code 900 7th St NW Washington, DC 20001-3886 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| - | Principal occur | pation / Job title (See Instructions) | Employer (See In | <u> </u> | |
| | | | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/19/2014 | Contributor address; City; State; Zip Code 1135 Burdette St New Orleans, LA 70118-3972 | 1 | \$350.00 | |
| | | | | <u> </u> | Texas, complete Schedule T) |
| | Principal occup Accountant | eation / Job title (See Instructions) | Employer (See In Leon Lowe and | , | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/20/2014 | Contributor address; City; State; Zip Code 1604 E 11th St Austin, TX 78702-2716 | | \$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 |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/14/2014 | Contributor address; City; State; Zip Code 2704 Woodland Hills Cv Austin, TX 78732-2096 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| - | Principal occur | eation / Job title (See Instructions) | Employer (See In | <u> 1 i. </u> | |
| | , i illioipai occup | and the transfer of the second | ,µ10,761 (000 111 | 44.01101 | |

| | · · · · · · · · · · · · · · · · · · · | | | : |
|-------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|----------------------------------------------------|
| The Instruction | אס Guide explains how to complete this form. | | 1 PAGE# Schedule: 15 | /34 Report: 17/58 |
| 2 FILER NAME | Casar, Gregorio | ٨ | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor uut-of-state PAC (ID# Kassa, Solomon |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 08/27/2014 | 6 Contributor address; City; State; Zip Code 2958 Donnell Dr Round Rock, TX 78664-5709 | | \$300.00 | ! ! |
| | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occup Operator | eation / Job title (See Instructions) | 10 Employer (See In Capital Metro | structions) | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/27/2014 | Contributor address; City; State; Zip Code 17205 Tobermory Dr Pflugerville, TX 78660-1726 | | \$300.00 | ' |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Attendant | ation / Job title (See Instructions) | Employer (See in DPS | <u> </u> | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/05/2014 | Contributor address; City; State; Zip Code 4115 Abingdon Dr Garland, TX 75043-7251 | , , , , , , , , , , , , , , , , , , , , | \$350.00 | |
| | , | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup | leation / Job title (See Instructions) | Employer (See In | <u> </u> | |
| COO | | Force Multiplier | Solutions, Inc | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/05/2014 | Contributor address; City; State; Zip Code 4115 Abingdon Dr Garland, TX 75043-7251 | | \$350.00 | † |
| | | | (if travel outside of | Texas, complete Schedule T) |
| Principal occup Homemaker | ation / Job title (See Instructions) | Employer (See In Homemaker | structions) | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/08/2014 | Contributor address; City; State; Zip Code 7914 Bee Cave Rd Austin, TX 78746-4903 | | \$350:00 | |
| | | • | (If travel outside of | Texas, complete Schedule T) |
| Principal occup CEO | ation / Job title (See Instructions) | Employer (See In Encotech Engir | | |
| L | | | | |

| L | | | | | |
|---|----------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------|----------------------------------------------------|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 16 | 6/34 Report: 18/58 |
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT # 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID: Khataw, Nahid | #) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/08/2014 | 6 Contributor address; City; State; Zip Code 7914 Bee Cave Rd Austin, TX 78746-4903 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Owner | ation / Job title (See Instructions) | 10 Employer (See In Accurate CAD (| structions) & Technical Servi | ces, Inc. |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/13/2014 | Contributor address; City; State; Zip Code 755 E Ottorf St | | \$100:00 | |
| | | Apt 201 Austin, TX 78704-5691 | | (If travel outside of | Texas, complete Schedule T) |
| - | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | | | | | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/16/2014 | Contributor address; City; State; Zip Code 20521 Auk Rd Pflugerville, TX 78660-7836 | | \$100.00 | |
| | | | | | |
| | Principal occur | ation / Job title (See Instructions) | Employer (See In | <u> </u> | Texas, complete Schedule T) |
| | - пнорагоссир | | Employer (See III | structions) | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/15/2014 | Contributor address; City; State; Zip Code 2804 Deercreek Cir Austin, TX 78703-1115 | | \$200.00 | ι |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Real Estate/F | ation / Job title (See Instructions) Retired | Employer (See In Self-Dimension | 1. | |
| H | Data | Full name of contributes. | <u> </u> | Amount of | I In kind contribution |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/09/2014 | Contributor address; City; State; Zip Code 1717 W 6th St Ste 445 | | \$350.00 | I |
| | | Austin, TX 78703-4791 | | | - |
| L | | | <u> </u> | <u> </u> | Texas, complete Schedule T) |
| | Principal occup Real Estate D | ation / Job title (See Instructions) Develoment | Employer (See In Capital City Par | | · |

| ⊢- | | | | | | |
|----|----------------------------------|-----------------------------------------------------------------------------|-----------------------|--------------------------------------|-------------------------------|----------------------------------------------------|
| | The Instruction | ON GUIDE explains how to com | plete this form. | | 1 PAGE# Schedule: 17 | 7/34 Report: 19/58 |
| 2 | FILER NAME | Casar, Gregorio | | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor Lamy, Leslie | out-of-state PAC (ID: |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/09/2014 | 6 Contributor address; 1717 W 6th St Ste 445 Austin, TX 78703-4791 | City; State; Zip Code | | \$350.00 | t |
| | | , , , , , , , , , , , , , , , , , , , | • | | (if travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Homemaker | etion / Job title (See Instruction | ns) | 10 Employer (See In Homemaker | structions) | |
| | Date | Full name of contributor Langford, Randy | out-of-state PAC (IDa | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/09/2014 | Contributor address; 1104 Nueces St Ste 204 | City; State; Zip Code | | \$350.00 | |
| | | Austin, TX 78701-2106 | | | | _ |
| | | | ·· - <u> </u> | , | , | Texas, complete Schedule T) |
| | Principal occup Attorney | ation / Job title (See Instruction | ns) | Employer (See In The Langford F | | |
| | Date | Full name of contributor Law Office of Paul Quinzi | out-of-state PAC (ID) | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/28/2014 | Contributor address; 707 W 10th St Austin, TX 78701-2033 | City; State; Zip Code | | \$350.00 |] |
| | | | i . | | ' | Texas, complete Schedule T) |
| | Principal occup | eation / Job title (See Instruction | ns) | Employer (See In | structions) | • |
| | Date | Full name of contributor LeBlanc, Heather | out-of-state PAC (ID) | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/12/2014 | Contributor address; 2607 Arizona Dr Marrero, LA 70072-6107 | City; State; Zip Code | | \$350.00 | |
| | | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Service Coord | ation / Job title (See Instruction dinator | ns) | Employer (See In Force Multiplier | | |
| | Date | Full name of contributor Leonard, Linda | out-of-state PAC (IDA | ¥) | Ámount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/11/2014 | Contributor address; 7122 Royal Ln Dallas, TX 75230-3608 | City; State; Zip Code | | \$350.00 | |
| | | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Homemaker | ation / Job title (See Instruction | is) | Employer (See In Homemaker | structions) | |

| The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 18 | 3/34 Report: 20/58 |
|----------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|--------------------------------------------------|
| 2 FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID≠ Leonard, Robert | <u>; </u> | 7 Amount of contribution (\$) | 8 |
| 09/11/2014 | 6 Contributor address; City; State; Zip Code 7122 Royal Ln Dallas, TX 75230-3608 | | \$350.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occup Chairman an | pation / Job title (See Instructions) d CEO | 10 Employer (See In Force Multiplier | | |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/25/2014 | Contributor address; City; State; Zip Code 802 Highland Ave Austin, TX 78703-5112 | | \$100.00 | |
| | - Austin, 17/10/05-31/2 | | | ! |
| Principal occur | pation / Job title (See Instructions) | Employer (See In | <u> </u> | Texas, complete Schedule T) |
| T Tillelpar occup | Salion 7 300 line (Gee instructions) | Employer (Geo III | 311 40110113) | |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/20/2014 | Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731-5223 | | \$200.00 | |
| | 745till, 17(15)51 5225 | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Executive | pation / Job title (See Instructions) | Employer (See In Forward Texas | structions) | |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/18/2014 | Contributor address; City; State; Zip Code 1108 Lavaca St Austin, TX 78701-2172 | , | \$100.00 | |
| | • | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/25/2014 | Contributor address; City; State; Zip Code 101 Colorado St 1602 | | \$350.00 | |
| | Austin, TX 78701-4103 | | , //f travel =::4=1=4= =4 | Texas, complete Schedule T) |
| Principal occur | pation / Job title (See Instructions) | Employer (See In | l. <u>' </u> | Texas, complete Schedule T) |
| Lawyer | • | Loewy Law Firn | | |

| The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 19 | 1/34 Report: 21/58 |
|-------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------|
| 2 FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID≠ Long, Jennifer | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 07/15/2014 | 6 Contributor address; City; State; Zip Code 211 W Live Oak St Austin, TX 78704-5114 | | \$350.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occup Director | pation / Job title (See Instructions) | 10 Employer (See In Casa Marianella | | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/15/2014 | Contributor address; City; State; Zip Code 211 W Live Oak St Austin, TX 78704-5114 | | \$350.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Attorney | Leation / Job title (See Instructions) | Employer (See In Self | <u> </u> | Total, complete contents () |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) music for event |
| 09/10/2014 | Contributor address; City; State; Zip Code 1215 Delano St. Austin, TX 78721 | | \$300.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup musician | ation / Job title (See Instructions) | Employer (See In se lf | structions) | |
| Date | Full name of contributorout-of-state PAC (ID# McCann, Emily | <u>; </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/31/2014 | Contributor address; City; State; Zip Code 2909 Dover PI Austin, TX 78757-4351 | | \$100.00 | [|
| | | | <u> Lainnean an an air air air air air air air air air air</u> | Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (Seé In | structions) | |
| Date | Full name of contributor | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/09/2014 | Contributor address; City, State; Zip Code 3900 Sidehill Path Austin, TX 78731-1418 | | \$350.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Consultant | ation / Job title (See Instructions) | Employer (See In Phillips and Me | structions) achum Public Affa | irs |

