

# 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) 00000004	2 PAGE # 1 of 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Katrina		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged
	NICKNAME LAST SUFFIX Daniel		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P O Box 15082 Austin, TX 78761-5082		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">             2014 OCT 27              RECEIVED              AUSTIN CITY CLERK           </div>
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Carol		
NICKNAME LAST SUFFIX Huntsberger			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4506 Shoal Creek Austin, TX 78756		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 829-1205		
8 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)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 09/26/2014    10/25/2014		
10 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 11/04/2014		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Austin City Council District 4
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

13 C/OH NAME Daniel, Katrina (Ms.)

14 ACCOUNT # (Ethics Commission filers)  
0000000415 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

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

## COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION  
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

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

\$ 13,557.02

EXPENDITURE  
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 12,625.40

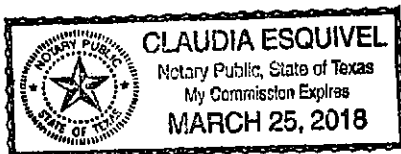
CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 19,860.45

OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

## 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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Katrina M Daniel, this the 27<sup>th</sup> day of October, 20 14, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Claudia Esquivel  
Print name of officer administering oath

Teller Supervisor  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/15 Report: 3/23

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date  
  
10/20/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Armstrong, Myrna

6 Contributor address; City; State; Zip Code  
39 Augusta Drive  
Marble Falls, TX 78654

7 Amount of  
contribution (\$)  
  
\$50.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Registered Nurse and Faculty

10 Employer (See Instructions),  
Nursing Consultant

Date  
  
10/21/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Arnold, Jim

Contributor address; City; State; Zip Code  
1609 Hartford St  
Unit #B  
Austin, TX 78741

Amount of  
contribution (\$)  
  
\$227.02

In-kind contribution  
description (if applicable)  
Reception held in your  
honor at my home

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Owner

Employer (See Instructions)  
Arnold Public Affairs

Date  
  
10/22/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Austin Travis County EMS Employee Association

Contributor address; City; State; Zip Code  
5817 Wilcab Road Ste #3  
Austin, TX 78721

Amount of  
contribution (\$)  
  
\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
PAC

Employer (See Instructions)  
Austin Travis County EMS Employee Association PAC

Date  
  
09/30/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bell, Toya

Contributor address; City; State; Zip Code  
4706 Rue St  
Austin, TX 78731

Amount of  
contribution (\$)  
  
\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
State of Texas

Date  
  
10/02/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Belton, Rudy

Contributor address; City; State; Zip Code  
112 Birnam Wood Court  
Austin, TX 78752

Amount of  
contribution (\$)  
  
\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Investment Real Estate

Employer (See Instructions)  
Belco Equities, Inc

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/15 Report: 4/23

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date  
  
09/26/20145 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bollinger, Paul6 Contributor address; City; State; Zip Code  
2609 Lake Shore Drive  
Edinburg, TX 785397 Amount of  
contribution (\$) \$50.008 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)  
Lawyer10 Employer (See Instructions)  
DHR

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Burdette, MiloContributor address; City; State; Zip Code  
3009 Gilbert Street  
Austin, TX 78703Amount of  
contribution (\$) \$350.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
Shopping Center Owner/DeveloperEmployer (See Instructions)  
Barshop & Oles Company

Date

10/22/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cain, RandyContributor address; City; State; Zip Code  
PO Box 5352  
Austin, TX 78763Amount of  
contribution (\$) \$150.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Carden, Amber LynnContributor address; City; State; Zip Code  
10807 Sans Souci Pl  
Austin, TX 78759Amount of  
contribution (\$) \$100.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Castilla, JorgeContributor address; City; State; Zip Code  
7002 Providence Ave  
Austin, TX 78752Amount of  
contribution (\$) \$50.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/15 Report: 5/23

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

10/23/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Castilla, Marco

6 Contributor address; City; State; Zip Code

6908 Meador Ave  
Austin, TX 78752

7 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Castilla, Maria

Contributor address; City; State; Zip Code

7002 Providence Ave  
Austin, TX 78752

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/01/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Coopwood, Tom and Paula (Mr.)

