(TDD 1-800-735-2989) P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 Texas Ethics Commission FORM SPAC SPECIFIC-PURPOSE COMMITTEE COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 1 ACCOUNT# 2 Total pages filed: (Ethics Commission Filers) The SPAC Instruction Guide explains how to complete this form. 12 3 COMMITTEE NAME OFFICE USE SINLY Our Rail Date Received ADDRESS / PO BOX: STATE: ZIP CODE APT / SUITE#; CITY; 4 COMMITTEE ADDRESS PO Box 49166 Austin, TX 78765 change of address Date Hand-delivered or Postmark Receipt # FIRST MS/MRS/MR Μì 5 CAMPAIGN Date Processed Scott TREASURER NAME LAST SUFFIX Date Imaged NICKNAME Morris ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: 6 CAMPAIGN TREASURER'S 3705 Cedar St., Austin TX 78705 STREET ADDRESS (residence or business) STREET OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE 7 CAMPAIGN TREASURER'S PO Box 49166, Austin, TX 78765 MAILING ADDRESS change of address AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (512)371-7961 9 REPORTTYPE 30th day before election Exceeded \$500 limit January 15 Dissolution (attach PAC-DR) July 15 8th day before election 10th day after campaign treasurer termination 10 PERIOD Month Day Year COVERED 09 / 26 / 14 THROUGH 10 / 25 / 14 11 ELECTION ELECTION TYPE ELECTION DATE Month Day Special Primary Runoff X General 11 / 04 / 14

SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

FORM SPAC COVER SHEET PG 2

(TDD 1-800-735-2989)

			· 	
12 COMMITTEE NAME Our Rail			ACCOUNT # (Ethics Commission Filers)	
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE			
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (c	officeholder)	
X OPPOSE (Candidate or Measure)			ELECTION DATE	
	BALLOT IDENTIFICATION / # "Project Connect" Washing Weasure Bond Referendum 11			
ASSIST (Officeholder)	<u> </u>	A measure funding urban rail was proved by Austin City Council		
14 CONTRIBUTION TOTALS	TOTAL POLITICAL PLEDGES, LOANS,			
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ *	
EXPENDITURE TOTALS	3. TOTAL POLITICAL	FEMIZED \$ *		
	4. TOTAL POLITIC	\$ *		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LA IG PERIOD	ST DAY \$ *	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS (\$ *	
15 AFFIDAVIT * See follo	wing page	I swear, or affirm, under penalty of report is true and correct and includ reported by me under Title 15, Elec	es all information required to be	
See follo	page	Signature of Camp	paign Treasurer	
AFFIX NOTARY STAMP / SE				
		said		
day of	, 20	, to certify which, witness my	hand and seal of office.	
Signature of officer administe	ring oath Printed	name of officer administering oath	Title of officer administering oath	

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

- OKI OCEAN			
12 COMMITTEE NAME Our Rail			ACCOUNT # (Ethics Commission Filers)
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE		
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (or	fficeholder)
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTION DATE
	X MEASURE	"2014 Strategic Mobility Plan" Mon Bond Referendum 11	th Day Year 04 14
ASSIST (Officeholder)	MEASORE	A ballot measure containing ur approved by City Council on 6/	
14 CONTRIBUTION TOTALS	TOTAL POLITICAL PLEDGES, LOANS	CONTRIBUTIONS OF \$50 OR LESS (OTHER TH , OR GUARANTEES OF LOANS), UNLESS ITEM	AAN \$ 0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4635.80
EXPENDITURE TOTALS	3. TOTAL POLITICAL	* 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES	\$ 4805.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LA	\$ 519.20
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS C REPORTING PERIOD	S -0-
	TO CANCET	I swear, or affirm, under penalty of preport is true and correct and include reported by me under Title 15, Elec	es all information required to be
No STAT	DO SANCHEZ tary Public E OF TEXAS	Actor.	
My Comm	n. Exp. 12-25-2016	Signature of Camp	aign Treasurer
AFFIX NOTARY STAMP / SEA		4	
Sworn to and subscrib		said Scar Mow?	hand and seal of office.
Oled San Signature of officer administe	Ly or	lands Sancher	Justo and 13 date has a Ministering oath

