CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE /	MS/MRS/MR FIRST	Mi	OFFICE USE ONLY			
OFFICEHOLDER NAME	My Matthew	T	Date Received			
INAME		SUFFIX	Date Received			
	NICKNAME LAST	SUFFIX				
	Mat Stillwell		96T			
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY,	STATE; ZIP CODE	AUSTIN CIT RECUIT			
OFFICEHOLDER	12500 Pinfail Cove		27 EC			
MAILING ADDRESS	l 1 -	, 1				
change of address	Austin TX 78729		P E C			
	AREA CODE PHONE NUMBER	FATTEN CO.	Receipt # Amount O			
5 CANDIDATE/ OFFICEHOLDER		EXTENSION	Date Processed			
PHONE	[(5(1) 411 401]		၂ တို့ 🥤			
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged			
TREASURER	MARS JADE					
NAME	NICKNAME LAST	SUFFIX	· 			
	CHANG SH	EPPART				
	CHANA SH	CITITIED				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #;	CITY; STATE;	ZIP CODE			
TREASURER ADDRESS	12425 DORSETT ROA	ID	٠.			
(residence or business)	, , , , , , , , , , , , , , , , , , ,	•				
	AUSTIN TX 18727					
	AREA CODE PHONE NUMBER					
8 CAMPAIGN TREASURER		EXTENSION				
PHONE	(512) 587 8612					
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign			
			treasurer appointment (officeholder only)			
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)			
		fimit				
10 PERIOD	Month Day Year	Month Day	Year			
COVERED	9/21/14 THROUGH	10/20	/114			
	1 / 60/ (3)	10/25/	17			
11 ELECTION	ELECTION DATE ELECTION TYPE Month					
	Primary Primary	Runoff 🔀	General Special			
		•				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	· · · · · · · · · · · · · · · · · · ·			
12 011102	OF THE MAINY					
		INVSTIN C	ITY COUNCIL			
		DISTRICT				
	<u> </u>	17/3/10/01	6			
	GO TO PAGE 2					
	COLOFA					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

	· · · · · · · · · · · · · · · · · ·	 ,	· · · · · · · · · · · · · · · · · · ·		
14 C/OH NAME	att St	Mul		15 ACC	OUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE EXPEN	BUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHO ARE REQUIRED TO REPORT THIS INFORMA	UT THE CANDIDATE'S	OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRE	ss		· · · · · · · · · · · · · · · · · · ·
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
47.00.170.00.00				·	
17 CONTRIBUTION TOTALS			IBUTIONS OF \$50 OR LESS (O' ARANTEES OF LOANS), UNLES		\$ 0-
		POLITICAL CON THAN PLEDGES, I	NTRIBUTIONS LOANS, OR GUARANTEES OF L	OANS)	\$ 391500
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPEND	DITURES OF \$100 OR LESS, UN	LESS ITEMIZED	\$ 0
	4. TOTAL	POLITICAL EXP	ENDITURES		\$ 16360.23
CONTRIBUTION BALANCE		OLITICAL CONTRI ORTING PERIOD	BUTIONS MAINTAINED AS OF T	HE LAST DAY	\$ 2699,10
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUN Y OF THE REPOR	T OF ALL OUTSTANDING LOAD	NS AS OF THE	\$ O
18 AFFIDAVIT					
	DAVID THOM/ NOTARY PUBL	s		ncludes all informa	, that the accompanying report ation required to be reported by
STATE OF TEXAS MY COMM. EXP. 7/18/18 Signature of Candidate or Officeholder					
AFFIX NOTARY STAM	IP / SEAL ABOVE		Matthe Ct.	1/2011	
Sworn to and subs	Sworn to and subscribed before me, by the said Mathew Stillvell, this the				
DUR		David	1 Thomas	Banker	-/hotory
Signature of officer admi	inistering oath	Printed nar	ne of officer administering oath	Tit	le of officer administering oath

