CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH Cover Sheet PG 1 & 2

| | The C/OH Instructio | n Guide explains how t | · . | 1 ACCOUNT # (Ethics Commission Filers) | 2. Total pages filed: |
|----|------------------------------------|------------------------|-------------------------|---|--|
| 3 | CANDIDATE/ | MS/MRS/MR | FIRST | MI | OFFICE USE ONLY |
| | OFFICEHOLDER | | Stephen | | Date Received |
| | NAME | NICKNAME | LAST | SUFFIX | M 1907 |
| | | 1 | Adler | | 00.1 |
| 4 | CANDIDATE/ | ADDRESS /PO BOX: | APT/SUITE # CITY | STATE; ZIP CODE | TIN RE OT 2 |
| | OFFICEHOLDER | 808 Nueces St. | Austin | TX 78701 | • FV ~ |
| | ADDRESS | lovo inueces St. | Ausun | ,1% /6/01 | Date Hand-delivered or Date Postmarked |
| | Change of Address | | | | CLI ED PM |
| 5 | CANDIDATE/ | AREA CODE | PHONE NUMBER | EXTENSION | Receipt # 3 ERK |
| Ľ | OFFICEHOLDER PHONE | (512) 478 | 3-4995 | | 54 |
| 6 | CAMPAIGN | MS/MRS/MR | FIRST | MI. | Date Processed |
| | TREASURER | | Eugene | | Date Imaged |
| | NAME | NICKNAME | LAST | SUFFIX | |
| | | | Sepulveda | | |
| 7 | CAMPAIGN | STREET ADDRESS: | APT/SUITE # | CITY STATE: | ZIP CODE . |
| • | TREASURER | 3114 Wheeler Street | | Austin TX | 78705 |
| | ADDRESS (Residence or Business) | The Whotel Grock | | rusuii 170 | |
| ļ | (Nesidence of Educations) | | • | | · · · · · · |
| 8 | CAMPAIGN | AREA CODE | PHONE NUMBER | EXTENSION | |
| | TREASURER | (512) 970 |)-9400 | | , |
| | PHONE | · · | | • | |
| 9 | REPORT TYPE | January 15 | 30th day before electio | | 15th day after campaign tresurer appointment (officeholder only) |
| | , | July 15 | 8th day before election | Exceeded \$500 limit | Final report (Attach- COH-FR) |
| 10 | PERIOD | Month Day | Year | Month | Day Year |
| | COVERED | 09/26/2014 | TH | ROUGH · | 10/25/2014. |
| 11 | ELECTION | ELECTION DATE | F | | ✓ General Special |
| ' | | Month Day 11/4/2014 | | y [_] Kunon [| ✓ General Special |
| 1. | OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGH | HT (if known) |
| '4 | . OFFICE | | | Other Office | :: Mayor |
| | | <u> </u> | | <u>_</u> | |

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-325-8506)

| 14 C/OH NAME | Stephen Adler | 15 ACCOUNT # (Ethics Commission Filers) | | | |
|---|---|--|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFICEHOLD | DLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE BER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE ND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION | CONDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE | | |
| | COMMITTEE TYPE | • | | | |
| | GENERAL | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| · | | 10900 Stonelake Blvd Austin, TX 78759 | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | Emily Chenevert | | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| | | 10900 Stonelake Blvd Austin, TX 78759 | | | |
| 17 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) \$92 | | | | |
| EXPENDITURE TOTALS | 3 TOTAL POLITICAL | \$0.00 | | | |
| • | 4 TOTAL POLITICAL | \$174,745.45 | | | |
| CONTRIBUTION BALANCE | 5 TOTAL POLITICAL OF REPORTING PI | CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ERIOD | \$27,960.38 | | |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD | \$306,000.00 | | |
| 18 AFFIDAVIT | SHANNON S. SHELTON MY COMMISSION EXPIRES March 6, 2016 | I swear, or affirm, under penalty of p is true and correct and includes all i me under Title 15, Election Code. | perjury, that the accompanying report information requires to be reported by | | |
| AFFIX NOTARY | STAMP / SEAL ABOVE | Signature of Can | ididate or Officeholder | | |
| | ribed before me, by the sai | STEPHEN I ADIER | this the | | |
| 27th day of 1 | | to certify which, witness my hand and seal of office. | | | |
| | | San Land Comment | | | |
| Signature of officer adj | Ministering oath Pr | inted name of officer administering oath Title | e of officer administering oath | | |
| |) | | | | |

SCHEDULE A

| The I | Instruction Guide explains how to complete this form | 1. | Total pages School 93 | edule A: | |
|--------------------|--|----------|----------------------------|------------------------------|--|
| 2. FILER NAME | Stephen Adler | , | 3. ACCOUNT # (Et | hics Commission Filers) | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/22/2014 | Lee R. Aaronson | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | | |
| | 3710 Meadowbank Dr Austin, TX 78703-1026 | | | ". | |
| | | • | (if travel outside o | Texas, complete Schedule T) | |
| | pation / Job title (See Instructions) | , | oyer (See Instruction | s) | |
| Chief Execut | ive Officer | Li | acks Valley Stores | | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/22/2014 | Paula F. Aaronson | • | contribution \$350.00 | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$330.00 | | |
| | 3710 Meadowbank Dr Austin, TX 78703-1026 | | | | |
| | · | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occur | pation / Job title (See Instructions) | 10 Emplo | mployer (See Instructions) | | |
| Retired | | N N | one | | |
| 4. Date | 5. Full name of contributorout-of-state PAC | ·Ł | 7. Amount of | 8. In-kind contribution | |
| 10/20/2014 | William Abell | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | | |
| | 1607 Kerr Ave Austin, TX 78704-1424 | | | · | |
| | | | (if travel outside o | (Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 1 | oyer (See Instruction | s) | |
| Store Owner | | В | icycle Sport Shop | · | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/25/2014 | Joju Abraham | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$50.00 | | |
| | 7011 Creighton Ln Austin, TX 78723-1537 | | · | | |
| | <u>'</u> | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | <u> </u> | |
| | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