(512) 463-5800

SCHEDULE A

ı					
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 3
2	FILER NAME Our Rail			3 ACCOUNT # (E	thics Commission Filers)
4	Date 09/30/14	5 Full name of contributor □ oul-of-state PAC (ID#_ John Boardman 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 104.80	8 In-kind contribution description (if applicable)
		700 W 32nd St Austin, TX 78705		(If travel outside	 of Texas, complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date 09/30/14	Full name of contributor out-of-state PAC (ID#_ Mary Sanger Contributor address; City; State; Zip Code		Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
		704 Carolyn Ave. Austin, TX 78705		(If travel outside o	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions) Retired	Employer (See In		
	Date 09/30/14	Full name of contributor		Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
		1303 Bentwood Rd Austin, TX 7872	22	(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions) Retired	Employer (See In	structions)	
	Date 10/07/14	Full name of contributor		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
		1510 W North Loop BLVD Unit 126	Austin, TX 787		l of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions) Software engineer	Employer (See In	structions) SUSE LLC.	
	Date 10/15/14	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
		4008 Duval St. Austin, TX 78751		(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS

L					
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 3
2	FILER NAME Our Rail			3 ACCOUNT# (E	thics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/16/14	David Dobbs 6 Contributor address; City; State; Zip Code		1000.00	description (if appricable)
		9702 Swansons Ranch Rd Austin, T	'X 78748	/If travel outside	of Texas, complete Schedule T)
Ļ	Deineinal assu	antion (lob title (Coe Instructions)	10 Employer (See In	<u> </u>	ur rexas, complete contease ry
9	Principal occu	pation / Job title (See Instructions) Retired	10 Employer (See in		
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	10/10/14	0 /1 0 /1 4 Andrew Dillon		contribution (\$)	description (if applicable)
	10/19/14			25.00	
		Contributor address; City; State; Zip Code			
		841 E. 37th St. Austin, TX 78705			,
		,		(If travel outside	it of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	10/20/14	Doug Addison		contribution (\$)	description (if applicable)
	10/20/14	Contributor address; City; State; Zip Code		100.00	
		Contributor address, City, State, Zip Code			
		1307 W. 40th St. Austin, TX 78756			
				(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	<u>.</u>				
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/20/14	Andrew Clements		511.00	Chronicle ad in
	10/20/11	Contributor address; City; State; Zip Code		511.00	
					10/24/14 issue
		4528 Ruiz St Austin, TX 78723			1
				(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions) Architect	Employer (See In State of Te		
	Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	10/22/14	VT Massalman		contribution (\$)	description (if applicable)
	10/22/14	KT Musselman		100.00	
		Contributor address; City; State; Zip Code			
İ		2819 Foster Lane F224 Austin, TX	78757		!
				(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
		· · · · · · · · · · · · · · · · · · ·	·		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: 3 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Our Rail Date 5 Full name of contributor In-kind contribution ul-of-state PAC (ID#:____ contribution (\$) description (if applicable) 50.00 Christine Clark 10/23/14 6 Contributor address; City; State; Zip Code 840 E 37th St Austin, TX 78705 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of contributor ut-of-state PAC (ID#:_ contribution (\$) description (if applicable) 10/24/14 50.00 Brad Absalom Contributor address; City; State; Zip Code 2805 Brinwood Ave Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date Full name of contributor ul-of-state PAC (ID#:_ contribution (\$) 25.00 description (if applicable) 10/24/14 Jeffrey Wood Contributor address; City; State; Zip Code 3188 Lucas Circle Lafayette, CA 94549 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of In-kind contribution contribution (\$) description (if applicable) 50.00 10/25/14 Kevin Miller Contributor address; City; State; Zip Code 12545 Riata Vista Circle MS 184-TRG Austin, TX 78727 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of contributor ut-of-state PAC (ID#:_ contribution (\$) description (if applicable) City; State; Zip Code Contributor address: (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	ontract Labor Loar sising Expense Tran Cont trict C Rental Expense OTH	n Repayment/Reimbursement isportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee IER (enter a category not listed above)
Total pages Schedule F:		<u></u>	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Payee name		
09/30/14	Frost Bank - Fee		
Amount (\$)	7 Payee address; City; State; Zip Code		
5.00	1206 W. 38th Street, Suite 1101 Austi	n, TX 78705	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	' '	avel outside of Texas, complete Schedule T)
EXPENDITURE	Accounting/Banking	Bank fee	
Complete ONLY if direct expenditure to benefit Complete.		Office sought	Office held
Date	Payee name		
09/30/14	Office Max		
Amount (\$)	Payee address; City: State; Zip Code		
171.04	4615 N Lamar Blvd Austin, TX 78751		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	flyers	
Complete ONLY if direct expenditure to benefit C	t Candidate / Officeholder name	Office sought	Office held
Date	Payee name		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
09/30/14	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
3.34	2211 North First St, San Jose, CA 9513	31	
PURPOSE	Category (See categories listed at the top of this schedule)	, , ,	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Accounting/Banking	PayPal Fees	S
Complete ONLY if direct expenditure to benefit Complete ONLY		Office sought	Office held
Date 10/01/14	Payee name FastSigns-deposit		
Amount (\$)	Payee address; City; State; Zip Code		
500.00	8820 Burnet Rd #504 Austin, TX 787	57	
PURPOSE OF	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising Expense	Signs	
	+ Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit (Office sought	J., 100