P.O. Box 12070

SCHEDULE A

-				
The	Instruction Guide explains how to complete this form.	1 Total pages Sch	edule A:	
2 FILER NAME	Stillwell	3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor aut-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9/29/14	6 Contributor address; City; State; Zip Code 0610 Suff Man DVIV	5000	 	
	Austin TX 78750	(If travel outside	 of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions) 10 Employer (See Systems Tem	Instructions)		
Date	Pull name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/1/14	Contributor address; City; State; Zip Code	5000	 	
	AUSTIN TX 78759	(If travel outside	of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions) Tor of Spelial Projects Dennis		NC	
Date	Full name of contributor Prager Herman Prager	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/1/14	Contributor address; City; State Zip Code 8600 N FM 670 #210	5000	 	
	Austin TX 78726	(If travel outside	of Texas, complete Schedule T)	
Principal occup	Professor, Government AEmployer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/2/14	Contributor address; City; State; Zip Code 12206 West Cow Path	5000	 	
	AUSTIN TX 18727	(If travel outside	of Texas, complete Schedule T)	
	agtion / Job title (See Instructions) Employer (See	Instructions)	o. Israel, sompate de Israel	
Chem	1st Lumine	Y COVP)	
Date	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/3/14	Contributor address; City; State; Zip Code	2000	1	
	HUSTIN 1X 18771	(If travel outside	of Texas, complete Schedule T)	
	pation / Job title (See Instructions) Employer (See		- Summer Continues ()	
Sott	ware tester Sicapo	<u> </u>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME	Matt Stillweb		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor □out-of-state PAC (ID#_ Patru Eastn)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9/21/14	6 Contributor address: City; State; Zip Code 1401 5. College 5+		5000	<u> </u> 	
	Georgetown TY 786	26	(If travel outside	 of Texas, complete Schedule T)	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	Instructions)		
Date	Full name of contributor out-of-state PAC(ID#_ Povis Samchuz		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/28/14	Ports Samchez Contributor address: City: State: Zip Code 8106 Ellehorn M+n	Trl	2500		
	Austin 1X 78727		(if travel outside o	 of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I	nștructions)	,	
Kth	V.69	Retire	<u> </u>		
Date	Eull name of contributor out-of-state PAC (1D# Calandra & Bryan B)	radfors	Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/28/14	Contributor address: City: State: Zip Code 12503 Turkey Ridge	•	10000	 	
	Austin TX 78727		(If travel outside	of Texas, complete Schedule T)	
	cal / Flumbin	Employer (See I			
Date	ETHERMON MONIFER		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/28/14	Contributor dediress; City; State; Zip Code 13313 LUNGWAN DV	,	2500	<u> </u>	
	HUSTIN N		(If travel outside	 of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I			
Pet	rved	Retire	<u>u</u>		
Date	Full name of contributor out-of-state PAC(10#_ Cicc and Dede Jenks	MS	Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/28/14	Contributor address; City; State; Zip Code 3903 Winding Creek	DV	70000	 	
	14V5TIN 1X 16/35			of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions) / [
real_	cotate	Berksu(re Hath	away	
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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 7
2 FILER NAME	# Stillwell		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/5/14	6 Contributor address; City; State; Zip Code		10000	
Ì	Truing TX 75062		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_ Shelly Hommann		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/7/14	Contributo address; City; State; Zip Code 18307 Ho We Cace	z lane	5000	
	ANSTIN 12 18-150)	(If travel outside of	i of Texas, complete Schedule T)
Principal occup	Defin / Job title (See Instructions)	ROUND R	nstructions)	
Date /	Full name of contributor out-of-state PAC (ID#_Novm Charletz		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/8/14	Contributor address; City; State; Zip Code 11000 Pustic Manen Out to the Total Code	rlane	5000	
Brigainal annua	10 5 (10) 1			of Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See I	nstructions)	
Date (/	Full name of contributor gut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/10/14	Contributor address: City; Statut; Zip Code 5004 Shocey Moun-	tain Dr	1500	
	4USTIN TX 18-12-1		(If travel outside	I of Texas, complete Schedule T)
~ 1	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
10/14/14	David Anderson Contributor address; City, State; Zip Code		contribution (\$)	description (if applicable)
, , , ,	AUSTIN 797NU			!
Principal occup	pation / Jgb title (Sep Instructions)	Employer (See I		of Texas, complete Schedule T)
CON		Dren Mil	V James	ρ
				1
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