Texas Ethics Commission

| The Instructi | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 20 | /34 Report: 22/58 |
|-----------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|-----------------------------------------------------|
| 2 FILER NAME | Casar, Gregorio | - | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ut-of-state PAC (ID# Melesse, Genet | *) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 08/20/2014 | 6 Contributor address; City; State; Zip Code 1522 Thibodeaux Dr Round Rock, TX 78664-7209 | | \$300.00 | |
| | | * | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occul Internet Sma | pation / Job title (See Instructions) Il business owner | 10 Employer (See In Self | structions) | |
| 5 | | | | |
| Date | Full name of contributor | <u>; </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/21/2014 | Contributor address; City; State; Zip Code 9001 Briardale Dr | | \$200.00 | |
| | Austin, TX 78758-6429 | | | |
| | | | | Texas, complete Schedule T) |
| Principal occu Driver | pation / Job title (See Instructions) | Employer (See In Lonestar Cab | structions) . | |
| Date | Full name of contributor ut-of-state PAC (ID# Mersha, Workey | <u>; </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/21/2014 | Contributor address; City; State; Zip Code 9001 Briardate Dr | | \$200.00 | |
| | Austin, TX 78758-6429 | | (If travel outside of | Texas, complete Schedule T} |
| Principal occuj Homemaker | pation / Job title (See Instructions) | Employer (See In None | | |
| | | | | 1 1 1 1 |
| Date | Full name of contributor | ;) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/21/2014 | Contributor address; City; State; Zip Code 9001 Briardale Dr Austin, TX 78758-6429 | | \$300.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Driver | pation / Job title (See Instructions) | Employer (See In Lonestar Cab | structions) | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/15/2014 | Contributor address; City; State; Zip Code 1615 Clover St Mandeville, LA 70448-8327 | | \$350.00 _. | |
| | | | l | |
| | | _ | <u> </u> | Texas, complete Schedule T) |
| | pation / Job title (See Instructions) ardware Admin | Employer (See In Force Multiplier | | |
| i e | | | | |

Austin, Texas 78711-2070 (512)463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

| | The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 21 | /34 Report: 23/58 |
|---|----------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|----------------------------------------------------|
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Michener, Elizabeth |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 09/11/2014 | 6 Contributor address; City; State; Zip Code 146 18th St New Orleans, LA 70124-1226 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Executive Ass | ation / Job title (See Instructions) sistant | 10 Employer (See In Force Multiplier | | |
| | Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/11/2014 | Contributor address; City; State; Zip Code 146 18th St New Orleans, LA 70124-1226 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Manager | ation / Job title (See Instructions) | Employer (See In Hertz | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/16/2014 | Contributor address; City; State; Zip Code PO Box 160486 Austin, TX 78716-0486 | | \$200.00 | |
| | | | | (If travel outside of | Texas; complete Schedule T) |
| | Principal occup Engineer | ation / Job title (See Instructions) | Employer (See In Self | structions) | |
| | Date | Full name of contributor | ;) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/25/2014 | Contributor address; City; State; Zip Code PO Box 4023 Austin, TX 78765 | | \$350.00 | - |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup investor | ation / Job title (See Instructions) | Employer (See In self | structions) | |
| | Date | Full name of contributor | <u>; </u> | · Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/14/2014 | Contributor address; City; State; Zip Code 8305 Canola Bnd Austin, TX 78729-6465 | , | \$150.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | • | |
| | | | | | |

| The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 22 | :/34 Report: 24/58 |
|----------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------|------------------------------------------------------------------|
| 2 FILER NAME | Casar, Gregorio | - | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Morales, Kevin |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 07/16/2014 | 6 Contributor address; City; State; Zip Code 1818 Rachel Ln Round Rock, TX 78664-7455 | | \$350.00 | † |
| | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occup Real Estate | eation / Job title (See Instructions) | 10 Employer (See In Gene Johnson | | ; |
| Date | Full name of contributor ut-of-state PAC (ID# Morales, Tina |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/16/2014 | Contributor address; City; State; Zip Code 1818 Rachel Ln Round Rock, TX 78664-7455 | | \$350.00 | <u> </u> |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Branch Mana | pation / Job title (See Instructions) ger | Employer (See In 1st Conveniend | | / |
| Date | Full name of contributor ☐ out-of-state PAC (ID# Mpeanaji, Chaka |) | Amount of contribution (\$) | In-kind contribution description (if applicable) music for event |
| 09/10/2014 | Contributor address; City; State; Zip Code 1215 Delano St. Austin, TX 78721 | | \$300.00 | |
| | · | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup musician | ation / Job title (See Instructions) | Employer (See In self | structions) | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/22/2014 | Contributor address; City; State; Zip Code 4105 Victory Dr Apt D304 | | \$100.00 | . |
| | Austin, TX 78704-7572 | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/25/2014 | Contributor address; City; State; Zip Code 210 Lavaca St Apt 3005 | | \$350.00 | |
| | Austin, TX 78701-4598 | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Retired MD | pation / Job title (See Instructions) | Employer (See In Retired | <u> </u> | |
| | | | • • | Etectronia Eilina Varaion 3 4 5 |

Texas Ethics Commission

| L. | | | | | | |
|----------|----------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------|----------------------------------------------------|--|
| | The Instruction | GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 23 | /34 Report: 25/58 | |
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT # 00000010 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 08/27/2014 | 6 Contributor address; City; State; Zip Code 4208 W Partridge Way Unit 2 | | \$350.00 | | |
| | | Peoria, IL 61615-5650 | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) | · · · · · · · · · · · · · · · · · · · | |
| | Date | Full name of contributor ut-of-state PAC (ID# Parke, Jessica |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/16/2014 | Contributor address; City; State; Zip Code 449 Bellemeade Blvd Gretna, LA 70056-7220 | | \$350.00 | | |
| | | 0101116, 21170000 7220 | | (If travel outside of | Texas, complete Schedule T) | |
| - | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | |
| | Receptionist | | Force Multiplier | | | |
| | Date | Full name of contributor | ;) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/20/2014 | Contributor address; City; State; Zip Code 2104 Willow St Austin, TX 78702-4550 | | \$100.00 | | |
| | | | | (if travel outside of | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | |
| | Date | Full name of contributor | <i>t</i>) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/06/2014 | Contributor address; City; State; Zip Code 1915 NE 44th St Oklahoma City, OK 73111-6223 | | \$350.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup City Councilm | ation / Job title (See Instructions) nan | Employer (See In City of Oklahom | | | |
| | Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; City; State; Zip Code 1110 W Oltorf St None | | \$350.00 | | |
| | | Austin, TX 78704-5329 | | (If travel outside of | Texas, complete Schedule T) | |
| <u> </u> | Dringing age: | ation / Job title (See Instructions) | Employer (See In | <u></u> | - Interior seriodale () | |
| | Paralegal | anon / 300 une (366 mandonons) | Loewy Law Firn | | j | |

| | | | | |
|-----------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|----------------------------------------------------|
| The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE# Schedule: 24 | /34 Report: 26/58 |
| 2 FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor | ‡) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 09/10/2014 | 6 Contributor address; City; State; Zip Code 6876 General Diaz St New Orleans, LA 70124-3340 | | \$350.00 | [|
| | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occup Marketing Ma | pation / Job title (See Instructions) anager | 10 Employer (See In Imperial Trading | | |
| - Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/10/2014 | Contributor address; City; State; Zip Code 6876 General Diaz St New Orleans, LA 70124-3340 | | \$350.00 | |
| | | | 1 ' | Texas, complete Schedule T) |
| Principal occup Regional Ma | pation / Job title (See Instructions) nager | Employer (See In Force Multiplier | | |
| . Date | Full name of contributor | †) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/16/2014 | Contributor address; City; State; Zip Code 1403 Northridge Dr Austin, TX 78723-1824 | | \$350.00 | [[[|
| | , | • | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Retired | pation / Job title (See Instructions) | Employer (See In Retired | structions) | |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/16/2014 | Contributor address; City; State; Zip Code 1403 Northridge Dr Austin, TX 78723-1824 | • • • • • • • • • • • • • • • • • • • • | \$350.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Retired | pation / Job title (See Instructions) | Employer (See In Retired | structions) | |
| Date | Full name of contributor | ;) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/13/2014 | Contributor address; City; State; Zip Code 5708 Avenue G Austin, TX 78752-4510 | | \$350.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Attorney | pation / Job title (See Instructions) | Employer (See In American Fede | structions) ration of Teachers | 3 |

