

# 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) 00078715	2 PAGE # 1 of 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Daniel MI	OFFICE USE ONLY Date Received 2014 OCT 27 PM 2 35 AUSTIN CITY CLERK RECEIVED	
	NICKNAME LAST Buda SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 151411 Austin, TX 78715		Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mike MI	Date Processed	
	NICKNAME LAST Hirsch SUFFIX	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 600 Texas Ave. Austin, TX 78705		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 320-0426		
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    Month Day Year 09/26/2014    THROUGH    10/25/2014		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City of Austin, City Council District 5	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****13 C/OH NAME** Buda, Daniel**14 ACCOUNT #** (Ethics Commission filers)  
00078715**15 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  
TOTALS**1. 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)

\$ 5,550.00

**EXPENDITURE  
TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

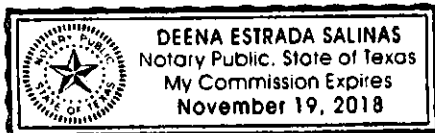
\$ 6,312.05

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

\$ 14,870.53

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

\$ 5,100.00

**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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Print name of officer administering oath

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: 1/9 Report: 3/14	
2 FILER NAME Buda, Daniel			3 ACCOUNT # (Ethics Commission filers) 00078715	
4 Date  10/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Avila, Samuel  6 Contributor address; City; State; Zip Code 2801 Firecast Dr. Austin, TX 78748	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) Not Employed		
Date  09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Basciano, Joyce  Contributor address; City; State; Zip Code 1907 W 35th St. Austin, TX 78703	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) Not Employed		Employer (See Instructions) Not Employed		
Date  10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bean, Chris  Contributor address; City; State; Zip Code 1008 Kinney Austin, TX 78704	Amount of contribution (\$)  \$115.00	In-kind contribution description (if applicable) Food & Beverage	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beasley, Tony  Contributor address; City; State; Zip Code 13512 Will Rogers Ln. Austin, TX 78727	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) Attorney		Employer (See Instructions) Famey Daniels PC		
Date  10/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Borough, Sue  Contributor address; City; State; Zip Code 5622 Wood Valley Drive Haslett, MI 48840	Amount of contribution (\$)  \$30.00	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) Not Employed		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/9 Report: 4/14	
2 FILER NAME Buda, Daniel				3 ACCOUNT # (Ethics Commission filers) 00078715	
4 Date  10/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Candelas, Jesse		7 Amount of contribution (\$)  \$150.00		8 In-kind contribution description (if applicable) Food & Beverage
6 Contributor address; City; State; Zip Code 2405 Riddle Rd. Austin, TX 78748			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) President			10 Employer (See Instructions) MPI		
Date  10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Candelas, Jesse		Amount of contribution (\$)  \$200.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2405 Riddle Rd. Austin, TX 78748			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) President			Employer (See Instructions) MPI		
Date  10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cochran, Tom (Hon.)		Amount of contribution (\$)  \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 418 Coppersmith Dr. Mason, MI			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Legislator			Employer (See Instructions) State of Michigan, State House		
Date  10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coffey, Debra		Amount of contribution (\$)  \$150.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 Throckmorton St. Fort Worth, TX 76102			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Vice Pres., Gov't Affairs			Employer (See Instructions) Smart Star		
Date  10/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cornish, Ward		Amount of contribution (\$)  \$25.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 521 S Barnes St. Mason, MI 48854			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions) Not Employed		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/9 Report: 5/14	
2 FILER NAME Buda, Daniel		3 ACCOUNT # (Ethics Commission filers) 00078715	
4 Date  10/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) De La Garza, Samantha  6 Contributor address; City; State; Zip Code 500 E Riverside Dr. #246 Austin, TX 78704	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable) Food & Beverage
9 Principal occupation / Job title (See Instructions) Exec. Assistant.		10 Employer (See Instructions) RZ Communications	
Date  10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) De La Garza, Samantha  Contributor address; City; State; Zip Code 500 E Riverside Dr. #246 Austin, TX 78704	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Exec. Assistant.		Employer (See Instructions) RZ Communications	
Date  10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dow, Jim  Contributor address; City; State; Zip Code 2523 Exposition Blvd. Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Cross Oak Group	
Date  10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank, Julie  Contributor address; City; State; Zip Code 4805 W Park Dr. Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Legislative Staff		Employer (See Instructions) Texas Senate	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garner, Sharon  Contributor address; City; State; Zip Code 2083 Woven Heart Dr. Holt, MI	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Mason Public Schools	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/9 Report: 6/14	
2 FILER NAME Buda, Daniel		3 ACCOUNT # (Ethics Commission filers) 00078715	
4 Date  10/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Girard, Charles  6 Contributor address; City; State; Zip Code 300 Bowie St. #1704 Austin, TX 78703	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) Director		10 Employer (See Instructions) HCA	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gruber, Jean  Contributor address; City; State; Zip Code 1552 Tomlinson Mason, MI 48854	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) CPA		Employer (See Instructions) Self-Employed	
Date  10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gruber, Matt  Contributor address; City; State; Zip Code 3811 Linklea Dr. Houston, TX 77025	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Geophysicist		Employer (See Instructions) Hess Corp.	