| The | Instruction Guide explains how to | complete | this form | I. | Total pages Schedule A: 93 | | |
|-------------------|---|------------|-------------|----------|--------------------------------|-----------------------------|--|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) | |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/17/2014 | Jessica Agneessens | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$50.00 | | |
| | 1507 Woodlawn Blvd Apt A Austii | 1, TX 7870 | 3-3349 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions | 5) | | 10 Emple | 10 Employer (See Instructions) | | |
| 4. Date | 5. Full name of contributor | Out-of-s | state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/07/2014 | Kristiana Alfsen | | | ٠ | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | . \$100.00 | | |
| | 1511 Justin Ln Austin, TX 78757-2 | 534 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions | 5) | | 10 Empl | oyer (See Instruction | s) | |
| 4. Date | 5. Full name of contributor | Qut-of- | state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/22/2014 | John Ambrust | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$125.00 | | |
| | 4001 Sinclair Ave Austin, TX 7875 | 6-3522 | | | | <i>r</i> . | |
| , | | | | . \ | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions | 5) | | 10 Emplo | oyer (See Instruction | s) | |
| 4. Date | 5. Full name of contributor | out-of- | state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/07/2014 | K. Lance Anderson | | - | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | | |
| | 300 W 6th St Ste 2050 Austin, TX | 78701-423 | 6 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions | s) | | 10 Empl | oyer (See Instruction | s) | |

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SCHEDULE A

(512) 463-5800

| The | Instruction Guide explains how to | o complete | this form | ı. | Total pages School 93 | edule A: | |
|-------------------|---------------------------------------|------------|---------------------------------------|----------|--------------------------------|----------------------------------|--|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) | |
| 4. Date | 5. Full name of contributor | out-of | state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/23/2014 | Pam Andrews | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$250.00 | | |
| | 4801 Eagle Feather Dr Austin, TX | 78735-647 | 7 | | | | |
| | | | | | (if travel outside o | l Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | s) | |
| Director | · · · · · · · · · · · · · · · · · · · | : | | N | lavigant | | |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/25/2014 | Rosa Arenas | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$25.00 | | |
| | | ΓX 78749-1 | 901 | | | | |
| | <u>,</u> | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instruction | s) | · · · · · · · · · · · · · · · · · · · | 10 Empl | oyer (See Instruction | 5) | |
| 4. Date | 5. Full name of contributor | aut-of-s | state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/15/2014 | Anne Armbrust | | | , | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$150.00 | | |
| | 4001 Sinclair Ave Austin, TX 787 | 56-3522 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instruction | ıs) | | 10 Empl | 10 Employer (See Instructions) | | |
| 4. Date | 5. Full name of contributor | | state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/02/2014 | Cathy Bacon | | state PAC - | <u> </u> | contribution | description (if applicable) | |
| 10.02.2014 | 6. Contributor address: | City | State | ZIP Code | \$100.00 | | |
| | 21700 Agarito Ln Spicewood, TX | 78669-6901 | [| | | | |
| , | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instruction | ıs) | | 10 Empl | oyer (See Instruction | <u></u> | |
| | | | | | | • | |

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SCHEDULE A

| The I | nstruction Guide explains how to | complete t | his form. | | Total pages Schedule A: 93 | |
|--------------------|---|------------|-----------|-------------|--------------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT#(Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-sta | ite PAC _ | , | 7. Amount of | 8. In-kind contribution |
| 10/07/2014 | John Barclay IV | | | _ | contribution | description (if applicable) |
| | Contributor address: | City | State | ZIP Code | \$100.00 | |
| | 8400 Emerald Hill Dr Austin, TX 78 | 3759-8011 | | | 4 | |
| | , | | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions |) | | 10 Emplo | oyer (See Instruction: | s) . |
| 4. Date | 5. Full name of contributor | Out-of-sta | ite PAC | • | 7. Amount of | 8. In-kind contribution |
| 10/02/2014 | Peter Bartin | | | · · | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 3306 Windsor Rd Austin, TX 78703 | • | | | | |
| | 5500 Willdsof Rd Austiff, LX 78703 | 1-2240 | | | /:F #1 #-:- | Tavas assessed Cabadula T |
| 9 Principal occur | Loation / Job title (See Instructions | 1 | | 10 Emple | oyer (See Instruction: | Texas, complete Schedule T) |
| Business Ser | • | , | | ' ' | elf | |
| 4. Date | 5. Full name of contributor | out-of-sta | ite PAC | T. | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Robert Bass | | | | contribution | description (if applicable) |
| · | 6. Contributor address: | City | State | ZIP Code | \$200.00 | |
| | 2004 Schulle Ave Austin, TX 78703 | 3-2140 | | | | |
| | · | - | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions |) | | 10 Emplo | yer (See Instruction | <u> </u> |
| Attorney | | | | W | /instead PC | |
| 4. Date | 5. Full name of contributor | out-of-sta | ite PAC | | 7. Amount of | 8. In-kind contribution |
| 10/17/2014 | Q Newton Beck | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP. Code ` | \$100.00 | |
| | 1511 Justin Ln None Austin, TX 78 | 757-2534 | | | | , |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) , | | 10 Emplo | oyer (See Instruction | s) |
| | | | | · | , | |