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

| | 1 | | | ••• |
|-------------------------------|------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------|-----------------------------------------------------|
| The Instruction | אס Guide explains how to complete this form. | , | 1 PAGE # Schedule: 25 | /34 Report: 27/58 |
| 2 FILER NAME | Casar, Gregorio | - | 3 ACCOUNT# | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ut-of-state PAC (ID Quinzi, Paul | #) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 08/13/2014 | 6 Contributor address; City; State; Zip Code 5708 Avenue G Austin, TX 78752-4510 | | \$350.00 | |
| | | | | Texas, complete Schedule T) |
| 9 Principal occup Attorney | pation / Job title (See Instructions) | 10 Employer (See In Law Office of P | | |
| Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/23/2014 | Contributor address; City; State; Zip Code 404 W 13th St Austin, TX 78701-1825 | | \$350.00 | . - |
| | • | | (if travel outside of | Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See In | | Texas, complete schedule 1/ |
| Attorney | , , , , , , , , , , , , , , , , , , , | Self Employed | · | |
| Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/21/2014 | Contributor address; City; State; Zip Code 1420 Westmoor Dr Austin, TX 78723-3139 | | \$100.00 | |
| | | ; | (If travel outside of | Texas, complete Schedule T) |
| Principal occup | ation / Job title (See Instructions) | Employer (See In | 1 | Toxas, complete benedule 1) |
| | | - | | |
| Date . | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/20/2014 | Contributor address; City; State; Zip Code researching | | \$100.00 | |
| | · | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/22/2014 | Contributor address; City; State; Zip Code 5336 Austral Loop Austin, TX 78739-1711 | | \$350.00 | |
| | · · · · · · · · · · · · · · · · · · · | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Lawyer | ation / Job title (See Instructions) | Employer (See In Self Employed | structions) | |
| | | | | |

| _ | | | | | · |
|----------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|--------------------------------------------------|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE# Schedule: 26 | i/34 Report: 28/58 |
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID Roth, Stephen | #) | 7 Amount of contribution (\$) | 8 |
| | 08/28/2014 | 6 Contributor address; City; State; Zip Code 4111 Tablerock Dr Austin, TX 78731-1339 | | \$100.00 | |
| | | · | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | eation / Job title (See Instructions) | 10 Employer (See In | <u> </u> | |
| | | · | | ÷ | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/07/2014 | Contributor address; City; State; Zip Code 3609 Vineland Dr | | · \$100.00 | |
| | | Austin, TX 78722-1238 | • | | l |
| | | | | | Texas, complete Schedule T) |
| | Principal occup | eation / Job title (See Instructions) | Employer (See In | structions) | |
| <u> </u> | | | | | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| , | 09/24/2014 | Contributor address; City; State; Zip Code 3609 Vineland Dr. | ,,,,,, | \$50.00 | |
| | | Austin, TX 78722-1238 | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/08/2014 | Contributor address; City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704-5644 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/15/2014 | Contributor address; City; State; Zip Code 815 Brazos St 516 534 A | | \$200.00 | |
| | | Ste 534A Austin, TX 78701-2608 | | | ı — |
| | Pulsaria -1 | Add the title (Control to the title (Control | | <u> </u> | Texas, complete Schedule T) |
| | CEO | ation / Job title (See Instructions) | Employer (See In Big Red Dog | structions) | |

| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 27 | 7/34 Report: 29/58 | | |
|----------|---------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|----------------------------------------------------|--|--|
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID Seeber, Brittany | #) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 09/18/2014 | 6 Contributor address; City; State; Zip Code 4350 Trinity Mills Rd Apt 9103 Dallas, TX 75287-7038 | | \$350.00 | | | |
| | | | | L.' | Texas, complete Schedule T) | | |
| 9 | Principal occup Executive As | eation / Job title (See Instructions) sistant | 10 Employer (See In Force Multiplier | | | | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 08/20/2014 | Contributor address; City; State; Zip Code 1015 E Yager Ln | | \$300.00 | | | |
| | • | Unit 92 Austin, TX 78753-7007 | • | · | | | |
| | | | | l ' | Texas, complete Schedule T) | | |
| | Principal occup Retired | eation / Job title (See Instructions) | Employer (See In Retired | structions) | | | |
| | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/17/2014 | Contributor address; City; State; Zip Code 12425 Dorsett Rd Austin, TX 78727-5807 | · · · · · · · · · · · · · · · · · · · | \$200.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup Construction | ation / Job title (See Instructions) | Employer (See In Gideon | structions) | | | |
| 9 | Date | Full name of contributor | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 09/21/2014 | Contributor address; City; State; Zip Code 604 W 11th St Austin, TX 78701-2007 | | \$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 | ¥) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 08/20/2014 | Contributor address; City; State; Zip Code 13608 Merseyside Dr Pflugerville, TX 78660-8870 | | \$200.00 | | | |
| | į | - | • | (if travel outside of | Texas, complete Schedule T) | | |
| <u> </u> | Deie als - L | otion / Joh titla (Coo Instructions) | Employer (Ca - I- | | TOXAS, Complete Schedule 1) | | |
| | Principal occup Homemaker | ation / Job title (See Instructions) | Employer (See In Homemaker | structions) | | | |

| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 28 | 3/34 Report: 30/58 |
|---|----------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|----------------------------------------------------|
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor 🖾 out-of-state PAC (ID# Southern Central IL Laborers' Political League | f) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| ٥ | 08/18/2014 | 6 Contributor address; City; State; Zip Code 5100 Laborers Way Marion, IL 62959-7616 | | \$350.00 | - - |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| | Date | Full name of contributor | <u>(</u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| C | 7/06/2014 | Contributor address; City; State; Zip Code PO Box E | | \$100.00 | |
| | | The Plains, VA 20198-0026 | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | | • | | | |
| | Date | Full name of contributor | f) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| C | 08/11/2014 | Contributor address; City; State; Zip Code PO Box 5674 Austin, TX 78763-5674 | | \$100.00 | |
| | | 7.00.00 | • | | _ |
| | | | | <u></u> | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | istructions) | |
| | Date [.] | Full name of contributor ut-of-state PAC (ID# Staudt, Kathleen | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| C |)7/27/2014 | Contributor address; City; State; Zip Code 7289 Cactus Spine Ln El Paso, TX 79912-1759 | | \$200.00 | ! ! ! |
| | | | ż | /if travel outside of | Texas, complete Schedule T) |
| | Principal occup Professor | ation / Job title (See Instructions) | Employer (See In University of Te | structions) | |
| | Data | Full name of contributor | , , | 1 Amount of | In kind contribution |
| | Date | Full name of contributor | ·) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| C | 09/10/2014 | Contributor address; City; State; Zip Code 27 Meadow Run Round Rock, TX 78664-9618 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Administrator | ation / Job title (See Instructions) | Employer (See In TG | structions) | |
| l | | · | | | |

| L | | | | | |
|----------|------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|--------------------------------------------------|
| | The Instruction | אס Guide explains how to complete this form. | ······································ | 1 PAGE# Schedule: 29 | 9/34 Report: 31/58 |
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Swartwood, Kathryn | <u>; </u> | 7 Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/11/2014 | 6 Contributor address; City; State; Zip Code 2018 General Pershing St New Orleans, LA 70115-5436 | | \$350.00 | ! ! ! |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Homemaker | ation / Job title (See Instructions) | 10 Employer (See In Homemaker | structions) | |
| | Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/11/2014 | Contributor address; City; State; Zip Code 2018 General Pershing St New Orleans, LA 70115-5436 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | eation / Job title (See Instructions) | Employer (See In | 1. | |
| | EVP | | Force Multiplier | | |
| | Date | Full name of contributor 🔲 out-of-state PAC (ID# Tanksley, Carolyn |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/16/2014 | Contributor address; City; State; Zip Code 16925 Judy Scholl Way Round Rock, TX 78681-5406 | | \$350.00 | |
| | | | | ļ · | Texas, complete Schedule T) |
| | Principal occup Realtor | eation / Job title (See Instructions) | Employer (See In M.E. Gene Joh | structions) nson Realtors, Inc | ; |
| | Date | Full name of contributor | <u>(</u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/16/2014 | Contributor address; City; State; Zip Code 16925 Judy Scholl Way Round Rock, TX 78681-5406 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Inspector | ation / Job title (See Instructions) | Employer (See In Oncor | structions) | |
| | Date | Full name of contributor | <u>; </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 08/27/2014 | Contributor address; City; State; Zip Code 2958 Donnell Dr Round Rock, TX 78664-5709 | | \$300.00 | |
| | | | | | · |
| <u> </u> | Deinain - Land | office I leb title /Con Instruction=1 | Empleyes (Carlle | <u> </u> | Texas, complete Schedule T) |
| | Yasay, Inc | ation / Job title (See Instructions) | Employer (See In Owner | structions) | |

| | The Instruction | אס Guide explains how to complete this form. | ·········· | 1 PAGE# Schedule: 30 | /34 Report: 32/58 |
|---|------------------|---------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|--------------------------------------------------|
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Texas State Building Trades COPE | <u> </u> | 7 Amount of contribution (\$) | 8 |
| | 09/24/2014 | 6 Contributor address; City; State; Zip Code 1106 Lavaca St | | \$250.00 | |
| | | Ste 201 Austin, TX 78701-2171 | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | pation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/14/2014 | Contributor address; City; State; Zip Code | | \$100.00 | |
| | | Apt 823 Cambridge, MA 02141-1894 | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occur | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | | , | | | |
| | Date | Full name of contributor | <u>;)</u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 07/16/2014 | Contributor address; City; State; Zip Code 2210 White Dove Pass Austin, TX 78734-2945 | | \$350.00 | <u>,</u> |
| | | 7703111, 77, 73, 04, 2043 | | l | · |
| | Principal provin | pation / Job title (See Instructions) | Employer (See In | · | Texas, complete Schedule T) |
| | Consultant | ialion / Job file (See instructions): | LIN Digital | structions) | |
| | Date | Full name of contributor | <u>; </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/20/2014 | Contributor address; City; State; Zip Code 2604 Geraghty Ave | | \$200.00 | |
| | | Austin, TX 78757-2328 | | | _ |
| | | | | * | Texas, complete Schedule T) |
| | | ation / Job title (See Instructions) Program Specialis | Employer (See In Austin Energy (| | |
| | Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 09/16/2014 | Contributor address; City; State; Zip Code 1601 E 5th St Apt 208 | | \$200.00 | |
| | | Austin, TX 78702-4495 | | | · |
| L | | | | | Texas, complete Schedule T) |
| | | eation / Job title (See Instructions) | Employer (See In | structions) Goodrich Rosati | |
| | Attorney | | VVIISUTI SUTISINI | Goodhan Rosall | |