Contributor address; City; State; Zip Code

6717 Valburn Dr.  
Austin, TX 78731

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
retired

Employer (See Instructions)  
none

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Crane, Marie

Contributor address; City; State; Zip Code

1502 Marshall Lane  
Austin, TX 78703

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
President/CEO

Employer (See Instructions)  
M Crane & Associates Inc

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Dawes, Jan

Contributor address; City; State; Zip Code

7013 Priscilla Dr  
Austin, TX 78752

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 4/15 Report: 6/23

**2** FILER NAME Daniel, Katrina (Ms.)

**3** ACCOUNT # (Ethics Commission filers)

00000004

**4** Date

10/14/2014

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Deadrick, June

**6** Contributor address; City; State; Zip Code  
1701 Hermann Drive 28G  
Houston, TX 77004

**7** Amount of  
contribution (\$)

\$150.00

**8** In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

**9** Principal occupation / Job title (See Instructions)  
Director of Government Affairs

**10** Employer (See Instructions)  
Center Point Energy

Date

09/30/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Duhon, David

Contributor address; City; State; Zip Code  
520 Academy Drive  
Austin, TX 78704

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Dunkelberg, Anne

Contributor address; City; State; Zip Code  
2606 Little John Ln  
Austin, TX 78704

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Associate Director

Employer (See Instructions)  
Center for Public Policy Priorities

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gene, Faith

Contributor address; City; State; Zip Code  
8106 Chainfire Cv  
Austin, TX 78729

Amount of  
contribution (\$)

\$90.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gosselink, Margaret & Paul

Contributor address; City; State; Zip Code  
903 W 16th St  
Austin, TX 78701

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Lloyd Gosselink PC

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/15 Report: 7/23

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

09/30/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Graham, Lawrence Randolph

6 Contributor address; City; State; Zip Code

5909 Bull Creek Rd  
Austin, TX 78757

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Retired

10 Employer (See Instructions)  
Retired

Date

10/21/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Green, Alexia

Contributor address; City; State; Zip Code

5 S Lakeshore Dr  
Ransom Canyon, TX 79366

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Nurse

Employer (See Instructions)  
Texas Tech University

Date

10/13/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Green, Shelton

Contributor address; City; State; Zip Code

110 W 55 1/2 St  
Austin, TX 78751

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/27/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Hall, Nancy

Contributor address; City; State; Zip Code

606 Amesbury  
Austin, TX 78752

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date

09/30/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Heidrick, Catherine

Contributor address; City; State; Zip Code

3702 Eastledge Dr  
Austin, TX 78731

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/15 Report: 8/23

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

10/21/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Heidrick, Chris

6 Contributor address; City; State; Zip Code  
3511 Fawn Trail  
Austin, TX 78746

7 Amount of  
contribution (\$)

\$350.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Contractor

10 Employer (See Instructions)  
Self

Date

10/13/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hield, Melissa (Ms.)

Contributor address; City; State; Zip Code  
7521 Northcrest Blvd  
Austin, TX 78752

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Executive

Employer (See Instructions)  
Texas Department of Insurance

Date

09/30/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hilgers, David

Contributor address; City; State; Zip Code  
701 Yaupon Valley Dr  
Austin, TX 78746

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Husch Blackwell.com

Date

09/29/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hill, Michael

Contributor address; City; State; Zip Code  
1704 Pin Oak Lane  
Round Rock, TX 78681

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hill, Nancy

Contributor address; City; State; Zip Code  
1704 Pin Oak Lane  
Round Rock, TX 78681

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/15 Report: 9/23

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

10/06/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hine, Jim

6 Contributor address; City; State; Zip Code  
568 Ash Juniper Dr  
New Braunfels, TX 78132

7 Amount of  
contribution (\$)

\$350.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
CEO

10 Employer (See Instructions)  
Public Policy Solutions

Date

10/05/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Howze, Damon

Contributor address; City; State; Zip Code  
503 Swanee Drive Apt. 20  
Austin, TX 78752

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Cosmetologist

Employer (See Instructions)  
Self Employed

Date

09/30/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hudson, Lynne

Contributor address; City; State; Zip Code  
2403 Wildgrove  
Austin, TX 78704

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Kitzman, Eleanor

Contributor address; City; State; Zip Code  
205 E 85th St. #11  
New York, NY 10028

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Insurance Executive

Employer (See Instructions)  
Starr Companies

Date

09/30/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Kuykendall, William

Contributor address; City; State; Zip Code  
900 Littlefield Building  
106 East 6th Street  
Austin, TX 78701