P.O. Box 12070

-	EXPENDITURE	ĆATECODIES I	EOD BOY %/-		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of District Office Overhead/R	ntract Labor sing Expense fict ental Expense	Loan Repayment/F Transportation Equ Contributions/Dona Candidate/Offic OTHER (enter a ca	ipment & Related Expense
	The Instruction Guide	explains how to	omplete this fo		
Total pages Schedule F:	2 FILER NAME Our Rail			3 ACCOUN	T # (Ethics Commission Filers)
Date	5 Payee name				
10/03/14	FastSigns				
1935.63	7 Payee address; City; Sta 8820 Burnet Rd #504 Au	te; Zip Code stin, TX 7875	7		
PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	את (If travel outside of Tex	kas, complete Schedule T)
EXPENDITURE	Advertising Expense		Signs		
Complete ONLY if direct expenditure to benefit C.			Office sou	ght	Office held
Date	Payee name				
10/03/14	Lowes				
Amount (\$)	Payee address; City; St	ate; Zip Code			
43.67	8000 Shoal Creek Blvd, A	ustin, TX 787	57		
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	· ·		kas, complete Schedule T)
EXPENDITURE	Advertising Expense		Hardw	are for signs	
Complete ONLY if direct expenditure to benefit C.			Office sou	ght	Office held
Date	Payee name				
10/07/14	PayPal				
Amount (\$)	Payee address; City; St	ate; Zip Code			
7.55	2211 North First St, San J	ose, CA 9513	1		
PURPOSE	Category (See categories listed at the to	p of this schedule)	Descriptio	on (If travel outside of Tex	kas, complete Schedule T)
OF EXPENDITURE	Accounting/Banking		PayPal	Fees	
Complete ONLY if direct expenditure to benefit C.		:	Office sou	ght	Office held
Date 10/08/14	Payee name Office Max				
Amount (\$)	Payee address; City; St	ate; Zip Code			
3.00	4615 N Lamar Blvd Austi	n, TX 78751			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Printing Expense	p of this schedule)	Descriptio Copies		xas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C			Office sou	ght	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULEA	S NEEDED	