| | The Instruction | อง Guide explains how to con | nplete this form. | | 1 PAGE # Schedule: 31 | /34_Report: 33/58 | |
|---|---------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2 | FILER NAME | Casar, Gregorio | | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor Varghese, Lesley | ut-of-state PAC (ID# | ;) | 7 Amount of contribution (\$) | 8 | |
| | 09/14/2014 | 6 Contributor address; 606 W Lynn St Apt 10 Austin, TX 78703-4759 | City; State; Zip Code | | \$200.00 | | |
| | | Addin, 17 70700-4700 | | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occup Attorney | nation / Job title (See Instruction | ns) | 10 Employer (See In Asian American | estructions) Resource Center | r | |
| | Date | Full name of contributor Vela III, Jose | ☐ out-of-state PAC (ID# | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/25/2014 | Contributor address; 1407 Ridgemont Dr Austin, TX 78723-2548 | City; State; Zip Code | - • - • • • • • • • • • • • • • • • • | \$175.00 | | |
| | | | | | /// A | T | |
| · | Principal occur | ation / Job title (See Instructio | ns) | Employer (See In | <u> </u> | Texas, complete Schedule T) | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | Date | Full name of contributor Vora, Raj | ☐ out-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 08/16/2014 | Contributor address; 9105 Dona Villa Pl Austin, TX 78726-1728 | City; State; Zip Code | | \$150.00 | | |
| | | | | • | (If the subside of | Tayan anyunlata Sahadula T\ | |
| | Principal occur | ation / Job title (See Instruction | ns) | Employer (See In | 1 <u> </u> | Texas, complete Schedule T) | |
| | | | | | , | | |
| | Date | Full name of contributor Wallace, H. Dalton | out-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/16/2014 | Contributor address; 9505 Johnny Morris Rd Austin, TX 78724-1527 | City; State; Zip Code | | \$100.00 | | |
| | | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instruction | ns) | Employer (See In | structions) | | |
| - | Date | Full name of contributor Western Missouri and Kar | ☑ out-of-state PAC (ID# nsas Laborers' District C | | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 08/14/2014 | Contributor address; 8500 Ward Pkwy Ste 300 | City; State; Zip Code | | \$350.00 |] | |
| | | Kansas City, MO 64114-270 | 5 | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instruction | าร) | Employer (See In | I ' | , construction of the control of the | |
| L | | | | | | | |

| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # . Schedule: 32 | /34 Report: 34/58 | |
|---|---------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------|-----------------------------------------------------|--|
| 2 | FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Williams, Allan |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 09/18/2014 | 6 Contributor address; City; State; Zip Code 2400 Camino Alto Austin, TX 78746-2407 | | \$100.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) | | |
| • | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 08/20/2014 | Contributor address; City; State; Zip Code 941 Hesters Crossing Rd Apt 2702 Round Rock, TX 78681-7832 | , | \$300.00 | | |
| | | Nound Nock, 12 76061-7632 | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | | | |
| | House keepe | r | Seton Hospital | | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 09/23/2014 | Contributor address; City, State, Zip Code 10301 River Plantation Dr Austin, TX 78747-1130 | | \$350.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup community vo | ation / Job title (See Instructions) plunteer | Employer (See In none | structions) | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 07/28/2014 | Contributor address; City; State; Zip Code 100 Skyline Dr West Lake Hills, TX 78746-3609 | , | \$350.00 | | |
| | | ` | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup Real Estate | ation / Job title (See Instructions) | Employer (See In Zydeco Develop | | | |
| | Date | Full name of contributor ut-of-state PAC (ID# Yancy, Mary |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 07/09/2014 | Contributor address; City; State; Zip Code 100 Skyline Dr West Lake Hills, TX 78746-3609 | | \$350.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| - | Principal occup | ation / Job title (See Instructions) | Employer (See In | <u> </u> | | |
| | Psychologist | | Self | | : | |

P.O.Box 12070

| The Instruc | TION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 33 | /34 Report: 35/58 |
|---------------------------|--------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------|--------------------------------------------------|
| 2 FILER NAME | Casar, Gregorio | | 3 ACCOUNT# 00000010 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor ut-of-state PAC (ID: Yedeme, Tigabu | <u> </u> | 7 Amount of contribution (\$) | 8 |
| 08/20/2014 | 6 Contributor address; City; State; Zip Code 941 Hesters Crossing Rd Apt 2702 | | \$300.00 | |
| | Round Rock, TX 78681-7832 | • | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occ Driver | upation / Job title (See Instructions) | 10 Employer (See In Lonestar Cab | structions) | |
| Date | Full name of contributor | ¥) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/25/2014 | Contributor address; City; State; Zip Code 1831 Wells Branch Pkwy Apt 211 | | \$75.00 |] |
| | Austin, TX 78728-6907 | | (If travel outside of | Texas, complete Schedule T) |
| Principal occ | upation / Job title (See Instructions) | Employer (See In | <u> </u> | 10.000, 00.000.000.000.000.000.000.000.00 |
| | | | | |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/20/2014 | Contributor address; City; State; Zip Code 13608 Merseyside Dr Pflugerville, TX 78660-8870 | | \$200.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occ Driver | upation / Job title (See Instructions) | Employer (See In Lonestar Cab | structions) | |
| Date | Full name of contributor ut-of-state PAC (ID: Young, Doug | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/18/2014 | Contributor address; City; State; Zip Code 2904 Kassarine Pass Austin, TX 78704-4629 | | \$200.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occ Attorney | upation / Job title (See Instructions) | Employer (See In Scanlan Beattie | | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/20/2014 | Contributor address; City; State; Zip Code 17205 Tobermory Dr Pflugerville, TX 78660-1726 | •••••• | \$300.00 | |
| | · · | | (If travel outside of | Texas, complete Schedule T) |
| Principal occ Driver | upation / Job title (See Instructions) | Employer (See In Lonestar Cab | L | |

SCHEDULE A

POLITICAL CONTRIBUTIONS

| | The Instruction | ON GUIDE explains how to complete this form. | 1 PAGE # Schedule: 34/34 Report: 36/58 | | | |
|---|---------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|--|--|
| 2 | FILER NAME Casar, Gregorio | | | 3 ACCOUNT # (Ethics Commission filers) 00000010 | | |
| 4 | Date | 5 Full name of contributor | 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) | | | |
| | 09/19/2014 | 2014 6 Contributor address; City; State; Zip Code 1135 Burdette St New Orleans, LA 70118-3972 | | \$350.00 \ \ | | |
| | | | | (If travel outside of Texas, complete Schedule T) | | |
| 9 | Principal occup Research and | ation / Job title (See Instructions) Development | 10 Employer (See In Force Multiplier | structions) | | |
| _ | | | | | | |
| | | | | | | |
| | · | · | | | | |
| | | | | | | |
| | | | | | | |
| | | | , | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | • | | | |
| | | | | | | |
| | | | | | | |
| | | • | | | | |

OF **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Advertising Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Solicitation/Fundraising Expense Travel In District Event Expense Polling Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Casar, Gregorio Schedule: 1/19 Report: 38/58 00000010 4 Date 5 Payee name 07/14/2014 Amazon.com 6 Amount (\$) Payee address City; State; Zip Code 1200 12th Ave. South, Ste. 1200 \$108.24 Seattle, WA 98144-2734 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** office supplies Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/14/2014 Amazon.com Amount (\$) Payee address City; State; Zip Code 1200 12th Ave. South, Ste. 1200 Seattle, WA 98144-2734 \$47.62 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** office supplies Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Amazon.com 08/04/2014 Amount (\$) Payee address City; State; Zip Code 1200 12th Ave. South, Ste. 1200 \$96.38 Seattle, WA 98144-2734 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** office supplies Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office, held: direct expenditure to benefit C/OH Date Payee name 08/29/2014 Austin AFL-CIO Amount (\$) Payee address City: State: Zip Code PO Box 87 \$215.00 Austin, TX 78767 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Political advertising Advertising Expense

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

SCHEDULE F

Advertising Expense Accounting/Banking

Texas Ethics Commission

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

| Consulting Expe Event Expense Fees | nse Food/Beverage Expense Travel In Dis Polling Expense Travel Out C | f District Candidate/Officeholder/Political Committee ead/Rental Expense OTHER (enter a catégory not listed above) |
|------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers) |
| Schedule: 2/19 F | Const. Constalla | 00000010 |
| 4 Date | 5 Payee name | |
| 09/11/2014 | Central Market | · |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$113.66 | 4001 N Lamar Blvd Austin, TX 78756 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Event Expense | food/beverage for event |
| EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | |
| | Povos namo | |
| Date | Payee name ' Checkmark Typesetting | |
| 09/04/2014 | | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$1,214.98 | 3217 North IH 35 Austin, TX 78722 | |
| | Additi, TA 70722 | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Printing Expense | yard signs |
| OF | Frinting Expense | , |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure | | |
| to benefit C/OH | | |
| Date | Payee name | |
| 07/09/2014 | Facebook | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$10.00 | 1601 S. California Ave. | |
| | Palo Alto, CA 94304 | |
| | | |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) Political online advertising |
| OF | Advertising Expense | Folitical offlitte advertising |
| EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: |
| to benefit C/OH | | |
| Date | Payee name | |
| 07/10/2014 | Facebook | • |
| Amount (\$) | Payee address City; State; Zip Code | · · · · · · · · · · · · · · · · · · · |
| \$25.15 | | |
| Ψ20.10 | Palo Alto, CA 94304 | |
| | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Advertising Expense | Political online advertising |
| OF EXPENDITURE | <u> </u> | |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure | 1 | |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Casar, Gregorio 00000010 Schedule: 3/19 Report: 40/58 4 Date 5 Payee name Facebook 07/14/2014 Payee address City; State; Zip Code 6 Amount (\$) 1601 S. California Ave. \$50.31 Palo Alto, CA 94304 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Political online advertising Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/01/2014 Facebook Amount (\$) Pavee address City: State: Zip Code 1601 S. California Ave. \$12.23 Palo Alto, CA 94304 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Political online advertising Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name First Data 07/03/2014 Payee address Amount (\$) City; State; Zip Code 5565 Glenridge Connector NE \$164.95 Atlanta, GA 30342 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE credit card processing fees Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 07/03/2014 First Data Amount (\$) Pavee address City; State; Zip Code 5565 Glenridge Connector NE \$292.87 Atlanta, GA 30342 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** credit card processing fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