Date  10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hackney, Clint  Contributor address; City; State; Zip Code P.O. Box 163164 Austin, TX 78716	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) Lobbyist		Employer (See Instructions) Self-Employed	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hendrickson, Paula  Contributor address; City; State; Zip Code 12222 W. Donegal Ln. New Lenox, IL	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)		Employer (See Instructions) Not Employed	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/9 Report: 7/14	
2 FILER NAME Buda, Daniel		3 ACCOUNT # (Ethics Commission filers) 00078715	
4 Date  10/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hubert, Gill  6 Contributor address; City; State; Zip Code 1707 Palma Plaza Austin, TX 78703	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) Attorney		10 Employer (See Instructions) Self-Employed	
Date  09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, Theresa  Contributor address; City; State; Zip Code 4806 Timberline Dr. Austin, TX 78746	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) Communications		Employer (See Instructions) Self-Employed	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kubatzky, Lindsay  Contributor address; City; State; Zip Code 4802 Ellers Avenue Austin, TX 78751	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Fulfillment Spec.		Employer (See Instructions) Beehive Specialty Co.	
Date  10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kuhl, Raymond  Contributor address; City; State; Zip Code 5557 Ivy Path Stevensville, MI 49127	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)		Employer (See Instructions) Not Employed	
Date  10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lowe, Kathy  Contributor address; City; State; Zip Code 10855 Derick Dr. West Olive, MI 49460	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)		Employer (See Instructions) Not Employed	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/9 Report: 8/14	
2 FILER NAME Buda, Daniel		3 ACCOUNT # (Ethics Commission filers) 00078715	
4 Date  10/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Macias, Carmelo  6 Contributor address; City; State; Zip Code 100017 Wild Dunes Dr. Austin, TX 78747	7 Amount of contribution (\$)  \$75.00	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) Vice President		10 Employer (See Instructions) Macias & Assoc.	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Messing, Elaine  Contributor address; City; State; Zip Code 6422 Oakenclyffe East Lansing, MI 48823	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)		Employer (See Instructions) Not Employed	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mosley, George  Contributor address; City; State; Zip Code 1802 Inverness Blvd. 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)		Employer (See Instructions) Not Employed	
Date  10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Musselman, Karl-Thomas  Contributor address; City; State; Zip Code 2819 Foster Lane #F224 #F224	Amount of contribution (\$)  \$5.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) Self-Employed	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick, David  Contributor address; City; State; Zip Code 102 Plum Cir. Cibolo, TX 78108	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) Transition Management Solutions LLC	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/9 Report: 9/14	
2 FILER NAME Buda, Daniel		3 ACCOUNT # (Ethics Commission filers) 00078715	
4 Date  10/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pedraza, Yolanda  6 Contributor address; City; State; Zip Code 4601 Grand Cypress Austin, TX 78747	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) Not Employed	
Date  09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Person, Lori  Contributor address; City; State; Zip Code 5213 Tortuga Trail Austin, TX 78731	Amount of contribution (\$)  \$75.00	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-Employed	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Price, Joan  Contributor address; City; State; Zip Code 525 E South St. Mason, MI 48854	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) Psychologist		Employer (See Instructions) Ingram ISD	
Date  10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Dewey  Contributor address; City; State; Zip Code 1939 East Laird Street Salt Lake City, UT 84108	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) President		Employer (See Instructions) Reagan Outdoor	
Date  10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Kari  Contributor address; City; State; Zip Code 1939 E Laird Dr. Salt Lake City, UT 84108	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)		Employer (See Instructions) Not Employed	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/9 Report: 10/14	
2 FILER NAME Buda, Daniel		3 ACCOUNT # (Ethics Commission filers) 00078715	
4 Date  10/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ReCA Good Government PAC  6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd. Ste. 510 Austin, TX 78701	7 Amount of contribution (\$)  \$350.00	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  10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schaffner, Linda  Contributor address; City; State; Zip Code 2602 Top Cove Austin, TX 78704	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)		Employer (See Instructions) Not Employed	
Date  10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strzelec, Andrea  Contributor address; City; State; Zip Code 2812 Goldberry Cir. Bryan, TX 77807	Amount of contribution (\$)  \$100.37	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University	
Date  10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strzelec, Andrea  Contributor address; City; State; Zip Code 2812 Goldberry Cir. Bryan, TX 77807	Amount of contribution (\$)  \$99.63	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sutton, Eugene  Contributor address; City; State; Zip Code 1505 Damon Austin, TX 78745	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) Owner/Principal		Employer (See Instructions) Self-Employed	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1 PAGE #</b> Schedule: 9/9 Report: 11/14	
<b>2 FILER NAME</b> Buda, Daniel		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00078715	
<b>4 Date</b>  10/11/2014	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Trent  <b>6 Contributor address; City; State; Zip Code</b> 2412 Sturgis Lane Austin, TX 78748	<b>7 Amount of contribution (\$)</b>  \$100.00	<b>8 In-kind contribution description (if applicable)</b>   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b> Agency Staff		<b>10 Employer (See Instructions)</b> TxDOT	
<b>Date</b>  10/11/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Ware, Carolee  <b>Contributor address; City; State; Zip Code</b> 908 Sanctuary Dr. Mason, MI	<b>Amount of contribution (\$)</b>  \$25.00	<b>In-kind contribution description (if applicable)</b>   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Not Employed	

**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: 1/3 Report: 12/14		<b>2 FILER NAME</b> Buda, Daniel		<b>3 ACCOUNT # (TEC filers)</b> 00078715	
<b>4 Date</b> 10/08/2014	<b>5 Payee name</b> ActBlue				
<b>6 Amount (\$)</b> \$81.16	<b>7 Payee address</b> City; State; Zip Code 366 Summer Street Somerville, MA 02144				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Service Fees  <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> 10/22/2014	<b>Payee name</b> Bank of America				
<b>Amount (\$)</b> \$12.00	<b>Payee address</b> City; State; Zip Code 701 E Stassney Austin, TX 78745				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> NSF Fee  <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> 10/15/2014	<b>Payee name</b> La Voz				
<b>Amount (\$)</b> \$75.00	<b>Payee address</b> City; State; Zip Code P.O. Box 19457 Austin, TX 78760				
<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"/> Print Advertisement  <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> OfficeMax				
<b>Amount (\$)</b> \$23.51	<b>Payee address</b> City; State; Zip Code 5400 Brodie Ln., Ste. 350 Sunset Valley, TX 78745				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paper & Ink  <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: 2/3 Report: 13/14		<b>2 FILER NAME</b> Buda, Daniel		<b>3 ACCOUNT # (TEC filers)</b> 00078715	
<b>4 Date</b> 10/23/2014	<b>5 Payee name</b> The Rivas Group				
<b>6 Amount (\$)</b> \$3,146.83	<b>7 Payee address</b> City; State; Zip Code 111 Congress Ave., Ste. 400 Austin, TX 78701				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Voter Targeting, Mail Design, Print Collateral		
	<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> 09/29/2014	<b>Payee name</b> The Sexton Group				
<b>Amount (\$)</b> \$675.00	<b>Payee address</b> City; State; Zip Code 321 N Clark Street Ste. 500 Chicago, IL 60618				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Polling Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Telephone Survey		
	<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> U.S. Post Office				
<b>Amount (\$)</b> \$49.00	<b>Payee address</b> City; State; Zip Code 7310 Manchaca Austin, TX 78745				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Mailing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
	<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> U.S. Post Office				
<b>Amount (\$)</b> \$2,243.06	<b>Payee address</b> City; State; Zip Code 7310 Manchaca Austin, TX 78745				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Mailing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
	<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: 3/3 Report: 14/14		<b>2 FILER NAME</b> Buda, Daniel		<b>3 ACCOUNT # (TEC filers)</b> 00078715			
<b>4 Date</b> 09/27/2014	<b>5 Payee name</b> Walgreens						
<b>6 Amount (\$)</b> \$6.49	<b>7 Payee address</b> City: State: Zip Code 2501 S Lamar Blvd Austin, TX 78704						
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Water for Volunteers				
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense						
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	<table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought:</td> <td>Office held:</td> </tr> </table>				Candidate / Officeholder name	Office sought:	Office held:
Candidate / Officeholder name	Office sought:	Office held:					