SCHEDULE F

(512) 463-5800

	EVDENDITION	E CATEGORIES	EOD BOY 8(a)	i	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	intract Labor ising Expense rict	Loan Repaymer Transportation E Contributions/Do Candidate/O	nt/Reimbursement equipment & Related Expense pnations Made By fficeholder/Political Committee ecategory not listed above)
	The Instruction Guid	e explains how to	complete this fo	rm.	
Total pages Schedule F:	2 FILER NAME Our Rail			3 ACCO	JNT # (Ethics Commission Filers)
Date	5 Payee name				
10/10/14	FastSigns				
103.92	7 Payee address; City; St 8820 Burnet Rd #504 A	late: Zip Code ustin, TX 7875	57		
PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	1 (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		Posts		
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder nam	nė	Office soug	ht	Office held
Date	Payee name		-		
10/15/14	PayPal				
Amount (\$)	Payee address; City;	State; Zip Code			
0.88	2211 North First St, San	Jose, CA 9513 	1		
PURPOSE	Category (See categories listed at the	(op of this schedule)	Description	(If trave) outside of	Texas, complete Schedule T)
OF EXPENDITURE	Accounting/Banking		PayPal 1	Fees	
Complete <u>ONLY</u> if direct expenditure to benefit Co		ne	Office soug	ht	Office held
Date	Payee name				
10/16/14	Austin Signs				
Amount (\$)	Payee address; City;	State; Zip Code			
535.84	9012 Research Blvd Aus	stin, TX 78758			
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	n (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		Signs		
	Candidate / Officeholder nam	ne	Office soug	ht	Office held
Complete ONLY if direct expenditure to benefit C					
			·		1. · · · · · · · · · · · · · · · · · · ·
expenditure to benefit Co	Payee name PayPal	State; Zip Code			
Date 10/16/14	Payee name PayPal	•	1		
Date 10/16/14 Amount (\$)	Payee name PayPal Payee address; City; 3	Jose, CA 9513		•	Texas, complete Schedule T)
Date 10/16/14 Amount (\$) 29.30	Payee name PayPal Payee address; City: 3 2211 North First St, San Category (See categories listed at the Accounting/Banking Candidate / Officeholder name	top of this schedule)	Description	Fees	Texas, complete Schedule T) Office held

P.O. Box 12070

	EVDENDITIED	CATEGORIES	EMP RMY 8/2	A .	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	entract Labor ising Expense rict	Loan Repayme Transportation Contributions/I Candidate/	ent/Reimbursement Equipment & Related Expense Donations Made By Officeholder/Political Committee a category not listed above)
	The Instruction Guid	e explains how to	complete this fo	orm.	
Total pages Schedule F:	2 FILER NAME Our Rail			3 ACC	OUNT # (Ethics Commission Filers)
Date	5 Payee name	-			
10/19/14	PayPal				
Amount (\$) 1.03	7 Payee address; City; St 2211 North First St, San	ate; Zip Code Jose, CA 9513	1		
PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	on (If travel outside	of Texas, complete Schedule T)
OF EXPENDITURE	Accounting/Banking		PayPal Fe	es	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam	ne	Office sou	ght	Office held
Date	Payee name				
10/20/14	Austin Chronicle		<u> </u>		 .
Amount (\$)	Payee address; City;	State; Zip Code			
511.00	4000 N Interstate 35 Fro	ontage Rd, Aus	stin, TX 787	51	
PURPOSE	Category (See categories listed at the	top of this schedule)	Descriptio	on (If travel outside	of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		Chronic	cle Ad	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam OH	nė	Office sou	ght	Office held
Date	Payee name				
10/20/14	PayPal				
Amount (\$)	Payee address; City; 5	State; Zip Code			
3.20	2211 North First St, San	Jose, CA 9513	1		
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	on (If travel outside	of Texas, complete Schedule T)
OF EXPENDITURE	Accounting/Banking		PayPal	Fees	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder пап ОН	ne	Office sou	ght	Office held
Date 10/22/14	Payee name PayPal				
Amount (\$) 3.20	Payee address; City; 5 2211 North First St, San	State; Zip Code Jose, CA 9513	1		
PURPOSE OF EXPENDITURE	Category (See categories listed at the Accounting/Banking	top of this schedule)	Description PayPal		of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder nam /OH	ne	Office sou	ght	Office held