Candidate / Officeholder name

Complete ONLY if

direct expenditure to benefit C/OH

P.O.Box 12070 Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Advertising Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Event Expense Legal Services Food/Beverage Expense Polling Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Casar, Gregorio 00000010 Schedule: 4/19 Report: 41/58 4 Date 5 Payee name 07/03/2014 First Data Amount (\$) Payee address City; State; Zip Code 5565 Glenridge Connector NE \$309.33 Atlanta, GA 30342 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** credit card processing fees Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name First Data 08/04/2014 Payee address City; State; Zip Code Amount (\$) 5565 Glenridge Connector NE Atlanta, GA 30342 \$333.47 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE credit card processing fees Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name First Data 08/04/2014 Amount (\$) Payee address City; State; Zip Code 5565 Glenridge Connector NE \$35.20 Atlanta, GA 30342 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE credit card processing fees Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name First Data 08/04/2014 Amount (\$) Payee address City: State: Zip Code 5565 Glenridge Connector NE \$105.56 Atlanta, GA 30342 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) credit card processing fees **PURPOSE** Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense

Office held:

Office sought:

Texas Ethics Commission

POLITICAL EXPENDITURES SCHEDULE F EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Solicitation/Fundraising Expense Travel In District Event Expense Polling Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Casar, Gregorio 00000010 Schedule: 5/19 Report: 42/58 4 Date 5 Payee name First Data 09/03/2014 6 Amount (\$) Payee address City; State; Zip Code 5565 Glenridge Connector NE \$61.68 Atlanta, GA 30342 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) (b) Description 8 **PURPOSE** credit card processing fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name First Data 09/03/2014 Payee address City; State; Zip Code Amount (\$) 5565 Glenridge Connector NE Atlanta, GA 30342 \$128.85 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** credit card processing fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/03/2014 First Data Amount (\$) Payee address City; State; Zip Code 5565 Glenridge Connector NE \$24.80 Atlanta, GA 30342 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** credit card processing fees Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Frankel, Hannah 08/19/2014 Payee address Amount (\$) City; State; Zip Code 7910 Gault St. #111 \$76.27 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

| Advertising Expense Accounting/Banking |
|-------------------------------------------|
| Consulting Expense |
| Event Expense Fees |

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

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

Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Casar, Gregorio 00000010 Schedule: 6/19 Report: 43/58 4 Date 5 Payee name 09/04/2014 Frankel, Hannah Payee address Amount (\$) City; State; Zip Code 7910 Gault St. #111 \$206.25 Austin, TX 78757 (a) Category (See Categories listed at the top of this schiedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** contract labor Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if Office saught: Office held: direct expenditure to benefit C/OH Date Payee name 09/19/2014 Frankel, Hannah Amount (\$) Payee address City; State; Zip Code 7910 Gault St. #111 \$165.92 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE contract labor Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Kane, Tania 08/14/2014 Amount (\$) Payee address City: State: Zip Code 1206 East 30th Street \$100.00 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** contract labor Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/29/2014 Kane, Tania Amount (\$) Payee address State; City: Zip Code 1206 East 30th Street \$150.00 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** contract labor Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH

P.O.Box 12070

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

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

Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers)

| Schedule: 7/19 F | teport: 44/58 Casar, Gregorio | 00000010 |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 Date | 5 Payee name | |
| 09/15/2014 | Kane, Tania | |
| 6 Amount (\$) | 7 Payee address City State: Zip Code | |
| \$150.00 | 1206 East 30th Street | |
| | Austin, TX 78722 | |
| • | (a) Cotogony (Con Cotogonica listed at the tay of this exhabite) | (h) Description (Manual systems of Taylor consists Cabadula T) |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) contract labor |
| OF EXPENDITURE | Calarios Tragos Contract Labor | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if | Candidate / Officeholder name | Office sought; Office held: |
| direct expenditure to benefit C/OH | | • |
| Date | Payee name | |
| 07/08/2014 | Kelly Graphics | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$73.78 | 1409 Quaker Ridge | |
| Ψ/3./0 | Austin, TX 78746 | · |
| | | |
| SUBBOOK | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Printing Expense | Printing |
| EXPENDITURE | | |
| Complete ONLY if | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought: Office held: |
| direct expenditure | Candidate / Officeriolder frame | Office sought. Office field. |
| to benefit C/OH | | |
| to beliefit GIGIT | | |
| Date | Payee name | |
| Date 08/20/2014 | Kelly Graphics | |
| Date | Kelly Graphics Payee address City; State; Zip Code | |
| Date 08/20/2014 | Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge | |
| Date 08/20/2014 Amount (\$) | Kelly Graphics Payee address City; State; Zip Code | |
| Date 08/20/2014 Amount (\$) | Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 | Description (If travel outside of Texas complete Schedule T) |
| Date 08/20/2014 Amount (\$) \$370.42 | Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Date 08/20/2014 Amount (\$) \$370.42 PURPOSE OF | Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 | |
| Date 08/20/2014 Amount (\$) \$370.42 | Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 Category (See Categories listed at the top of this schedule) | |
| Date 08/20/2014 Amount (\$) \$370.42 PURPOSE OF EXPENDITURE | Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 Category (See Categories listed at the top of this schedule) | Printing |
| Date 08/20/2014 Amount (\$) \$370.42 PURPOSE OF EXPENDITURE | Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 Category (See Categories listed at the top of this schedule) Printing Expense | Printing Check if Austin, TX, officeholder living expense |
| Date 08/20/2014 Amount (\$) \$370.42 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 Category (See Categories listed at the top of this schedule) Printing Expense | Printing Check if Austin, TX, officeholder living expense |
| Date 08/20/2014 Amount (\$) \$370.42 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH | Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 Category (See Categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name | Printing Check if Austin, TX, officeholder living expense |
| Date 08/20/2014 Amount (\$) \$370.42 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date | Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 Category (See Categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name | Printing Check if Austin, TX, officeholder living expense |
| Date 08/20/2014 Amount (\$) \$370.42 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 09/08/2014 Amount (\$) | Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 Category (See Categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name Payee name Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge | Printing Check if Austin, TX, officeholder living expense |
| Date 08/20/2014 Amount (\$) \$370.42 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 09/08/2014 | Kelly Graphics Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 Category (See Categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name Payee name Kelly Graphics Payee address City; State; Zip Code | Printing Check if Austin, TX, officeholder living expense |

Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) **PURPOSE Printing** Printing Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

| Consulting Expe Event Expense | Polling Expense Travel Out Of Di | strict Candidate/Officeholder/Political Committee |
|---------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Fees | Printing Expense Office Overhead The INSTRUCTION Guide explains ho | /Rental Expense OTHER (enter a category not listed above) |
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers) |
| Schedule: 8/19 F | l | 0000010 |
| 4 Date | 5 Payee name | 0000010 |
| 09/25/2014 | Kelly Graphics | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$3,023.63 | 1409 Quaker Ridge | • |
| <i>'</i> | Austin, TX 78746 | |
| | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description (If travel outside of Texas, complete Schedule T) Printing |
| OF | Trinding Expense | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | |
| Date | Payee name | |
| 07/01/2014 | Lawler, John | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$1,500.00 | 1902 Robbins Place | |
| | Austin, TX 78705 | • |
| | | |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) Salary |
| OF | Salaries/Wages/Contract Labor | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | |
| Date | Payee name | |
| 07/15/2014 | Lawler, John | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$1,500.00 | 1902 Robbins Place | |
| | Austin, TX 78705 | |
| · | 0.0000000000000000000000000000000000000 | Description (II) |
| PURPOSE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) Salary |
| OF EXPENDITURE | Salanes/Vages/Contract Eabor | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | |
| Date | Payee name | |
| 07/31/2014 | Lawler, John | |
| Amount (\$) | Payee address City; State; Zip Code | , |
| \$1,500.00 | 1902 Robbins Place | |
| | Austin, TX 78705 | |
| | Cotogony (Con Cotogodo listad et his top of this art in 1) | Description ((Standard estates as Taxana consulate Calculate To T |
| PURPOSE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) |
| OF | Calanda Fragos Contract Eddol | |
| EXPENDITURE | <u>, , , , , , , , , , , , , , , , , , , </u> | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | , | |
| ——— | | |

