CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 8

OFFICE USE ONLY

Date Received: 2014 OCT 27 PM 1:06 AUSTIN CITY CLERK RECEIVED

Date Hand-delivered or Postmarked:

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. FIRST: MATTHEW MI: L

NICKNAME: MATT LAST: LAMON SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2605 ENFIELD RD #217
AUSTIN, TX 78703

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 826-1797 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS. FIRST: MARTHA MI: B

NICKNAME: ~~ETAF~~ LAST: LINER SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5524 BEE CAVES RD STE B5
AUSTIN, TX 78746

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 965-3979 EXTENSION:

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 09 / 26 / 14 THROUGH Month Day Year: 10 / 25 / 14

11 ELECTION

ELECTION DATE Month Day Year: 11 / 04 / 14

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): AUSTIN CITY COUNCIL DIST. 10

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,350—

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 9,076.79

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 675.84

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 5,000—

18 AFFIDAVIT

RICARDO VASQUEZ
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 9/29/18

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Matthew Lamon
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Matthew Lamon, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

Ricardo Vasquez — Signature of officer administering oath
Ricardo Vasquez — Printed name of officer administering oath
Banker — Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: Matthew Lamon

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/29/14	Tyler Rudd 5908 Down Valley Ct Austin, TX 78731	250.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Consultant

10 Employer (See Instructions): Self-Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/24/14	Revlyn Lawson 6800 De Paul Cv Austin TX 78723	25.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/30/14	William Torres 11500 Lakeview Dr Coral Springs FL 33071	250.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): CEO

Employer (See Instructions): Seamless Transitions Homes

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/2/14	Laura Matz 1708 Paetra Plaza Austin TX 78703	150.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/14	Stephanie Gibson P.O Box 161175 Austin, TX 78716	100.00	(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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: Matthew Lamoir

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/14	Cynthia Johnson 4430 Bull Creek #2211 Austin TX 78731	25.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/14	Jeff Mayfield 211 Palisade Drive Austin TX 78737	350.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/14	Adrienne Fore 1718 Carson Austin, TX 78741	300.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ADVISOR

Employer (See Instructions): MACH 1 GROUP

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/14	Deborah Kerr 8600 Tallwood #B Austin, TX 78759	100.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/14	Leanne Israel 910 Abilene Pleasanton TX 78064	100.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Matthew Lamon

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/8/14	Malinda Cowen P.O. Box 764 Beeville, TX 78104	250.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Director

10 Employer (See Instructions): St Mary Academy

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/12/14	Ann Bowen 3480 Chaco Canyon College Station, TX 77845	100.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/14	Kerri Oswald 8201 Scenic Ridge Cove Austin, TX 78735	350.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Volunteer

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
3	Matthew Lamon	

Expenditure 1

4 Date	5 Payee name
9/26/14	HTCO
6 Amount ($)	**7 Payee address; City; State; Zip Code**
990.49	900 West Avenue Austin, TX 78701

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Consulting Expense	Consulting Service

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 2

Date	Payee name
9/29/14	USPS
Amount ($)	**Payee address; City; State; Zip Code**
245.00	2418 Spring Lane Austin, TX 78703

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Postage Expense	Postage

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 3

Date	Payee name
10/2/14	West Austin Rotary Club
Amount ($)	**Payee address; City; State; Zip Code**
30.00	3808 W 35th St. Austin, TX 78703

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food Expense	lunch

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 4

Date	Payee name
10/2/14	HEB
Amount ($)	**Payee address; City; State; Zip Code**
9.34	701 S Capital of TX Hwy Austin, TX 78746

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Office Expense	Office Supplies

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Matthew Lemon	

Expenditure 1

4 Date	5 Payee name	
10/3/14	Office Max	
6 Amount ($)	**7 Payee address; City; State; Zip Code**	
32.46	907 W 5th St #101 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	**(a) Category** (See categories listed at the top of this schedule)	**(b) Description** (If travel outside of Texas, complete Schedule T)
	Printing Expense	Printing
9 Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Expenditure 2

Date	Payee name	
10/3/14	Upstream Communications	
Amount ($)	**Payee address; City; State; Zip Code**	
142.45	1609 Shoal Creek STE #203 Austin, TX 78701	
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule)	**Description** (If travel outside of Texas, complete Schedule T)
	Computer Expense	Technology Fee
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Expenditure 3

Date	Payee name	
10/6/14	Upstream Communications	
Amount ($)	**Payee address; City; State; Zip Code**	
37.89	1609 Shoal Creek STE #203 Austin, TX 78701	
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule)	**Description** (If travel outside of Texas, complete Schedule T)
	Computer Expense	Hosting Fee
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Expenditure 4

Date	Payee name	
10/10/14	Starbucks	
Amount ($)	**Payee address; City; State; Zip Code**	
7.52	504 W 24th St Austin, TX 78705	
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule)	**Description** (If travel outside of Texas, complete Schedule T)
	Food Expense	Volunteer food
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Matthew Hanon	

Expenditure 1

4 Date	5 Payee name	
10/10/14	FLS Connect	
6 Amount ($)	**7 Payee address; City; State; Zip Code**	
500.00	7300 Hudson Blvd STE 270 St Paul, MN 55128	
8 PURPOSE OF EXPENDITURE	**(a) Category** (See categories listed at the top of this schedule)	**(b) Description** (If travel outside of Texas, complete Schedule T)
	Computer Expense	Software
9 Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Expenditure 2

Date	Payee name	
10/14/14	HTCF	
Amount ($)	**Payee address; City; State; Zip Code**	
6,999.14	900 West Ave Austin, TX 78701	
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule)	**Description** (If travel outside of Texas, complete Schedule T)
	Consulting Expense	Voter Contacts
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Expenditure 3

Date	Payee name	
10/19/14	West Austin Neighborhood Group	
Amount ($)	**Payee address; City; State; Zip Code**	
50.00	PO BOX 5722 AUSTIN, TX 78763-5722	
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule)	**Description** (If travel outside of Texas, complete Schedule T)
	Contribution	Contribution
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Expenditure 4

Date	Payee name	
10/17/14	Upstream Comms	
Amount ($)	**Payee address; City; State; Zip Code**	
32.50	1609 Shoal Creek #203 Austin, TX 78701	
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule)	**Description** (If travel outside of Texas, complete Schedule T)
	Technology Fee	Software use
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

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