www.ethics.state.tx.us

P.O. Box 12070 --

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME MAH	Stillwell		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/14/14	JOSNUM MOOVE 6 Contributor address; City; State; Zip Code 3014 W. WIM Caunt	521	35000	
	1809TIN 18 18795		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	Dation / Job title (See Instructions)	10 Employer (See I		1
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/17/14	Contributor address; City; State; Zip Code 501 Unhtsey		2000	
	AVSTIN TX 78704		(If travel outside (of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor)	Amount of	In-kind contribution
	Caitlan Taylor		contribution (\$)	description (if applicable)
10/19/14	Contributor aderess; City; State; Zip Code	asetrl	2500	
	HUSTIN TK 18750		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions's	
Firm	Raministrator	LDAVIDS:	on Shee	han
Date	Full page of contributor out-of-state PAC (ID#_ Jefferson French		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/20/4	Contributor address; City; State; Zip Code	-	10000	<u>'</u>
	Austin TX 78750			of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	mstructions)	nt
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution
	Jade and Greg H	usley	COMMUNICATION (\$)	description (if applicable)
10/20/14	Contributor address; City; State; Zip Code 13440 Shove Vista	Dr	50000	[
	Austin TX 78750		(If traval outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See i		or raxas, complete scriedule 1)
Ey	cecutive	LUM56-0	2	
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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Scho	edule A:
2 FILER NAME	Mart Stillarell	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Dale and Pat Bolla	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/21/14	6 Contributor address; City; State; Zip Code 7207 Foxtvee Cove	2000	
	AUSTIN TX 78750	(If travel outside of	of Texas, complete Schedule T)
9 Principal occup		(See Instructions)	
leet	red Ret	red	
Date	Steven Moser) Amount of contribution (\$)	In-kind contribution description (if applicable)
10/22/14	Contributor address; City; State; Zip Code 8107 Math (OCK Cove	2500	
	Austin TX 78729	(If travel outside o	f Texas, complete Schedule T)
		(See Instructions)	uneuts
Date	Full name of contributor	Amount of	In-kind contribution
	Phil Fritz	contribution (\$)	description (if applicable)
10/23/14	Contributor address; City; State; Zip Code 1600 Barton Springs Rd	5000	
	Austin TX 78709	(If travel outside of	of Texas, complete Schedule T)
	c (c a a a b) c a b d	(See Instructions)	
Date	Saudy Burton) Amount of contribution (\$)	In-kind contribution description (if applicable)
10/23/14	Contributor address; City; State; Zip Code	5000	
	Cedar Park 18613	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Lob title (See Instructions) Employer Le	(See Instructions)	
Date	Full name of contributor out-of-state PAC (ID# Kell	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/14	Contributor address; City; State: Zip Code	10000	·
	Austin TX 78729	(If travel outside o	of Texas, complete Schedule T)
		(See Instructions)	con acceptant dangero ()
Ex	ecurius 17(Tr		