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/15 Report: 10/23

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date  
  
10/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lavigne, Mike

6 Contributor address; City; State; Zip Code  
1514 Richcreek Road  
Austin, TX 78757

7 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
PR

10 Employer (See Instructions)  
Mike Lavigne Public Relations

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lee, Heather

10/13/2014

Contributor address; City; State; Zip Code  
110 W 55 1/2 St  
Austin, TX 78751

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Levassar, Kari

09/26/2014

Contributor address; City; State; Zip Code  
205 Turf Cove  
Austin, TX 78748

Amount of  
contribution (\$)

\$300.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Sales

Employer (See Instructions)  
Sales

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Levassar, Sam

09/26/2014

Contributor address; City; State; Zip Code  
205 Turf Cove  
Austin, TX 78748

Amount of  
contribution (\$)

\$300.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Sales

Employer (See Instructions)  
Sales

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lightsey, Rebecca

10/02/2014

Contributor address; City; State; Zip Code  
520 Academy  
Austin, TX 78704

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Executive Director

Employer (See Instructions)  
Texas Appleseed

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/15 Report: 11/23

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

09/30/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Lovoi, Annette M

6 Contributor address; City; State; Zip Code

2810 Townes Ln  
Austin, TX 78703

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Marchbanks, Christofer

Contributor address; City; State; Zip Code

3909 Gaines Court  
Austin, TX 78735

Amount of  
contribution (\$)

\$75.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Marston, James

Contributor address; City; State; Zip Code

2810 Townes Ln  
Austin, TX 78703

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Mata, Orlando

Contributor address; City; State; Zip Code

1301 S IH 35  
#304  
Austin, TX 78741

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Attorney at Law

Employer (See Instructions)

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Murat, Bunyamin

Contributor address; City; State; Zip Code

302 Bob Bullock Loop  
Apt 10206  
Laredo, TX 78043

Amount of  
contribution (\$)

\$80.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/15 Report: 12/23

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

10/01/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Nelson, James

6 Contributor address; City; State; Zip Code  
3105 Kerbey Ln  
Austin, TX 78703

7 Amount of  
contribution (\$)

\$50.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/12/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
OConnor, Edward

Contributor address; City; State; Zip Code  
830 W 3rd St., Ste 2303  
Austin, TX 78701

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Constultant

Employer (See Instructions)  
Open HIT Group

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Oksuz, Muammer

Contributor address; City; State; Zip Code  
1008 Oatmeal Dr  
Pflugerville, TX 78660

Amount of  
contribution (\$)