POLITICAL EXPENDITURES SCHEDULE F EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Solicitation/Fundraising Expense Travel in District Event Expense Polling Expense Travel Out Of District OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Casar, Gregorio 00000010 Schedule: 9/19 Report: 46/58 4 Date 5 Payee name Lawler, John 08/14/2014 Payee address 6 Amount (\$) City; State: Zip Code 1902 Robbins Place \$1,500.00 Austin, TX 78705 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/29/2014 Lawler, John Amount (\$) Payee address City; State; Zip Code 1902 Robbins Place \$1,500.00 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Lawler, John 09/15/2014 Amount (\$) Payee address City: State: Zip Code 1902 Robbins Place \$1,500.00 Austin, TX 78705 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complète ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Littlefield Consultina 08/15/2014 Amount (\$) Payee address City, State; Zip Code P.O. Box 90591 \$200.00 Austin, TX 78709 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Texas Ethics Commission **POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Legat Services Food/Beverage Expense Polling Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Travel In District Event Expense Travel Out Of District OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Casar, Gregorio Schedule: 10/19 Report: 47/58 00000010 4 Date 5 Payee name 07/16/2014 Office Depot Payee address Amount (\$) City; State; Zip Code 2620 W Anderson Ln \$17.31 Austin, TX 78757 (a) Category (See Categories listed at the top of this schedule) (b) Description (if travel outside of Texas, complete Schedule T) **PURPOSE** office supplies Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Office Depot 07/29/2014 Payee address Amount (\$) City: State: Zip Code 2620 W. Anderson Ln. \$70.32 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** office supplies Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/22/2014 Office Depot Payee address State: Amount (\$) City: Zip Code 2620 W Anderson Ln \$11.90 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** office supplies Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 09/02/2014 Office Depot Payee address Amount (\$) City: State: Zip Code 2620 W Anderson Ln \$34.63 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** office supplies Office Overhead/Rental Expense OF **EXPENDITURE**

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Advertising Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Accounting/Banking Consulting Expense Travel In District Event Expense Travel Out Of District OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Casar, Gregorio 00000010 Schedule: 11/19 Report: 48/58 4 Date 5 Payee name 09/17/2014 Office Depot Amount (\$) Payee address City; State; Zip Code 2620 W Anderson Ln \$78.98 Austin, TX 78757 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE office supplies Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Office Depot 09/22/2014 Amount (\$) Payee address City: State: Zip Code 2620 W Anderson Ln \$59.51 Austin, TX 78757 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** office supplies Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Starratt, Brandon 07/03/2014 Payee address State; Amount (\$) City; Zip Code 1930 W Rundberg Apt 1118 \$176.00 Austin, TX 78758 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** contract labor Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Starratt, Brandon 07/15/2014 Amount (\$) Payee address City: State: Zip Code 1930 W Rundberg Apt 1118 \$242.00 Austin, TX 78758 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

to benefit C/OH

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

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

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

OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Casar, Gregorio 00000010 Schedule: 12/19 Report: 49/58 5 Payee name 4 Date 07/31/2014 Starratt, Brandon Payee address City: State: Zip Code Amount (\$) 1930 W Rundberg Apt 1118 \$193.05 Austin, TX 78758 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/14/2014 Starratt, Brandon Amount (\$) Payee address State: Zip Code City; 1930 W Rundberg Apt 1118 Austin, TX 78758 \$392.88 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Starratt, Brandon 09/01/2014 Amount (\$) Payee address City: State: Zip Code 1930 W Rundberg Apt 1118 \$251.72 Austin, TX 78758 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 09/15/2014 Starratt, Brandon Amount (\$) Payee address City; State; Zip Code 1930 W Rundberg Apt 1118 \$360.03 Austin, TX 78758 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Complete ONLY if Office held: direct expenditure

to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Event Expense Salaries/Wages/Contract Labor Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Legal Services Food/Beverage Expense Polling Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Solicitation/Fundraising Expense Travel In District Travel Out Of District OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Casar, Gregorio 00000010 Schedule: 13/19 Report: 50/58 4 Date 5 Payee name Susan Harry Consulting, LLC 07/01/2014 Payee address City; State; Zip Code Amount (\$) P.O. Box 301074 \$1,400.00 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 PURPOSE Fundraising & compliance consulting Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/06/2014 Susan Harry Consulting, LLC Amount (\$) Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703 \$1,500.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fundraising & compliance consulting Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Susan Harry Consulting, LLC 09/01/2014 Amount (\$) Pavee address City; State; Zip Code P.O. Box 301074 \$575.00 Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Compliance consulting Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/09/2014 Thompson & Knight, LLP City; State; Zip Code Amount (\$) Payee address PO Box 660684 \$890.40 Dallas, TX 75266 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE legal fees regarding compliance Legal Services **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure

P.O.Box 12070

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

| Consulting Experience Event Expense Fees | | Contributions/Donations Made By strict Candidate/Officeholder/Political Committee (Rental Expense OTHER (enter a category not listed above) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers |
| Schedule: 14/19 | Report: 51/58 Casar, Gregorio | 00000010 |
| 4 Date | 5 Payee name | |
| 07/01/2014 | Treiber, Andre | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | - |
| \$200.00 | 1826 Pinewood Ct. | |
| 4_4,,,,, | Sugarl Land, TX 77498 | |
| | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Salaries/Wages/Contract Labor | contract labor |
| EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: |
| to benefit C/OH | | • |
| Date | Payee name | |
| 07/21/2014 | Treiber, Andre | ϵ_{i} |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$200.00 | 1826 Pinewood Ct. | |
| φ200.00 | Sugarl Land, TX 77498 | |
| | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Salaries/Wages/Contract Labor | contract labor |
| EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: |
| to benefit C/OH | | |
| Date | Payee name | |
| 07/15/2014 | USPS | • |
| Amount (\$) | Payee address City, State; Zip Code | |
| \$7.56 | 7700 Northcross Dr. | • |
| \$7.50 | Austin, TX 78757 | |
| | | • |
| | Cotogony (Con Cotogodon Botod at the tax of this cohed to) | |
| I PURPOSE | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | Printing Expense | Description (If travel outside of Texas, complete Schedule T) postage |
| OF EXPENDITURE | | |
| OF EXPENDITURE | Printing Expense | postage Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if | | postage |
| OF EXPENDITURE | Printing Expense | postage Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH | Printing Expense Candidate / Officeholder name | postage Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date | Printing Expense Candidate / Officeholder name Payee name | postage Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 | Printing Expense Candidate / Officeholder name Payee name USPS | postage Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) | Printing Expense Candidate / Officeholder name Payee name USPS Payee address City; State; Zip Code | postage Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 | Printing Expense Candidate / Officeholder name Payee name USPS | postage Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) | Printing Expense Candidate / Officeholder name Payee name USPS Payee address City; State; Zip Code 7700 Northcross Dr. | postage Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) | Printing Expense Candidate / Officeholder name Payee name USPS Payee address City; State; Zip Code 7700 Northcross Dr. | postage Check if Austin, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) \$10.57 | Printing Expense Candidate / Officeholder name Payee name USPS Payee address City; State; Zip Code 7700 Northcross Dr. Austin, TX 78757 | postage Check if Austin, TX, officeholder living expense Office sought: Office held: |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) \$10.57 | Printing Expense Candidate / Officeholder name Payee name USPS Payee address City; State; Zip Code 7700 Northcross Dr. Austin, TX 78757 Category (See Categories listed at the top of this schedule) | postage Check if Austin, TX, officeholder living expense Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) \$10.57 | Printing Expense Candidate / Officeholder name Payee name USPS Payee address City; State; Zip Code 7700 Northcross Dr. Austin, TX 78757 Category (See Categories listed at the top of this schedule) | postage Check if Austin, TX, officeholder living expense Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) \$10.57 PURPOSE OF EXPENDITURE Complete ONLY if | Printing Expense Candidate / Officeholder name Payee name USPS Payee address City; State; Zip Code 7700 Northcross Dr. Austin, TX 78757 Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) \$10.57 PURPOSE OF EXPENDITURE | Printing Expense Candidate / Officeholder name Payee name USPS Payee address City; State; Zip Code 7700 Northcross Dr. Austin, TX 78757 Category (See Categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) postage Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense |

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling 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)

| Event Expense Fees | Polling Expense Trav | rel Out Of District Candidate/Officeholder/Political Committee 29 Overhead/Rental Expense OTHER (enter a category not listed above) |
|---------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| rees | | xplains how to complete this form. |
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers) |
| Schedule: 15/19 | Report: 52/58 Casar, Gregorio | 00000010 |
| 4 Date | 5 Payee name | |
| 07/29/2014 | USPS | |
| 6 Amount (\$) | 7 Payee address City; State; Zip C | ode |
| \$612.50 | 7700 Northcross Dr. Austin, TX 78757 | |
| | Additi, 1707-070 | · |
| 8 | (a) Category (See Categories listed at the top of this so | hedule) (b) Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Printing Expense | postage |
| OF EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: |
| to benefit C/OH | | |
| Date | Payee name | |
| 08/12/2014 | USPS | |
| Amount (\$) | Payee address City; State; Zip C | ode |
| \$21.00 | 7700 Northcross Dr. · Austin, TX 78757 | |
| | 7,001111, 177, 0707 | |
| | Category (See Categories listed at the top of this so | hedule) Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Printing Expense | postage |
| OF EXPENDITURE | | <u> </u> _ |
| | 0 "11 (05 11) | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure | Candidate / Officeholder name . | Office sought: Office held: |
| to benefit C/OH | | |
| Date | Payee name | · |
| 08/13/2014 | USPS | |
| Amount (\$) | Payee address City, State; Zip C | ode |
| \$12.24 | 7700 Northcross Dr. Austin, TX 78757 | · |
| | | |
| , . | Category (See Categories listed at the top of this so | |
| PURPOSE OF | Printing Expense | postage |
| EXPENDITURE | | |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| Complete ONLY if direct expenditure | Sandidate / Sinceriolder Hattle | Onice sought. Onice rieu. |
| to benefit C/OH | | |
| Date | Payee name | |
| 08/20/2014 Amount (\$) | USPS Payee address City; State; Zip C | ode |
| | 7700 Northcross Dr. | oue . |
| \$11.90 | Austin, TX 78757 | |
| • | | |
| DUDDOSE | Category (See Categories listed at the top of this so | |
| PURPOSE OF | Printing Expense | postage |
| EXPENDITURE | | |
| Complete ONLY if | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought: Office held: |
| direct expenditure to benefit C/OH | | |
| to perioric G/OH | | - |