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SCHEDULE A

| The ! | nstruction Guide explains how to | complete | this form. | | Total pages Sche 93 | edule A: | |
|--------------------|---------------------------------------|-----------|------------|----------|--------------------------------|--|--|
| 2. FILER NAME | Stephen Adler | | | • | 3. ACCOUNT # (Et | hics Commission Filers) | |
| 4. Date | 5. Full name of contributor | Out-of-st | ate PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/12/2014 | Jerry Bell | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | | |
| | 98 San Jacinto Blvd Ste 1100 Austin | TX 7870 | 1-4255 ′ | | | | |
| | | | | | (if travel outside of | Texas, complete Schedule Ţ) | |
| 9. Principal occuş | pation / Job title (See Instructions) |) | | 10 Emple | 10 Employer (See Instructions) | | |
| 4. Date | 5. Full name of contributor | out-of-st | ate PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/06/2014 | M'Lou Bell | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | | |
| | 4505 Navajo Path Austin, TX 78745 | -1520 | | | | | |
| · | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occup | pation / Job title (See Instructions) |) . | | 10 Empl | 10 Employer (See Instructions) | | |
| Attorney | · , | | | . N | lunsch Harot Kopf + H | arr, P. C. | |
| 4. Date | 5. Full name of contributor | out-of-st | ate PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) | |
| 10/24/2014 | Ronald Berry | | | | \$100.00 | description (ii applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | | |
| | 1702 E 38th St Austin, TX 78722-12 | 202 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occup | pation / Job title (See Instructions |) | | 10 Empl | oyer (See Instruction | s) | |
| 4. Date | 5. Full name of contributor | out-of-st | ate PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/23/2014 | Bill Bingham | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$25.00 | | |
| | 612 E 43rd St Austin, TX 78751-393 | 36 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occup | pation / Job title (See Instructions |) | • | 10 Empl | oyer (See Instruction | s) | |
| | 1 | | | | | | |

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SCHEDULE A

| The I | nstruction Guide explains how to complete the | nis form. | | Total pages Schedule A: 93 | |
|--------------------|---|-----------|----------|--------------------------------|--|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-stat | te PAC | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Carolyn Bingham | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State Z | IP Code | \$25.00 | · |
| | 612 E 43rd St Austin, TX 78751-3936 | | | , · | • |
| | · | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occuj | pation / Job title (See Instructions) | | 10 Emplo | yer (See Instruction | s) ' |
| 4. Date | 5. Full name of contributor out-of-state | te PAC | | 7. Amount of | 8. In-kind contribution |
| 10/16/2014 | Ralph Bistline | | | contribution | description (if applicable) |
| | · | State Z | IP Code | \$350.00 | <i>*</i> |
| | 9001 Sautelle Ln Austin, TX 78749-1147 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | | 10 Emplo | yer (See Instruction | |
| Real Estate b | roker | | Ві | andywine | |
| 4. Date | 5. Full name of contributor out-of-stat | te PAC | - | 7. Amount of | 8. In-kind contribution |
| 10/22/2014 | David Blackbird | | | contribution | description (if applicable) |
| | Contributor address: City | State Z | IP Code | \$350.00 | |
| | 515 Congress Ave Ste 1300 Austin, TX 78701-3 | 522 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | | 1 | yer (See Instruction | The state of the s |
| Commercial | Real Estate | | Sı | ream Realty Partners - | Austin LP |
| 4. Date | 5. Full name of contributorout-of-stat | te PAC | | 7. Amount of | 8. In-kind contribution |
| 10/09/2014 | Tom Blackwell | • | • | contribution \$350.00 | description (if applicable) |
| | 6. Contributor address: City | State Z | IP Code | υυ.υς.εφ | |
| | 1881 Westlake Dr Austin, TX 78746-3717 | | | | · |
| | | f | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | yer (See Instruction | s) |
| Home Builde | r | | Ei | x & Blackwell, Inc. | , |

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SCHEDULE A

| The | nstruction Guide explains how to | complete | this form | | Total pages Schedule A: 93 | | |
|--------------------|--|----------|-------------|----------|--------------------------------|---|--|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) | |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/25/2014 | Scott and Hedie Blech | _ | _ | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$25.00 | | |
| | 3503 Needles Dr Austin, TX 78746 | -1457 | | ٠. | 1 | | |
| | | | | | (if travel outside o | (Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions | 3) | | 10 Empl | 10 Employer (See Instructions) | | |
| | C C | | | | 1 | | |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC _ | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) | |
| 10/14/2014 | James E. Bleckley Jr. | | - | | \$350.00 | | |
| | 6. Contributor address: | City | State | ZIP Code | | , | |
| | 4601 Eby Ln Austin, TX 78731-453 | 36 | | | (| | |
| , | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occur | pation / Job title (See Instructions | i) | | 10 Empl | oyer (See Instruction | s) | |
| President | | | | В | anks Petroleum | | |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC _ | 11.8.1 | 7. Amount of | 8. In-kind contribution | |
| 10/17/2014 | Shane M. Boasberg | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | | |
| | 84 Anthony St Austin, TX 78702-4: | 559 | ÷ | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions | s) | | 10 Empl | oyer (See Instruction | L | |
| | • | | | | | • | |
| 4. Date | 5. Full name of contributor | Out-of-s | state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/07/2014 | Jennifer Boerner | | _ | | contribution | description (if applicable) | |
| | 6. Contributor address: | Citv | State | ZIP Code | \$200.00 | | |
| | 2401 Bluffview Dr Austin, TX 7870 | • | | | · , | | |
| | | | • | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | I | 3) | | 10 Empl | oyer (See Instruction | | |
| Realtor | | • | | , | lomesville Real Estate | , | |