\$80.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Oles, Charles

Contributor address; City; State; Zip Code  
2109 Rockmoor  
Austin, TX 78703

Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
Barshop & Oles

Date

10/01/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Praytor, Patricia

Contributor address; City; State; Zip Code  
616 Riders Trl  
Austin, TX 78733

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)\*

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/15 Report: 13/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  10/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raley, John  6 Contributor address; City; State; Zip Code 1 Stayton Circle Houston, TX 77024	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Raley & Bowick, LLP	
Date  10/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramirez, Jill  Contributor address; City; State; Zip Code 5309 Presidio Rd Austin, TX 78745	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramirez, Jill  Contributor address; City; State; Zip Code 5309 Presidio Rd Austin, TX 78745	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Health Programs Consultant		Employer (See Instructions) Self	
Date  10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramsey, George III  Contributor address; City; State; Zip Code 515 Congress Ave Ste 1900 Austin, TX 78701	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Lucy  Contributor address; City; State; Zip Code 4100 McBride Pl Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) RNA	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/15 Report: 14/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  10/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Mr & Mrs Dewey  6 Contributor address; City; State; Zip Code 1939 E Laird Ave Salt Lake City, UT 84108	7 Amount of contribution (\$)  \$700.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Regan Outdoor Advertising	
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Mr & Mrs Frances  Contributor address; City; State; Zip Code 349 Charity Cove Salt Lake City, UT 84103	Amount of contribution (\$)  \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Regan Outdoor	
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Mr & Mrs William  Contributor address; City; State; Zip Code 4100 McBrine Pl Austin, TX 78746	Amount of contribution (\$)  \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) RNA	
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, William  Contributor address; City; State; Zip Code 4100 McBrine Pl Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) RNA	
Date  10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Redman, Rebecca  Contributor address; City; State; Zip Code 7204 Forestwind Ct. Arlington, TX 76001	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Government Affairs Manager		Employer (See Instructions) Lockheed Martin	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/15 Report: 15/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  10/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rees, Joann Meier  6 Contributor address; City; State; Zip Code 110 West Odell St Austin, TX 78752	7 Amount of contribution (\$)  \$30.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Eddie  Contributor address; City; State; Zip Code PO Box 2436 Austin, TX 78768	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Title		Employer (See Instructions) Capstone	
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scheibal, Stephen  Contributor address; City; State; Zip Code 1609 Elmhurst Austin, TX 78741	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Associate Communications Director		Employer (See Instructions) University of Texas	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skelton, Greg  Contributor address; City; State; Zip Code 10908 Doswell Cove Austin, TX 78739	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) FKSP, PLLC	
Date  10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Linda  Contributor address; City; State; Zip Code PO Box 1512 Dripping Springs, TX 78620	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/15 Report: 16/23	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  09/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Melissa Coolidge  6 Contributor address; City; State; Zip Code 1410 Alameda Austin, TX 78704	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suiter, Kim  Contributor address; City; State; Zip Code 1810 Anita Drive Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) EVP		Employer (See Instructions) National MS Society	
Date  10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tangredi, Anna  Contributor address; City; State; Zip Code 905 Maryland Dr Austin, TX 78758	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Emergency Management		Employer (See Instructions) State	
Date  09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torres, Hector  Contributor address; City; State; Zip Code 4607 Molena Dr Austin, TX 78749	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) ISI Consultant	
Date  09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valdez, Salvador  Contributor address; City; State; Zip Code 8400 Birmingham Austin, TX 78748	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/15 Report: 17/23

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date  
  
10/06/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Walker, Kwame

6 Contributor address; City; State; Zip Code  
718 Sparks Avenue  
Austin, TX 78705

7 Amount of  
contribution (\$)  
  
\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)  
Lobbyist/Lawyer

10 Employer (See Instructions)  
McGuire Woods Consulting LLC

Date  
  
10/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Welder, Leo

Contributor address; City; State; Zip Code  
1704 East Side Drive  
Austin, TX 78704

Amount of  
contribution (\$)  
  
\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Entrepreneur

Employer (See Instructions)  
Zilker Ventures

Date  
  
09/29/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Whorton, Mr & Mrs Michael

Contributor address; City; State; Zip Code  
11200 Jollyville Road  
Austin, TX 78759

Amount of  
contribution (\$)  
  
\$700.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Insurance Sales

Employer (See Instructions)  
Whorton Insurance Services

Date  
  
10/24/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Young, Michael

Contributor address; City; State; Zip Code  
200 Buckeye Trail  
Austin, TX 78746

Amount of  
contribution (\$)  
  
\$350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 1/1 Report: 18/23

**2** FILER NAME Daniel, Katrina (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000004**4** TOTAL OF UNITEMIZED LOANS:

⇔⇔⇔⇔⇔⇔

\$

200.00

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID# \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender a  
financial institution?**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political account☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)☐ not applicable**18** Guarantor address; City; State; Zip Code**20** Principal Occupation**21** Employer

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/5 Report: 19/23		<b>2 FILER NAME</b> Daniel, Katrina (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000004	
<b>4 Date</b> 10/19/2014	<b>5 Payee name</b> Azul Strategies				
<b>6 Amount (\$)</b> \$7,059.83	<b>7 Payee address</b> City; State; Zip Code 1802 Ann Arbor Austin, TX 78704				
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising SD, Mailers, Live Calls, Push Cards		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/28/2014	Payee name Brass, Chelsea (Ms.)				
Amount (\$) \$1,000.00	Payee address      City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wks of 9/16/2014 to 9/30/2014		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/15/2014	Payee name Brass, Chelsea (Ms.)				
Amount (\$) \$1,000.00	Payee address      City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wks 10/1/2014 to 10/15/2014		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/24/2014	Payee name Craigslit				
Amount (\$) \$50.00	Payee address      City; State; Zip Code 222 Sutter Street 9th Floor San Francisco, CA 94108				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising for canvassors		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/5 Report: 20/23		<b>2 FILER NAME</b> Daniel, Katrina (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000004	
<b>4 Date</b> 10/07/2014		<b>5 Payee name</b> Martinez, Cristian			
<b>6 Amount (\$)</b> \$240.00		<b>7 Payee address</b> City: State: Zip Code 201 E. 21st St #M0813R Austin, TX 78705			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing 9/22/2014 to 10/5/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/21/2014		Payee name Martinez, Cristian			
Amount (\$) \$240.00		Payee address City: State: Zip Code 201 E. 21st St #M0813R Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing 10/6/2014 to 10/19/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/07/2014		Payee name Martinez, Nora			
Amount (\$) \$80.00		Payee address City: State: Zip Code 1300 Crossing Place Apt 0622 Austin, TX 78741			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing 9/22/2014 to 10/5/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/28/2014		Payee name Office Depot			
Amount (\$) \$13.62		Payee address City: State: Zip Code 816 Tirado Street Austin, TX 78752			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> copy paper  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/5 Report: 21/23		<b>2 FILER NAME</b> Daniel, Katrina (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000004	
------------------------------------------------	--	----------------------------------------------	--	---------------------------------------------	--