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Travet 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. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Casar, Gregorio 00000010 Schedule: 16/19 Report: 53/58 4 Date 5 Payee name 08/21/2014 **USPS** Payee address City; State; Zip Code Amount (\$) 7700 Northcross Dr. \$13.60 Austin, TX 78757 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** postaģe **Printing Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name **USPS** 09/03/2014 Amount (\$) Payee address City; State; Zip Code 7700 Northcross Dr. \$49.30 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** postage **Printing Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/04/2014 **USPS** Payee address City; State; Zip Code Amount (\$) 7700 Northcross Dr. \$9.80 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE postage Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name **USPS** 09/15/2014 Amount (\$) Payee address City: State: Zip Code 7700 Northcross Dr. \$29.58 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** postage Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Loan Repayment/Reimbursement

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense

Texas Ethics Commission

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor

| Consulting Expel Event Expense Fees | nse Food/Beverage Expense Travel In Dis Polling Expense Travel Out C | Of District Candidate/Officeholder/Political Committee pead/Rental Expense OTHER (enter a category not listed above) |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers) |
| Schedule: 17/19 | Report: 54/58 Casar, Gregorio | 00000010 |
| 4 Date 09/15/2014 | 5 Payee name USPS | |
| 6 Amount (\$) | 7 Payee address City, State, Zip Code | , |
| \$ 1:02 | 7700 Northcross Dr. Austin, TX 78757 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description (If travel outside of Texas, complete Schedule T) postage |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if | Candidate / Officeholder name | Office sought: Office held. |
| direct expenditure to benefit C/OH | | |
| | | |
| Date | Payee name Worldy Printing | |
| 08/20/2014 - Amount (\$) | Worley Printing Payee address City, State, Zip Code | |
| l ''' | 3217 North IH 35 | • |
| \$186.19 | Austin, TX 78722 | 1 |
| ٠. | | |
| PURPOSE OF | Category (See Categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) printing |
| EXPENDITURE | • | |
| Complete ONLY if | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought: Office held: |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officerolder frame | Office sought. Office field. |
| Date | Payee name | |
| 09/19/2014 | Worley Printing | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$177.53 | 3217 North IH 35 | |
| | Austin, TX 78722 | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Printing Expense | printing |
| OF EXPENDITURE | 3 to F | |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: |
| to benefit C/OH | | |
| Date | Payee name | |
| 07/01/2014 | Yancy, Max | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$100.00 | 2409 East 9th St.11 Austin, TX 78702 | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE | Salaries/Wages/Contract Labor | fellow stipend |
| OF EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |

SCHEDULE F

| Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees | ing Legal Se nse Food/Be Polling B | ards/Memorial Expense ervices expense expense Expense | DITURE CATEGO Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distric Office Overhead/Rei | ntract Labor ning Expense ot ntal Expense | Transportation Contributions/I Candidate/O OTHER (enter | ent/Reimbursement Equipment & Related Expense Donations Made By Officeholder/Political Committee a category not listed above) | |
|----------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------|
| | | | UIDE explains how t | o complete this to | rm. | | |
| 1 PAGE # 2 FILER NAME Schedule: 18/19 Report: 55/58 Casar, Gregorio | | | | | | 3 ACCOUNT # (TEC fill 00000010 | ers) |
| | integrals. To the Politic Good | | | | | | |
| 4 Date 07/15/2014 | 5 Payee name Yancy, Max | | | | | | |
| 6 Amount (\$) | 7 Payee addres | s City; State; | Zip Code . | | | | |
| \$200.00 | 2409 East 9 Austin, TX 7 | | · | | | | |
| 8 PURPOSE OF | ` · · · · | Categories listed at the top of ges/Contract Labor | this schedule) | (b) Description fellow stipen | | of Texas, complete Schedule T | , 🔲 |
| EXPENDITURE | | • | | Charle if Augatin | TV afficient | Ibda | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / O | fficeholder name | | Office sou | | er living expense Office held: | |
| Date | Payee name | , , , , | | | | | |
| 07/31/2014 | Yancy, Max | | | | | | |
| Amount (\$) | Payee addres | s City; State; | Zip Code | | | ÷ . | |
| \$200.00 | 2409 East 9t Austin, TX 7 | h St.11 | Zip Code | | | | |
| PURPOSE OF EXPENDITURE | | e Categories listed at the top of ges/Contract Labor | this schedule) | Description fellow stipen | d · | of Texas, complete Schedule T | |
| | 0 111 10 | · · · · · · · · · · · · · · · · · · · | | | | er living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / O | fficeholder name | | Office sou | ght: | Office held: | |
| Date | Payee name | | | | | | |
| 08/14/2014 | Yancy, Max | | | | | | |
| Amount (\$) | Payee addres | s City; State; | Zip Code | | | | |
| \$200.00 | 2409 East 9t Austin, TX 7 | h St.11 8702 | | | | | |
| DUDGGGG | | Categories listed at the top of | this schedule) | Description | (If travel outside | of Texas, complete Schedule T | · 🔲 |
| PURPOSE OF | Salaries/Wa | ges/Contract Labor | | fellow stipen | u | | |
| EXPENDITURE | | | | Check if Austin | . TX. officeholde | er living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / O | fficeholder name | | Office sou | | Office held: | |
| Date [.] | Payee name | | • | | | | |
| 08/29/2014 | Yancy, Max | | | | | | |
| Amount (\$) | Payee addres | s City, State; | Zip Code | | • | | |
| \$200.00 | 2409 East 9t | h St.11 | —- | | | | |

Category (See Categories listed at the top of this schedule)

Salaries/Wages/Contract Labor

Candidate / Officeholder name

PURPOSE

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Office held:

Description (If travel outside of Texas, complete Schedule T) [

Check if Austin, TX, officeholder living expense

Office sought:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

| Fees | Printing Expense Office Overhead The Instruction Guide explains ho | /Rental Expense OTHER (enter a category not listed above) w to complete this form. |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers) |
| Schedule: 19/19 | 1 | 00000010 |
| *** | Treport, ourse | 00000010 |
| 4 Date | 5 Payee name Yancy, Max | |
| 09/15/2014 | | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$200.00 | 2409 East 9th St.11 Austin, TX 78702 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | Salaries/Wages/Contract Labor | fellow stipend |
| EXPENDITURE | | <u> </u> _ |
| | | 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 07/15/2014 | Payee name Zavala, Patricia | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$110.00 | 3110 Walnut Ave Austin, TX 78722 | |
| | | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) Contract labor |
| OF EXCENDITURE | Odlarios Fragos Corni dos Eddo. | ı |
| EXPENDITURE | · | Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| | | Office sought. |
| direct expenditure to benefit C/OH | | Office sought. |
| direct expenditure | Payee name | Office sought. |
| direct expenditure to benefit C/OH | | Office sought. |
| direct expenditure to benefit C/OH Date | Payee name | Office sought. |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) | Payee name Zavala, Patricia | Office sought. |
| direct expenditure to benefit C/OH Date 08/01/2014 | Payee name Zavala, Patricia Payee address City; State; Zip Code | Office sought. |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave | Office sought. |
| Date 08/01/2014 Amount (\$) \$78.87 | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 | Description (If travel outside of Texas, complete Schedule T) |
| Date 08/01/2014 Amount (\$) \$78.87 | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 | |
| Date 08/01/2014 Amount (\$) \$78.87 | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Date 08/01/2014 Amount (\$) \$78.87 | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Date 08/01/2014 Amount (\$) \$78.87 | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) \$78.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Description (If travel outside of Texas, complete Schedule T) Contract labor Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) \$78.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) Contract labor Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) \$78.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Description (If travel outside of Texas, complete Schedule T) Contract labor Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) \$78.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Description (If travel outside of Texas, complete Schedule T) Contract labor Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) \$78.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Description (If travel outside of Texas, complete Schedule T) Contract labor Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) \$78.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Description (If travel outside of Texas, complete Schedule T) Contract labor Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) \$78.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Description (If travel outside of Texas, complete Schedule T) Contract labor Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) \$78.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Description (If travel outside of Texas, complete Schedule T) Contract labor Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) \$78.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Description (If travel outside of Texas, complete Schedule T) Contract labor Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) \$78.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Description (If travel outside of Texas, complete Schedule T) Contract labor Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) \$78.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Description (If travel outside of Texas, complete Schedule T) Contract labor Check If Austin, TX, officeholder living expense |
| direct expenditure to benefit C/OH Date 08/01/2014 Amount (\$) \$78.87 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure | Payee name Zavala, Patricia Payee address City; State; Zip Code 3110 Walnut Ave Austin, TX 78722 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name | Description (If travel outside of Texas, complete Schedule T) [_] contract labor Check If Austin, TX, officeholder living expense |