Texas Ethics Commission

POLITICAL EXPENDITURES

	EVDENDITION	E CATEGORIES	FOR BOY 8/s		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gitt/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R	ntract Labor ising Expense rict	Loan Repaymer Transportation E Contributions/De Candidate/O	nt/Reimbursement quipment & Related Expense pnations Made By fficeholder/Political Committee a category not listed above)
	The Instruction Guid	le explains how to	complete this f		
1 Total pages Schedule F:	2 FILER NAME Our Rail			3 ACCOL	JNT # (Ethics Commission Filers)
4 Date	5 Payee name				
10/22/14	Super Cheap Signs				
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			
941.78	9804 Gray Blvd, Austin,	TX 78758			
PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	on (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		Signs		
9 Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder nam	ne	Office sou	ght	Office held
Date	Payee name				
10/23/14	PayPal				
Amount (\$)	Payee address; City;	State; Zip Code		-	
1.75	2211 North First St, San	i Jose, CA 9513	1		
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	on (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Accounting/Banking		PayPal	Fees	
Complete <u>QNLY</u> if direct expenditure to benefit C		ne	Office sou	ght	Office held
Date	Payee name				<u></u>
10/24/14	PayPal				
Amount (\$)	Payee address; City;	State; Zip Code			
1.75	2211 North First St, San	Jose, CA 9513	1		
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	n (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Accounting/Banking		PayPal	Fees	
Complete <u>QNLY</u> if direct expenditure to benefit C		ne	Office sou	ght	Office held
Date 10/24/14	Payee name PayPal				
Amount (\$) 1.03	Payee address; City; S 2211 North First St, San	State: Zip Code 1 Jose, CA 9513	1		
PURPOSE OF EXPENDITURE	Category (See categories listed at the Accounting/Banking	top of this schedule)	Description PayPal	-	Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C		ne	Office sou	ght	Office held
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE A	S NEEDED	

SCHEDULE F

(TDD 1-800-735-2989)

<u></u>	EXPENDITURE	CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense side explains how to complete this f		Contributions/Dona Candidate/Office OTHER (enter a ca	pment & Related Expense	
1 Total pages Schedule F:	2 FILER NAME Our Rail			3 ACCOUNT	# (Ethics Commission Filers)	
4 Date	5 Payee name			I		
10/25/14	PayPal					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
1.75	2211 North First St, San Jose, CA 95131					
8 PURPOSE OF	(a) Category (See categories listed at the t	top of this schedule)	` '	•	as, complete Schedule T)	
EXPENDITURE	Accounting/Banking	<u></u>	PayPal Fee	s		
9 Complete ONLY if direct expenditure to benefit C/		e	Office sough	nt	Office held	
Date	Payee name	•				
Amount (\$)	Payee address; City; 5	State; Zip Code				
		-				
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/		e	Office sough	nt	Office held	
Date	Payee name					
Amount (\$)	Payee address; City; S	state; Zip Code				
PURPOSE OF	Category (See categories listed at the f	top of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)	
EXPENDITURE		-				
Complete ONLY if direct expenditure to benefit Co		e	Office soug	ht	Office held	
Date	Payee name					
Amount (\$)	Payee address; City; S	State; Zip Code	<u> </u>			
		:				
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)	
Complete ONLY if direct expenditure to benefit Co		ne	Office sough	ht	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Austin, Texas 78711-2070