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:	
2 FILER NAME	Matt Stillwell		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10/22/14	6 Contributor address; City; State; Zip Code		10000		
	Austra TX 78726		(If travel outside	I of Texas, complete Schedule T)	
	patipn / Job title (See Instructions)	10 Employer (See	Instructions)		
	rtgaze	1 pome	than 5	<u></u>	
Date	Full name of contributor out-of-state PAC (ID#_ JENNY E SEW NWY	er	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/12/14	Contributor andress: City: State: Zip Code	rail	35000	photo	
	1705tin 1x 78750		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See (Instructions)	Employer (See			
Date	Full dame of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/25/14	Contributor address: City: State: Zip Code	•	(0000	 	
	Georgetown TX 7	8626	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date (1	Full name of contributor, out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/1/14	Contributor address; City; State; Zip Code		10000	<u> </u>	
	Georgitown TX 76	6626	(If travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See			
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/30/14	Contributor address: City; State: Zip Code		10000	<u> </u> 	
	Austin TX 78717		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See			
	· · · · · · · · · · · · · · · · · · ·				

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Texas Ethics Commission

SCHEDULE A

·				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	nt Stillwell		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-or-state PAC(ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/1/14	Terry Coole 6 Contributor address; City: State: Zip Code 3116 Golden & City	rcle	5000	
	Round Rock TX 186	,81	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_SUSAN NA AUM DAVID	Rufer	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/1/14	Contributor address; City; State; Zip Code		15000	
	HUSTIN TX 78730			of Texas, complete Schedule T)
ロペー・・ハー・	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/5/14	Howard Schair Contributor address; City: State: Zip Code 2211 E. 7154 St		5000	
	Brooklyn NY 1123	54	(If travel outside	of Texas, complete Schedule T)
	Ation / Job title (See Instructions)	Employer (See I	nstructions)	
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			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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			[
			(If traval outside	of Tayas, complete Schodule T
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		<u></u>		
	ATTACH ADDITIONAL CODIEC	DE TUIO OCUEDUI E	A C NEEDER	•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE F

	EXPENDITURE C	ATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T	Salaries/Wages/Contract Solicitation/Fundraising E Travel In District Travel Out Of District Office Overhead/Rental	Labor Loan Expense Trans Contr Ca Expense OTHE	Repayment/Reimbursement portation Equipment & Related Expense ibutions/Donations Made By andidate/Officeholder/Political Committee R (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	Apianis now to comp	 	2 ACCOUNT # (Fitting Commission Files)
()	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date 0 11111	5 Payee name	ICTER	L	·
6 Amount (\$)	7 Payee address; City; State	TOILLI e; Zip Code /		
220	CIUSS PARY AUSTIN TX	STATION		
8 PURPOSE	(a) Category (See categories listed at the top of	f this schedule) (b)	Description (If trave	al outside of Texas, complete Schedule T)
OF EXPENDITURE	FEES	To the second second	JUK JAT	E SETUP FEE X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Office held
9/30/11	Payer name OHOLL Max			
Amount (\$)	Payee address; City; State	e: Zip Code		
5455	Cedar Park TX	78613		
PURPOSE	Category (See categories listed at the top of	fthis schedule)	Description (If trave	et outside of Texas, comptete Schedule T)
OF EXPENDITURE	printing expen	use2	Check if Austin, 7	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held
91/30/14	Quic Print			
Amount (\$)	Payee address; City; State	Blyd St	P105	
318,30	Austin TX 787	59 59	B105	
PURPOSE	Category (See categories listed at the top of	f this schedule)	^ ^	el outside of Texas, complete Schedule T)
OF EXPENDITURE	printing expen	nge	0010	PCS IX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date , ,	Payee name	· · · · · · · · · · · · · · · · · · ·		
10/2/14	Got print	7.0.1	· 	
44%, 11	Payee address; City; State 1675 No San F Govnant CA	e; Zip Code Pernando 9/505	pd	
PURPOSE	Category (See categories listed at the top of	of this schedule)		el outside pf Texes, complete Schedule T)
OF EXPENDITURE	printing exper	vice	PV5NCC Check if Austin,	に「こう 「X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHE	DULE AS NEE	DED