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SCHEDULE A

| The | Instruction Guide explains how t | 1. Total pages School 93 | edule A: | | | |
|-----------------------------|-------------------------------------|--------------------------|------------|----------|---------------------------|--|
| 2. FILER NAME | Stephen Adler | - | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/21/2014 | Michelle Bonilla | | | | contribution | description (if applicable) |
| , | 6. Contributor address: | City | State | ZIP Code | \$250.00 | |
| | 1905 W 37th St Austin, TX 78731 | -6012 | | | | , |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | | oyer (See Instruction | s) |
| None | | | | N | one | |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/22/2014 | Martin Boozer | | | | \$350.00 | accompany (ii applicable) |
| | 6. Contributor address: | City | State | ZIP Code | 0.50.100 | |
| | 902 Rio Grande St Austin, TX 787 | 01-2222 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occu Attorney | pation / Job title (See Instruction | s) | | I | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/22/2014 | Flannery Bope | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$25.00 | ı |
| | 1512 Holstein Dr Apt 815 Austin, | TX 78758-3 | 643 | | | , |
| | | 4 | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | is) | | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-s | itate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | David Boren | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$250.00 | , |
| | 1009 Jewell St Austin, TX 78704- | 3431 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | ıs) | | · · | oyer (See Instruction | s) |
| Architect | | | | S | elf | |

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SCHEDULE A

| The | Instruction Guide explains how to complete this form. | | Total pages Schedule A: 93 | | |
|-------------------|---|----------|--------------------------------|-----------------------------|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) | |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/14/2014 | Bunyamin Bozdogan | | contribution | description (if applicable) | |
| : | 6. Contributor address: City State 2 | ZIP Code | \$250.00 | | |
| | 2000 Short Summer Dr Austin, TX 78754-5857 | | | | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) | |
| Principal | <u> </u> | | armony School of Poli | tical Science North | |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/14/2014 | Emine Bozdogan | | contribution | description (if applicable) | |
| : | 6. Contributor address: City State | ZIP Code | \$250.00 | | |
| | 2000 Short Summer Dr Austin, TX 78754-5857 | | | | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | nployer (See Instructions) | | |
| None | | · N | one | | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/22/2014 | Bill Bradshaw | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$100.00 | | |
| | 4006 Lewis Ln Austin, TX 78756-3621 | | | | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | | |
| | | | | | |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/07/2014 | Bruce Bramhall | | contribution | description (if applicable) | |
| | 6. Contributor address: City State 2 | ZIP Code | \$250.00 | | |
| | 202 Applewood Dr Pflugerville, TX 78660-2804 | | | | |
| | | , | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) | |
| Director of M | Market Data | R | GM Advisors, LLC | | |

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SCHEDULE A

| The | Instruction Guide explains how t | The Instruction Guide explains how to complete this form. | | | | | | |
|-------------------|-------------------------------------|---|--------|----------|--------------------------|---|--|--|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) | | |
| 4. Date | 5. Full name of contributor | out-of-state | PAC _ | , ÷ | 7. Amount of | 8. In-kind contribution | | |
| 10/10/2014 | Francine Breckenridge | | | | contribution \$250.00 | description (if applicable) | | |
| · | 6. Contributor address: | , City S | State | ZIP Code | \$230.00 | | | |
| | 4404 Deepwoods Dr Austin, TX 7 | 8731-2039 | | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | | |
| · · | pation / Job title (See Instruction | s) | | | oyer (See Instruction | s) | | |
| Attorney | _ | | | Si | trasburger and Price | wt | | |
| 4. Date | 5. Full name of contributor | out-of-state | PAC _ | | 7 Amount of contribution | 8: In-kind contribution description (if applicable) | | |
| 10/24/2014 | Jim D Brennan | | | | \$50.00 | description (ii applicable) | | |
| | 6. Contributor address: | City 5 | State | ZIP Code | 755 | | | |
| | 222 Sunrise Ridge Loop # 1201 A | ustin, TX 7873 | 8-5616 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | | |
| 9. Principal occu | pation / Job title (See Instruction | · . | • | 10 Emplo | oyer (See Instruction | s) | | |
| 4. Date | 5. Full name of contributor | out-of-state | PAC · | | 7. Amount of | 8. In-kind contribution | | |
| 10/25/2014 | David Briggs | | | | contribution \$100.00 | description (if applicable) | | |
| | 6. Contributor address: | City 5 | State | ZIP Code | 3100.00 | | | |
| | 8103 Richard King Trl Austin, TX | 78749-1871 | | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | | |
| 9. Principal occu | pation / Job title (See Instruction | ıs) | | 10 Emple | oyer (See Instruction | s) | | |
| 4. Date | 5. Full name of contributor | out-of-state | PAC _ | | 7. Amount of | 8. In-kind contribution | | |
| 09/29/2014 | Nicholas Brill | | | | contribution | description (if applicable) | | |
| | 6. Contributor address: | City S | State | ZIP Code | \$50.00 | | | |
| | 201 E 4th St Apt 223 Austin, TX 7 | 8701-3641 | | | | · | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | | |
| 9. Principal occu | pation / Job title (See Instruction | ns) | | 10 Emple | oyer (See Instruction | s) | | |

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SCHEDULE A

| The I | nstruction Guide explains how to complete | this form. | | Total pages School 93 | edule A: |
|--------------------|---|------------|----------|---------------------------|---|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT#(Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/21/2014 | Ray Brimble | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State | ZIP Code | \$350.00 | i e |
| İ | 106 E 6th St Ste 550 Austin, TX 78701-3669 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | | 10 Emple | oyer (See Instruction | s) |
| International | Trade | , | L | ynxs Group | |
| 4. Date | 5. Full name of contributorout-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Ronald P Brooks | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State | ZIP Code | \$350.00 | |
| | 3900 Dry Ledge Cv Austin, TX 78731-3926 | | | | 1 |
| | , | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |
| Real Estate | · · · · · · · · · · · · · · · · · · · | | Se | elf | · |
| 4. Date | 5. Full name of contributorout-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 09/28/2014 | Britt Brookshire | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State | ZIP Code | \$350.00 | |
| · | 2300 Bridle Path Austin, TX 78703-3208 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |
| Applications | Development Director | | T | exas Department of Ag | griculture |
| 4. Date | 5. Full name of contributor out-of-s | tate PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/16/2014 | Joseph Brophy | | | \$250.00 | description (ii applicable) |
| | 6. Contributor address: City | State | ZIP Code | \$230.00 | |
| | 600 Congress Ave FI 3 Austin, TX 78701-3238 | 3 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | | , | oyer (See Instruction | s) |
| Attorney | | | S | elf · | <u>.</u> |

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SCHEDULE A

| The | Instruction Guide explains how to | Total pages Schedule A: 93 | | | |
|-------------------|---|--------------------------------|----------|-----------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Emily Brown | | • | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | |
| | 507 Pressler St Apt 2134 Austin, TX | X 78703-5186 | | | |
| | | | | <u> </u> | Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions | s) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/28/2014 | Vicki C Buchanan | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$350.00 | · |
| | 2707 Bonnie Rd Austin, TX 78703 | -2801 | • | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | r pation / Job title (See Instructions | s) | 10 Empl | yer (See Instruction | |
| None | | | : N | one | , |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Christine Burgess | | | contribution r, | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$50.00 | |
| | 1705 Mohle Dr Austin, TX 78703- | 1811 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 5) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | ; out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Joan Burtzel | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | |
| | 4116 Bayberry Dr Austin, TX 7875 | 9-8640 | - | | |
| <i>.</i> | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 3) | 10 Empl | oyer (See Instruction | s) |

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P.O. Box 12070

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | |
|---|--------------------------------------|----------------------|----------|--------------------------------|---|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/17/2014 | Boyce Cabaniss | | | contribution | description (if applicable) |
| , | 6. Contributor address: | City State | ZIP Code | \$250.00 | |
| | 209 E Elizabeth St Austin, TX 7876 | 04-2443 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction: | s) | 10 Emple | oyer (See Instruction | s) |
| Attorney | | | G | raves Dougherty Heard | on & Moody |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/09/2014 | Kerry Cammack | | | \$100.00 | (ii opplicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | , |
| | 919 Congress Ave Ste 1400 Austin | , TX 78701-2114 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | 10 Emple | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Scott Carr | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | |
| | 5121 Bee Caves Rd Ste 207 West I | _ake Hills, TX 78746 | 5-5216 | | |
| - | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Kristi Carter | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$350.00 | |
| | PO Box 728 Del Valle, TX 78617- | 0728 | | | |
| - | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | oyer (See Instruction | |
| Executive Di | rector | | S | uperShuttle and Execu | Car of Austin |

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P.O. Box 12070

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | | Total pages Sche 93 | Total pages Schedule A: 93 | |
|---|---|-----------|------------|----------|---------------------------|---|--|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) | |
| 4. Date | 5. Full name of contributor | out-of-si | late PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/25/2014 | William Carter | | | • | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | | |
| | PO Box 728 Del Valle, TX 78617-0 |)728 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occup | pation / Job title (See Instructions | 3) | | 10 Emplo | oyer (See Instruction | 5) | |
| President | | | | Si | uperShuttle and Execut | Car of Austin | |
| 4. Date | 5. Full name of contributor | out-of-st | tate PAC _ | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) | |
| 10/21/2014 | Craig Casselberry | | | | \$100.00 | assurption (in approaute) | |
| | Contributor address: | City | State | ZIP Code | 4100.00 | · | |
| | 5200 Backtrail Dr Austin, TX 7873 | 1-2603 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions | 5) | | 10 Emplo | oyer (See Instruction | s) | |
| 4. Date | 5. Full name of contributor | out-of-st | tate PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/21/2014 | Nancy Casselberry | | | | contribution | description (if applicable) | |
| | Contributor address: | City | State | ZIP Code | \$100.00 | | |
| | 5200 Backtrail Dr Austin, TX 7873 | 1-2603 | | | | | |
| , | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions | s) | | 10 Emplo | oyer (See Instruction | s) | |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/09/2014 | Stefanie Cavanaugh | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | | |
| | 12512 Deer Falls Dr Austin, TX 78 | 729-7226 | | | | | |
| | · . | _ | | | (if travel outside o | Texas, complete Schedule T) | |
| | pation / Job title (See Instructions | S) | | 1 | oyer (See Instruction | | |
| Senior Vice I | President | | | Н | arden Healthcare, LLC | | |