<b>4 Date</b> 10/21/2014	<b>5 Payee name</b> Office Max				
<b>6 Amount (\$)</b> \$15.78	<b>7 Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Expenses		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

<b>Date</b> 10/24/2014	<b>Payee name</b> Office Max				
<b>Amount (\$)</b> \$38.92	<b>Payee address</b> City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78756				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Expenses		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

<b>Date</b> 10/21/2014	<b>Payee name</b> Olivares, Christopher				
<b>Amount (\$)</b> \$240.00	<b>Payee address</b> City: State: Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing 10/6/2014 to 10/19/2014		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

<b>Date</b> 10/07/2014	<b>Payee name</b> Olivarez, Christopher				
<b>Amount (\$)</b> \$200.00	<b>Payee address</b> City: State: Zip Code 3715 Ticonderoga Dr San Antonio, TX 78230				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing 9/22/2014 to 10/5/2014		
	<input type="checkbox"/> Check If Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/5 Report: 22/23		<b>2 FILER NAME</b> Daniel, Katrina (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000004
<b>4 Date</b> 10/24/2014	<b>5 Payee name</b> Reagan, William II			
<b>6 Amount (\$)</b> \$700.00	<b>7 Payee address</b> City; State; Zip Code 4100 McBrine Pl Austin, TX 78746			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) OTHER - Return of Contribution		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of Contribution due to over contributed	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/21/2014	<b>Payee name</b> Rousmaniere, Sophie			
<b>Amount (\$)</b> \$541.25	<b>Payee address</b> City; State; Zip Code 8202 Alcorn Circle Austin, TX 78748			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Katrina Daniel Video Editing	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 09/28/2014	<b>Payee name</b> Stoneking, Taryn (Ms.)			
<b>Amount (\$)</b> \$240.00	<b>Payee address</b> City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wk of 9/22/2014 to 9/28/2014	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/05/2014	<b>Payee name</b> Stoneking, Taryn (Ms.)			
<b>Amount (\$)</b> \$240.00	<b>Payee address</b> City; State; Zip Code 2208 Pearl St. #307 Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wk of 9/29/2014 to 10/5/2014	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 5/5 Report: 23/23		<b>2 FILER NAME</b> Daniel, Katrina (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00000004
<b>4 Date</b> 10/12/2014	<b>5 Payee name</b> Stoneking, Taryn (Ms.)			
<b>6 Amount (\$)</b> \$240.00	<b>7 Payee address</b> City: State: Zip Code 2208 Pearl St. #307 Austin, TX 78705			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wk of 10/6/2014 - 10/12/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/19/2014	<b>Payee name</b> Stoneking, Taryn (Ms.)			
<b>Amount (\$)</b> \$240.00	<b>Payee address</b> City: State: Zip Code 2208 Pearl St. #307 Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll wk 10/16/2014 to 10/19/2014  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/17/2014	<b>Payee name</b> USPS			
<b>Amount (\$)</b> \$196.00	<b>Payee address</b> City: State: Zip Code 900 Blackson Ave Austin, TX 78752			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps for mail outs  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/24/2014	<b>Payee name</b> VAN			
<b>Amount (\$)</b> \$50.00	<b>Payee address</b> City: State: Zip Code 4818 E Ben White Blvd Ste 104 Austin, TX 78741			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Predictive Dialer Minutes Purchase  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held: