Texas Ethics Commission	n P.O. Box 12070 Austin, Texas 78711-2070) (512) 463-5800 (TDD 1-800-735-2989)
	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	OUNT # 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR SIRST MS Sharon NICKNAME LAST MAYS	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX: APT / SUITE #; CITY: STATI 9629 COVEY RidgeLn. AUSTIN, TX 78	Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTE (5/2) 905-0707	Date Proceed ST
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST M/S Trina NICKNAME LAST REGALADO	SUFFIX Date Imag®O C C C C C C C C C C C C C
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; 8 FO2 Brookfield Dr Aus	STATE: ZIPCODE?
B CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTE (2/3) 864-0/03	NSION
REPORT TYPE	January 15 30th day before election Run	off 15th day after campaign treasurer appointment (officeholder only) eded \$500 Final report (Atlach C/OH - FR)
	limit	

11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day	Year	Primary	Runoff	Ger
	11/09/	4			

Month Day Year 09 / 26 / 14

OFFICE HELD (if any) nja Austin City Council
District 4

GOTO PAGE 2

THROUGH

10 PERIOD COVERED

12 OFFICE

Special

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

11-7				
14 C/OH NAME Sharon E. Mays 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 SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 150.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ \$3.48			
	4. TOTAL POLITICAL EXPENDITURES \$4631,79			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 20, 100.00			
18 AFFIDAVIT				
JENNIFER RICHARDSON Notory Public, State of Texas My Commission Expires February 17, 2018 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 of Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said Sharon Mulch., this the day of October, 20 4 , to certify which, witness my hand and seal of office.				
fricha	dam	Jennifer Richardson	Notary	
Signatule of officer administering oath Printed 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 Total pages Schedule A:	
2 FILER NAME	Sharon E. Mai	15	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Keith Hill 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/13/	6 Contributor address; City; State; Zip Code 8514 Parkfield Dr	V 28300	150.	
	TUSTINI I	<u> </u>	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See EMM)	nstru gg ons)	h
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			/If traval autrida	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		rexas, complete schedule 1)
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date	Full name of contributor Out-of-state PAC (ID#	1	Amount of	In-kind contribution
	_	,	contribution (\$)	description (if applicable)
				1
	Contributor address; City; State; Zip Code			
Principal conu	notion / Joh title /Coe Instructions)	5		of Texas, complete Schedule T)
Frincipal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	6
Date	Full name of contributor pul-of-state PAC (ID#		A	1. A.C. A
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	·			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
T THIO PAR GOOD	palient, out the (out mandellons)	Cuboyer (See)	nstructions)	
Date	Full name of contributor Out-of-state PAC/ID#		Amount of	
Date	Full name of contributor out-of-slate PAC (ID#:		contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				<u>, </u>
Principal occup	 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES C	ETHIS SCHEDURE	AS NEEDED	

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

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages		
Accounting/Banking		traising Expense Transportation Equipment & Related Expense	
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of C	outhing the last of the last o	
Fees	<u> </u>	#Rental Expense OTHER (enter a category not listed above)	
	The Instruction Guide explains how t	, (
1 Total pages Schedule F:	2 EILED NAME	2 ACCOUNT # /5#1 0	
3	Sharm E	Mays (Ethics Commission Filers)	
4 Date 10 124 114	Facebook (00		
6 Amount (\$)	7_Payee address; City; State; Zip Code	1	
263,97	305 W 7th St; Aus	fin 17X 78701	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	advertising expense	Check if Austin, TX, officeholder living expense	
S Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought Office held	
10/22/14	Payee name US Postal Ser	lice	
Amount (\$)	Payee address; City; State; Zip Code	,	
196.00	8225 Cross Parkon,	Austin TX 78710	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	advertising expense	DOSTOSE Check if Austin, TX, office bolder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
10/20/14	Payee name Ginny's Pny	nting	
Amount (\$)	Payee address; City; State; Zip Code		
384.88	8410 Tuscany Way.	, Austin TX 78754	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing expense	Check if Austin, TX, officeholder/living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date 10/16/14	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
88.48		1, Austin TX 78758	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	pnimng expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense				
Accounting/Banking	Legal Services Solicitation/Fundrai			
Consulting Expense	•			
•	Food/Beverage Expense Travel In District	Contributions/Donations Made By		
Event Expense	Polling Expense Travel Out Of Dist	rict Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead/R	ental Expense OTHER (enter a category not listed above)		
	The Instruction Guide explains how to	complete this form		
	<u>,</u>	Tomprote the remin		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
~ ~	$\triangle MUUMM - MU$	$OM \subset \mathbb{R}$		
<u> </u>	Olourott Cit	w/ ₃		
4 Date	5 Payee name			
1019110	TTALON HOLLER			
[0] 1][9]	I MICK MUTUU			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
	6	n $\sqrt{2}$		
1,125,00	10511 [[m/m+1)v+11	DIG. MUSTIN IX METULI		
1,100,00	CON EIMMIT DI AF JU	OIB; Austin TX 78741		
	(a) Category (See categories listed at the top of this schedule)	· · · · · · · · · · · · · · · · · · ·		
8 PURPOSE	(See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITUES	$ \sim \sim 1 $	Campaign Statt		
EXPENDITURE	Contract labor			
	- or more town.	Check if Ausan, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/C		and the		
	····			
Data	Pausa nama			
Date / / / / /	Payee name Vd+101.000			
10111114	Katie Lisnic	<i>K</i>		
1 (7)	5 11 5 7 7 7 7	/		
Amount (\$)	Payee address; City; State; Zip Code	4- 1 -		
7	1501 1000 1 - 1 1/ 1 - H-2	03; Austin TX 78703		
150.00	11006 HOYWOUR LINH-30	75; 7 1401111 1 X 78 H13 1		
,00,00		· / · · · · · · · · · · · · · · · · · ·		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Manual author of Taxan annulus Cabada T		
	Octogory (See Categories listed at the top of this scribbone)	Description (If travel outside of Texas, complete Schedule T)		
OF	(1001+ ochor	Campulan striff		
EXPENDITURE	Costractor Labor	Check if Authin, TX, office holder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O	PH .			
Date	Payee name 1 1			
1012/111	Home lengt			
10/3//9	I TOTTIE DEPUT			
Amount (\$)	Payee address; City; State; Zip Code			
ranodin (4)	l ayee address, City, State, Zip Code			
101 20	12/7 - 1 h - 77	thist - 11/ 7ema		
106,39	10575 n. Mopae Exp	15 Hustin 1X 78759		
· - •		11		
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE		CICO 100 -11.11.00		
OF EXPENDED IDE	DAURIASINOPNOPNOSO!	-Sign hardweire		
EXPENDITURE	100000000000000000000000000000000000000	Checkir Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct		Office field		
expenditure to benefit C/OH				
Dates	D			
カラ ケフィール	Payee name 7 . A M . C /	/		
7/0/ +//4	TINIER IPINHAL	a .		
	1-11-11 1100000	<u> </u>		
Amount (\$)	Payee address, City; State; Zip Code			
	1 2 ++	This Andry IV		
177 °	2570 L7mm+11h#	1/1/15:71401146 / 1/20-1/1		
130 -	DUNCE MINININI WIN	1017/		
	Category (See categories listed at the top of this schedule)	Description ((ftravel outside of Toyon, complete Cale of Toyon)		
PURPOSE		Description (If travel outside of Texas, complete Schedule T)		
OF	MANTON LICHNO	Campaign Statt		
EXPENDITURE	OVOILIAG INSUR	Check if Austin, TX, officeholder living expense		
	Condidate / Office hold			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/0	DH .			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				