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundralsing 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 no | ow to complete this form. | | | |
|---------------------------------------------------------------------------------------|----------------|--------------------------------------------------|------------------------------------|---------------------------------------|--|--|
| 1 PAGE# | * | 2 FILER NAME | | 3 ACCOUNT # (TEC filers) | | |
| Schedule: 1/1 Report: 57/58 Casar, Grego | | Casar, Gregorio | | 00000010 | | |
| 4 Date | 5 Payee name | | | · · · · · · · · · · · · · · · · · · · | | |
| 09/11/2014 | Austin Tejan | o Democrats | • | | | |
| 6 Amount (\$) | 7 Payee addres | s City; State; Zip Code | | | | |
| \$50.00 | 2544 Stoutw | ood Circle | | | | |
| | | 78745 | | • | | |
| Reimbursement from political contributions intended | | | | • | | |
| 8 | | e Categories listed at the top of this schedule) | (b) Description (If travel outside | e of Texas, complete Schedule T) | | |
| PURPOSE Contributions/Donations Made By OF Candidate/Officeholder/Political Committee | | | Political donation | Political donation | | |
| EXPENDITURE | Candidate/C | officeholder/Political Committee | | | | |
| | | | | i | | |
| | | | | | | |
| | | | Check if Austin, TX, officehold | ler living expense | | |
| Date | Payee name | | | | | |
| 08/19/2014 | Dunn, Carey | 1 | | | | |
| Amount (\$) | Payee addres | s City; State; Zip Code | | | | |
| \$45.28 | 7910 Gault 8 | | | | | |
| Reimbursement from political contributions intended | Austin, TX 7 | 78757 | | | | |
| contributions intended | | | | | | |
| DUDDOSE. | | e Categories listed at the top of this schedule) | · · · | e of Texas, complete Schedule T) | | |
| PURPOSE OF | Salaries/Wa | ges/Contract Labor | Contract labor | | | |
| EXPENDITURE | | | | | | |
| | • | | | | | |
| • | ļ | | | | | |
| | | | Check if Austin, TX, officehold | ler living expense | | |
| | | | | | | |
| • | | | | | | |
| | | | | • | | |
| | • | | | | | |
| | | | • , | | | |
| | | | • | · | | |
| | | • • | | | | |
| * | | · . | | | | |
| | | | | | | |
| | | | | | | |
| | | | | • | | |
| | | | | | | |
| | | | | | | |
| | | | | • | | |
| | | | | | | |
| | | • | | • | | |
| | | • | | | | |

TEXT ANNOTATION Casar, Gregorio

Page 58 of 58 ACCOUNT # 00000010

Information entered by filer as a memo

Schedule A

Western Missouri and Kansas Laborers' District Council - PAC: (816) 523-1919. District Council Executive Board appointed Treasurer Tim L. Bell, 8500 Ward Parkway Suite 300, Kansas City, MO 64114 (816) 523-1919. Eastern Missouri Laborers Educational and Benevolent Fund: (314) 739-7270. Union Executive Board appointed Treasurer Perri Pryor, 3450 Hollenberg Dr., Bridgeton, MO 63044 - (314) 739-7270. Heavy Construction Laborers Union No 663 PAC: (417) 353-2155. Union members appointed Treasurer Tim Price, 7820 Prospect Ave., Kansas City, MO 64132 (417) 353-2155. North Central IL Laborers District Council PAC: (309) 692-8750. Labor Board appointed Treasurer Charlie Shempf, 4208 W. Partridge Way, Unit 2, Peoria, IL 61615, (309) 692-8750. Southern Central IL Laborers Political League (618) 998-1787. Board appointed Treasurer Rodney Masterson, 5100 Laborers Way, Ste. A, Marion, IL 62959, (618) 998-1787.

BUNDLING REPORT

Name of candidate/officeholder: Gregorio Casar

1. For each person/bundler who has solicited and obtained campaign contributions on your behalf of \$200 or more per person from five (5) or more individuals during the reporting period, provide the following information. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

| Name of Individual/Bundler | | Occupation | Employer | Fotal Amount Bundled |
|----------------------------|--------------------------------------------|------------|----------------------|----------------------|
| Martin Cirkiel | 1201 County Road 138, Hutto, TX 78634 | Attorney | Cirkiel & Associates | \$2,100.00 |
| Solomon Kassa | 2505 Alexander Ct, Round Rock, TX 78665 | Driver | LoneStar Cab | \$5,000.00 |

2. For each person identified above, enter the name and address of each individual contributor whose contribution was bundled by that individual. Attach additional sheets if necessary.

| Contact Name | Address | City | State | Zip | Occupation | Employer | Amount | Bundler |
|---------------------|--------------------------|---------------|-------|----------------|-------------|------------------------------------|----------|-------------------|
| Martin Cirkiel | 1201 County Road 138 | Hutto | TX | 78634- 5127 | Attorney | Cirkiel & Associates | \$350.00 | Martin Cirkiel |
| Pamela Cirkiel | 1201 County Road 138 | Hutto | TX | 78634- 5127 | Real Estate | M.E. Gene Johnson Realtors, Inc | \$350.00 | Martin Cirkiel |
| A J Purgason | 1403 Northridge Dr | Austin | TX | 78723- 1824 | Retired | Retired | \$350.00 | Martin Cirkiel |
| Raymon Purgason | 1403 Northridge Dr | Austin | TX | 78723- 1824 | Retired | Retired | \$350.00 | Martin Cirkiel |
| Carolyn Tanksley | 16925 Judy Scholl Way | Round Rock | TX | 78681- 5406 | Realtor | M.E. Gene Johnson Realtors, Inc | \$350.00 | Martin Cirkiel |
| Ricky Tanksley | 16925 Judy Scholl Way | Round Rock | TX | 78681- 5406 | Inspector | Oncor | \$350.00 | Martin Cirkiel |

| Contact Name | Address | '+ City | State | Z ip. | Occupation | Employer | Amount | Bundler . |
|--------------------------|---------------------------------------------|---------------|-------|----------------|----------------------------------------|-------------------|----------|------------------|
| Tsegaye Chernet | PO Box 144542 | Austin | TX | 78714- 4542 | Driver | Lonestar Cab | \$300.00 | Solomon Kassa |
| Daniel Ejigu | 1522 Thibodeaux Dr | Round Rock | TX | 78664- 7209 | Driver | AB Cab Co. | \$300.00 | Solomon Kassa |
| Genet Melesse | 1522 Thibodeaux Dr | Round Rock | TX | 78664- 7209 | Internet Small business owner | Self | \$300.00 | Solomon Kassa |
| Teferi Engdaw | 2505 Alexander Ct | Round Rock | TX | 78665- 7917 | Driver | Lonestar Cab | \$300.00 | Solomon Kassa |
| Firew Getahun | 2722 High Point Dr | Round Rock | TX | 78664- 5790 | Accountant | Financial freedom | \$300.00 | Solomon Kassa |
| Hirut Hailu | 2722 High Point Dr | Round Rock | TX | 78664- 5790 | Financial Freedom | Production | \$300.00 | Solomon Kassa |
| Yodit Tekle | 2958 Donnell Dr | Round Rock | TX | 78664- 5709 | Owner | Yasay, Inc | \$300.00 | Solomon Kassa |
| Solomon Kassa | 2958 Donnell Dr | Round Rock | TX | 78664- 5709 | Operator | Capital Metro | \$300.00 | Solomon Kassa |
| Denberwa Kebede | 17205 Tobermory Dr | Pflugerville | TX | 78660- 1726 | Attendant | DPS | \$300.00 | Solomon Kassa |
| Abera Mersha | 9001 Briardale Dr | Austin | TX | 78758- 6429 | Driver | Lonestar Cab | \$200.00 | Solomon Kassa |
| Workey Mersha | 9001 Briardale Dr | Austin | TX | 78758- 6429 | Homemaker | None | \$200.00 | Solomon Kassa |
| Zenaw Mersha | 9001 Briardale Dr | Austin | TX | 78758- 6429 | Driver | Lonestar Cab | \$300.00 | Solomon Kassa |
| Yemane Seifu | 1015 E Yager Ln, Unit 92 | Austin | TX | 78753- 7007 | Retired | Retired | \$300.00 | Solomon Kassa |
| Ababa Siyum | 13608 Merseyside Dr | Pflugerville | TX | 78660- 8870 | Homemaker | Homemaker | \$200.00 | Solomon Kassa |
| Eyeyu Yosief | 13608 Merseyside Dr | Pflugerville | TX | 78660- 8870 | Driver | Lonestar Cab | \$200.00 | Solomon Kassa |
| Tigabu Yedeme | 941 Hesters Crossing Rd, Apt. 2702 | Round Rock | TX | 78681- 7832 | Driver | Lonestar Cab | \$300.00 | Solomon Kassa |
| Meserete Woldegebriel | 942 Hesters Crossing Rd, Apt. 2702 | Round Rock | TX | 78681- 7832 | House keeper | Seton Hospital | \$300.00 | Solomon Kassa |
| Mulugeta Zeleke | 17205 Tobermory Dr | Pflugerville | TX | 78660- 1726 | Driver | Lonestar Cab | \$300.00 | Solomon Kassa |

| SCHEDULE ATX. | 5 - attach to | form C/OH (| C & E) |
|---------------------|---------------|-------------|--------|
| Reference § 2-2-22. | Austin City | Code | • |

| 3. | Identify each person registered or required to be register under City Code, Chapter 4-8 (Regulation o Lobbyists) employed by, or compensated to lobby by: (1) any Bundler identified in Section 1 above, (2) business association through which the Bundler does business, or (3) the Bundler's employer. | | | | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------|--|--|
| | | | | | | | |
| | | | | | · | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Note: It is important to remember that contributions to you are from the <u>actual donor</u>, <u>not</u> from the individual who solicited the donations on your behalf. Therefore, on form C/OH you must identify the actual donor as the contributor.

STATE OF TEXAS VERIFICATION

I certify that the total amount bundled on my behalf in the campaign period by all partners, shareholders, principals, employees, and persons who conduct business through a business association that is subject to City Code, Section 2-2-22(E), when added together, does not exceed ten (10) times the contribution limit set by City Charter, Article III, Section 8(A)(1) for the entire business association.

Signature of Affiant