

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: 7 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST MI Eliza NICKNAME LAST SUFFIX MAY | | OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged 2014 OCT 27 PM 1 42 AUSTIN CITY CLERK RECEIVED |
| | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 91951 Austin, Texas 78709 | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 358-0799 | | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST MI "Bill" NICKNAME LAST SUFFIX Oakey | | |
| | 7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1507 Elton Lane, Unit B Austin, Texas 78703 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 913-7696 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 9 / 26 / 2014 10 / 25 / 2014 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 4 / 2014 | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) Austin City Council District 8 |
| 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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

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

\$ 200.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1250.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 10,943.17

CONTRIBUTION
BALANCE

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

\$ 29,205.05

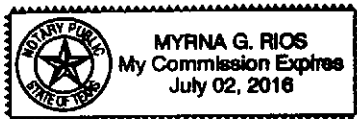
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 24,000

18 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.



Eliza May
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ELIZA MAY, this the 21 day of October, 20 14, to certify which, witness my hand and seal of office.

Myrna Rios
Signature of officer administering oath

Myrna Rios
Printed name of officer administering oath

Notary
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: 1 | |
| 2 FILER NAME Eliza May | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 10/7/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerry & Phyllis Spoor 6 Contributor address; City; State; Zip Code 7904 Woodcroft Drive Austin Texas 78749 | 7 Amount of contribution (\$) \$100 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Retired | | 10 Employer (See Instructions) | |
| Date 10/13/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Vasumathi Guthikonda Contributor address; City; State; Zip Code P.O. Box 68942 | Amount of contribution (\$) \$100 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Civil Engineer | | Employer (See Instructions) Self | |
| Date 10/16/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ali & Nahed Khatam Contributor address; City; State; Zip Code 7914 Bee Caves Road Austin Tx 78746 | Amount of contribution (\$) 400 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Civil Engineer | | Employer (See Instructions) Entech | |
| Date Oct 1, 2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martin & Juan Colter Contributor address; City; State; Zip Code | Amount of contribution (\$) 100 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) | |
| Date Oct 11, 2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda K. Von Quentel Contributor address; City; State; Zip Code 2303 Lear Lane Austin, Tx. 78745 | Amount of contribution (\$) 100 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self | |

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 OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME <i>Elizabeth May</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>08/15, 2014</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim & Sandra Rubio</i> | 7 Amount of contribution (\$) <i>250</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>1100 Washington St. [REDACTED] [REDACTED]</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) <i>Retired & Home maker</i> | | 10 Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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
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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F: | | 2 FILER NAME ELIZAMAY | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 10/13/14 | | 5 Payee name Community Impact | | | |
| 6 Amount (\$) 1,085.00 | | 7 Payee address; City, State, Zip Code 16225 Impact Way, Suite ONE Pflugerville, TX 78660 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) Ad in Paper | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date Oct. 18, 2014 | | Payee name Azul Strategies | | | |
| Amount (\$) 7,228.81 | | Payee address; City, State, Zip Code 1802 Ann Arbor, Austin, Texas 78704 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) 2 mailings | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 9/25/14 | | Payee name Big Frog T-shirts (Tracy J. Kelly, Reimbursable) | | | |
| Amount (\$) \$242.76 | | Payee address; City, State, Zip Code 5400 Brookline LN Austin Texas 78745 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) T-shirts | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 10/3/14 | | Payee name Nation Builder | | | |
| Amount (\$) 19.00 | | Payee address; City, State, Zip Code Los Angeles Ca | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Exp. | | Description (If travel outside of Texas, complete Schedule T) Hosting Website | |
| 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
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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule F: | | 2 FILER NAME <u>Eliza May</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <u>9/30/2014</u> | | 5 Payee name <u>Western Hills Church of Christ</u> | | | |
| 6 Amount (\$) <u>\$ 75.00</u> | | 7 Payee address; City; State; Zip Code <u>Hwy 71, Austin, Texas 787</u> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <u>Event Expense</u> | | (b) Description (If travel outside of Texas, complete Schedule T) <u>Town Hall Rental</u> | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <u>10/9/2014</u> | | Payee name <u>Oak Hill Gazette Newspaper</u> | | | |
| Amount (\$) <u>708.00</u> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Advertising Expense</u> | | Description (If travel outside of Texas, complete Schedule T) <u>Ads 10/16 & 10/30/14</u> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <u>Oct 10, 2014</u> | | Payee name <u>Jackie Sanchez</u> | | | |
| Amount (\$) <u>600</u> | | Payee address; City; State; Zip Code <u>4600 Elmout Dr. Austin Tx 78741</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Salaries/Wages</u> | | Description (If travel outside of Texas, complete Schedule T) <u>Staff - Sept Payment</u> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <u>Oct 15, 2014</u> | | Payee name <u>Jackie Sanchez</u> | | | |
| Amount (\$) <u>700</u> | | Payee address; City; State; Zip Code <u>4600 Elmout Dr. Austin, Texas 78741</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Salaries/Wages</u> | | Description (If travel outside of Texas, complete Schedule T) <u>Staff Oct 1-15</u> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F: | | 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 9/18/2014 | | 5 Payee name Constant Contact | | | |
| 6 Amount (\$) \$58.63 | | 7 Payee address; City; State; Zip Code Waltham, MA | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) email Blast | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 10/6/14 | | Payee name CAI Fire | | | |
| Amount (\$) \$20.00 | | Payee address; City; State; Zip Code Cal Fire.com | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) Phone Bank | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 10/26/14 | | Payee name Pay Pay | | | |
| Amount (\$) \$6.15 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Accounting/Banking Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) Fees | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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