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Cc Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	contract Labor Loan Repayment/Reimbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By trict Candidate/Officeholder/Political Committee		
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F:	2 FAER NAME STIWE	3 ACCOUNT # (Ethics Commission Filers)		
10 7 14	EAVI TMLS II			
6 Amount (\$)	7 Payee address: City: State: Zip Code 11427 Ptarmigan AUStin TX 78708			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solari eg/Wusses	(b) Description (If travel outside of Texas, complete Schedule To Caulifus Sun Matter) a		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date 3 14	Texas Democrati	- Party		
Amount (\$) V15 60	Payee address: City: State: Zip Code 4819 F Ben WWILL TUSTU TO 78741	121vd 4104		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) VAN ACCESS Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date 1114	Payee name PVIN+			
Amount (\$)	Payee address; City: State; Zip Code 1625 N Can Fernand BVV hank CA 91505	do Rd		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) WINT NS EXPENSES	Description (If travel outside of Texas, complete Schedule T) OSTONOS Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
10/9/14	Payee name US Postmuster			
14 20 00	Cross park Station Avytin TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising way expense.	Description (If travel outside of Texas, complete Schedule T) DS+Cuth Check if Austral TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held		
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SCHEDULE F

(512) 463-5800

				····	
	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense .	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Rei	mbursement
Accounting/Banking	Legal Services	Solicitation/Fundrai	sing Expense	Transportation Equips	nent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donatio	•
Event Expense	Polling Expense	Travel Out Of Distr	rict	Candidate/Officeh	older/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a cate	gory not listed above)
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1 Total pages Schedule F:	2 FALER NAME			3 ACCOUNT #	(Ethics Commission Filers)
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8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If travel outside of Texas,	complete Schedule T)
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	7		Check if Au	ustin, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	t	Office held
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EXPENDITURE			Check if A	ustin, TX, officeholder liv	ving expense
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P.O. Box 12070

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES I Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Ro	ntract Labor sing Expense rict	Loan Repayment/Reir Transportation Equipn Contributions/Donatio	nent & Related Expense ns Made By older/Political Committee	
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1 Total pages Schedule F:	2 FILER NAME STILL	11		3 ACCOUNT#	(Ethics Commission Filers)	
4 Date	7 Payee address; City: Str	ate; Zip Code	<u></u> .			
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	o of this schedule)	Stan	(If travel outside of Texes, o MPS Austin, TX, officeholder livi		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ht	Office held	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

P.O. Box 12070

SCHEDULE F

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EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Co Solicitation/Fundra		Loan Repayment/Reimb Transportation Equipme				
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Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officehold	ter/Political Committee			
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d Tatal manage (Cabustists Co		explains now to	complete this for					
1 Total pages/Schedule F:	Matt St W	<i>)</i>		3 ACCOUNT # (E	thics Commission Filers)			
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6 Amount (\$)		te: Zip Code						
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8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, cor	nplete Schedule T)			
OF EXPENDITURE	Advertising E	xpense	POSTO	ustro TX, officeholder living	g expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	\	Office sough	t	Office held			
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PURPOSE	Category (See categories fisled at the top	of this schedule)	Description	(If travel outside of Texas, cor	nplete Schedule T)			
OF EXPENDITURE	Salaries/W	ages	CUNVI	ustin, TX, officeholder living	g expense			
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10/20/14	Voter Active	tion	Netwo	ork				
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, co	mplete Schedule T)			
OF	Niverchier		100000	all				
EXPENDITURE	navw115100	٠	Check if A	ustin, TX, officeholder living	э өхрөлsө			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BOX Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete th	Loan Repayment/Reim Transportation Equipme Contributions/Donation Candidate/Officehol te OTHER (enter a categor	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
1 Total pages Schedule F.	2 FILER NAME STOWN	M	·	Ethics Commission Filers)		
4 Date 9 3 0 1 1	5 Payee name Fuelbook					
6 Amount (\$) (07,51	7 Payee address; City. Sta 1601 Willow Ro Mewlo Payle	te: Zip Code 2004 CA 94025				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Advertising	tue	otion (II travel outside of Texas, co el oole pv 6 ck if Austin, TX, office holder livin	motions		
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