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P.O. Box 12070

SCHEDULE A

| The | Instruction Guide explains how to complete this form. | | Total pages Sche 93 | edule A: | |
|---------------------------------|---|----------|-------------------------------------|--|--|
| 2. FILER NAME | Stephen Adler | , | 3. ACCOUNT # (Et | hics Commission Filers) | |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/02/2014 | Elizabeth Chang | | | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | · | |
| | 10805 Broken Brook Cv Austin, TX 78726-1904 | | | : | |
| | | | (if travel outside of | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 1 ' | oyer (See Instruction: | s) | |
| Realtor | · | D | ash Realty Inc. | | |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | ٦ | | In-kind contribution description (if applicable) | |
| 09/26/2014 | Ronald Cheng | | \$350.00 | | |
| | 6. Contributor address: City State | ZIP Code | , , | | |
| | 3407 Greystone Dr Austin, TX 78731-2343 | 4 | | | |
| | | | (if travel outside of | Texas, complete Schedule T) | |
| Principal occu Restaurant O | pation / Job title (See Instructions) wner | 1 | 10 Employer (See Instructions) Self | | |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/08/2014 | Alice Choate | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | | |
| | 4209 Cat Hollow Dr Austin, TX 78731-2047 | | · | | |
| | ; | | (if travel outside o | Texas, complete Schedule T) | |
| Principal occu Retired | pation / Job title (See Instructions) | | oyer (See Instruction: lone | 5) | |
| 4. Date | Full name of contributorout-of-state PAC | , | 7. Amount of | 8. In-kind contribution | |
| 10/06/2014 | Craig Chonko | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$10.00 | | |
| | 1620 E Riverside Dr Apt 1004 Austin, TX 78741-1011 | | | , | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) | |
| | <u> </u> | | | | |

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SCHEDULE A

| The | Instruction Guide explains how to complete this form. | | Total pages Schedule A: 93 | |
|-------------------|--|---------------------------------------|--------------------------------|---|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date. | Full name of contributorout-of-state PAC | · · · · · · · · · · · · · · · · · · · | 7. Amount of | 8. In-kind contribution |
| 09/28/2014 . | Millie Chu | | contribution | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$350.00 | , |
| | 8629 Toro Creek Cv Apt C Austin, TX 78759-6803 | | | |
| , | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| Office Mana | ger | F | rank Lam & Associates | |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution description (if applicable) |
| 10/02/2014 | Fredrick Cloud | | contribution \$100.00 | description (ii applicable) |
| | 6. Contributor address: City State Z | IP Code | \$100.00 | |
| | 4711 Spicewood Springs Rd Unit 242 Austin, TX 78759-84 | 76 | | |
| | ` | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| | | | | • |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/26/2014 | Ron Coldiron | | contribution \$100.00 | description (if applicable) |
| - | 6. Contributor address: City State Z | IP Code | \$100.00 | |
| | 6509 Marblewood Dr Austin, TX 78731-1744 | * | | |
| ÷ | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/07/2014 | Scott Coll | | contribution | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$350.00 | |
| | 605 Josephine St Austin, TX 78704-1531 | | | |
| · . | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emple | oyer (See Instruction | s) |
| Commercial | Flooring | [C | ommercial Flooring Sy | /stems |

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SCHEDULE A

| The | Instruction Guide explains how to | complete th | is form. | | Total pages Sche 93 | edule A: |
|--|---------------------------------------|------------------|----------|----------------------|---------------------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state | PAC | | 7. Amount of | 8. In-kind contribution |
| 10/17/2014 | Brooke Collins | _ | | | | description (if applicable) |
| | 6. Contributor address: | City S | State . | ZIP Code | \$350.00 | |
| | 2017 Tillotson Ave Austin, TX 7870 |) 2- 2834 | | | | • |
| | | | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) |) | | 10 Emplo | yer (See Instruction: | S) |
| Assistant to F | Producer | 1 | | T | WITA LLC | |
| 4. Date | 5. Full name of contributor | out-of-state | PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Frank Coniglio | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City S | State | ZIP Code | \$25.00 | |
| | 6811 Lunar Dr Austin, TX 78745-56 | 551 | | | | |
| | | | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occupation / Job title (See Instructions) 10 Em | | | 10 Emplo | yer (See Instruction | s) | |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| 4. Date | 5. Full name of contributor | out-of-state | PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/21/2014 | Chris Cortinaz | | | • | contribution | description (if applicable) |
| | 6. Contributor address: | City S | State | ZIP Code | \$350.00 | |
| | 210 W Riverside Dr Austin, TX 787 | 04-1225 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| l ' | pation / Job title (See Instructions) |) | | 1 * | yer (See Instruction | · · |
| Hair Stylist | | | | Cl | hristopher Leigh Salon | , |
| 4. Date | 5. Full name of contributor | out-of-state | PAC | <u> </u> | 7. Amount of | 8. In-kind contribution |
| 10/08/2014 | Donald Counts | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City S | State | ZIP Code | \$350.00 | |
| | 2905 San Gabriel St Ste 302 Austin, | TX 78705-3 | 559 | | | <i>'1</i> |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | | 10 Emplo | yer (See Instruction | 3) |
| Physician | | | | D | on Counts Family Prac | tice |

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Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 463-5800

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | | |
|---|--|-------------|------------|--------------------------------|------------------------|-------------------------------|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | , out-of-s | tate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/08/2014 | Kathryn Counts | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 2905 San Gabriel St Ste 302 Austir | i, TX 78705 | -3559 | | | · |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | s) |
| Retired | | | | N | one | |
| 4. Date | Full name of contributor | out-of-s | tate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/20/2014 | Rodney Craig | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$50.00 | |
| | 10913 Preston Trails Dr Austin, T | K 78747-162 | 26 | | | |
| | | | | | (if travel outside o | f Texas, complete Schedule T) |
| 9. Principal occu | 9. Principal occupation / Job title (See Instructions) 10 Em | | | 10 Empl | oyer (See Instruction | s) |
| | | ···· | | | | |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 09/28/2014 | Johnny Crain | | | | contribution | description (if applicable) |
| | 6. Contributor addrèss: | City· | State | ZIP Çode | \$100.00 | |
| | 3211 Warren St Austin, TX 78703- | -1020 | | | | |
| E | · | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | |
| - | · | • | | | | |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/16/2014 | Marie Crane | | | 4 | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 1502 Marshall Ln Austin, TX 7870 | 3-3409 | | | | |
| <u> </u> | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | s) |
| Consultant | | | | N | 1. Crane & Associates, | Inc. |

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SCHEDULE A

| The | Instruction Guide explains how to complete this form. | | Total pages Schedule A: 93 | |
|-------------------|---|----------|--------------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/20/2014 | Tim Cross | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$50.00 | |
| | 2409 Riverside Farms Rd Austin, TX 78741-4829 | | | • |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Robert Cullick | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$100:00 | |
| | 3705 Laurel Ledge Ln Austin, TX 78731-4049 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Katy Culmo | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$175.00 | |
| | 808 Baylor St Austin, ТХ 78703-4978 | | 1 | • |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor Out-of-state PAC | • | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Matthew Culmo | - | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$175.00 | |
| | 808 Baylor St Austin, TX 78703-4978 | | | |
| , | | Á | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |

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SCHEDULE A

| The | Instruction Guide explains how t | o complete | this form | | Total pages School 93 | edule A: |
|-------------------|-------------------------------------|------------|-------------|----------|---------------------------|---|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | aut-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/15/2014 | Mark J. Curry | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$300.00 | \$4. |
| | 4000 Tablerock Dr Austin, TX 783 | 731-1425 | | • | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | ıs) | • | 10 Empl | oyer (See Instruction | s) |
| Community | Bank President | | | <u> </u> | /ells Fargo | |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/06/2014 | Albert D'Andrea | | | | | description (ii applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | * |
| | 2106 Key West Cv Austin, TX 78 | 746-7256 | | | | |
| | | | | • | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | is) | | 10 Empl | oyer (See Instruction | s) |
| Consumer S | ervices | | | N. | IcCullough Heating & | Air Conditioning |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/06/2014 | Angela D'Andrea | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 2106 Key West Cv Austin, TX 78' | 746-7256 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | ıs) | | 10 Empl | oyer (See Instruction | s) |
| None | | | | N | lone . | |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 09/30/2014 | David Dalgleish | | | | contribution \$350.00 | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$550,00 | |
| | 6400 Sprucewood Dr Austin, TX | 78731-2654 | | | • | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | ns) | | 10 Empl | oyer (See Instruction | s) |
| Builder | • | | | [| Palgleish Construction | • |

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SCHEDULE A

| The I | nstruction Guide explains how to complete this form. | Total pages Schedule A: 93 | | |
|--------------------|--|--------------------------------|----------------------------|---|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/30/2014 | Sherry Dalgleish | | contribution | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$350.00 | |
| | 6400 Sprucewood Dr Austin, TX 78731-2654 | | | |
| | ` | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | | oyer (See Instruction | s) |
| Manager | | D | algleish Construction | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/07/2014 | Cody Daniel | | \$350.00 | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$350.00 | |
| , | 3204 Highland Ter W Austin, TX 78731-5323 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 1 | oyer (See Instruction | |
| Senior Loan | Officer | C | apstar Mortgage Lendi | ng, LLC |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Cindy Dautel | | contribution \$350.00 | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$330.00 | · |
| • | 2008 Shallow Stream Cv Austin, TX 78735-1737 | | | |
| • | | | (if travel outside o | Texas, complete Schedule T) |
| 1 | pation / Job title (See Instructions) • | | oyer (See Instruction | s) |
| Homemaker | | l N | one | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of icontribution | 8. In-kind contribution description (if applicable) |
| 10/14/2014 | Dennis W Dautel | | \$350.00 | |
| | 6. Contributor address: City State Z | IP Code | | |
| | 2008 Shallow Stream Cv Austin, TX 78735-1737 | | • | |
| | | - | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | oyer (See Instruction | s) |
| Investments | | D | autel's Holdings | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | | Total pages Schedule A: 93 | |
|---|-------------------------------------|------------|-----------|-------------|--------------------------------|---|
| 2. FILER NAME | Stephen Adler | | | , | 3. ACCOUNT # (E | thics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Bill Davies | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| · | 7425 Bonniebrook Dr Austin, TX | 78735-1805 | | • | | |
| | , | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | | oyer (See Instruction | (s) |
| Banker | | • | | J | P Morgan Chase | |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/24/2014 | Polly B Davies | | | | \$350.00 | accompliant (in approacts) |
| | 6. Contributor address: | City | State | ZIP Code | | |
| | 7425 Bonniebrook Dr Austin, TX | 78735-1805 | | | | į |
| | | i | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Emple | oyer (See Instruction | is) |
| None | | | | N | one | , |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/13/2014 | C Dean Davis | | | • | \$350.00 | description (ii applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 3801 Balcones Dr Austin, TX 787 | 31-5807 | | | | |
| _ | | | | | (if travel outside o | Texas, complete Schedule T) |
| | pation / Job title (See Instruction | s) | | | oyer (See Instruction | ns) |
| Attorney | | | | . Se | elf | · |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/07/2014 | Gerald Davis | , | | | \$350.00 | description (ii applicable) |
| | 6. Contributor address: | City | State | ZIP Code | Ψ350.00 | |
| | 5709 Gorham Glen Ln Austin, TX | 78739-1775 | 5 | | · | · |
| | : | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | ı | oyer (See Instruction | |
| Executive | | | | G | oodwill Industries of (| Central Texas |

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SCHEDULE A

| The 1 | nstruction Guide explains how to complete this form. | 1. Total pages Schedule A: | | |
|--------------------|--|----------------------------|-----------------------|---------------------------------------|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/13/2014 | Mollie Davís | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | · '. |
| | 3801 Balcones Dr Austin, TX 78731-5807 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occuj | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| Design Profe | ssional | Se | elf | |
| 4. Date | 5. Full name of contributorout-of-state PAC | · | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Susan Dawson, | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$125.00 | |
| , | 3803 Balcones Dr Austin, TX 78731-5807 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emplo | yer (See Instruction | s) |
| | | | | |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Thomas B Dawson | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$125.00 | |
| | 3803 Balcones Dr Austin, TX 78731-5807 | | ٠ | · · · · · · · · · · · · · · · · · · · |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor Out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/07/2014 | Aaron Day | | contribution | description (if applicable) |
| 10/0/12014 | , | ZiP Code | \$100.00 | |
| | , | Zii Oude . | | |
| | 5017 McDade Dr Austin, TX 78735-6395 | | | |
| O. Daimed and and | asking (Jah Killa (One Instructions) | 40.5 | | Texas, complete Schedule T) |
| 9. Principal occul | pation / Job title (See Instructions) | TO Empk | oyer (See Instruction | 5) |

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

www.ethics.state.tx.us Revised 04/19/2013

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| 'The I | nstruction Guide explains how to complete this form. | | Total pages Schedule A: 93 |
|-----------------------|---|-----------|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Ethics Commission Filers) |
| 4. Date 10/04/2014 | Full name of contributor F. Scott De la Garza Sout-of-state PAC | | 7. Amount of 8. In-kind contribution description (if applicable) |
| 10002014 | 6. Contributor address: City State | ZIP Code | \$350.00 |
| | 360 Nueces St Apt 1412 Austin, TX 78701-4262 | | (if travel outside of Texas, complete Schedule T) |
| 9 Principal occur | pation / Job title (See Instructions) | 10 Emple | oyer (See Instructions) |
| Attorney | - | 1 ' | PLG Luce Salazar PLLC |
| 4. Date | 5. Full name of contributor Out-of-state PAC | ' | 7. Amount of 8. In-kind contribution |
| 10/14/2014 | | • | contribution description (if applicable) |
| 10/14/2014 | Katherine Degnen | | \$25.00 |
| } | 6. Contributor address: City State | ZIP Code | |
| | 1611 W 5th St Apt 340 Austin, TX 78703-4882 | | |
| | | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occur | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instructions) |
| | · | | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/17/2014 | Meredith A Delk | • | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 |
| | 5803 Valley Cir Austin, TX 78731-3628 | | · |
| | | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occur | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instructions) |
| Government | Relations | A | .merigroup |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/23/2014 | Don Denny | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$100.00 |
| | 307 N Cuernavaca Dr Apt M Austin, TX 78733-3244 | | |
| | ! | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10, Emple | oyer (See Instructions) |
| | i | | |

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P.O. Box 12070

SCHEDULE A

| The I | nstruction Guide explains how to | complete this for | m . | Total pages Sche 93 | edule A: |
|-----------------------------------|--|---------------------------------------|------------|--|--|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date 10/14/2014 | 5. Full name of contributorBart Denum6. Contributor address: | out-of-state PAC | ZIP Code | 7. Amount of contribution \$100.00 | 8. In-kind contribution description (if applicable) |
| | PO Box 5995 Austin, TX 78763-599 | ; | / | | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) |) ' | 10 Emp | oyer (See Instruction | s) |
| 4. Date 10/07/2014 | 5. Full name of contributorJenaro Diaz6. Contributor address:5819 Misty Hill Cv Austin, TX 7875 | out-of-state PAC City State | ZIP Code | 7. Amount of contribution \$350.00 | 8. In-kind contribution description (if applicable) Texas, complete Schedule T) |
| Principal occup Web Develor | pation / Job title (See Instructions per |) | I ' | oyer (See Instruction DINR interactive, LLC | L |
| 4. Date 10/25/2014 | 5. Full name of contributorCourtney Dibrell6. Contributor address:1109 Hermitage Dr Austin, TX 7875 | out-of-state PAC City State 53-5836 | ZIP Code | 7. Amount of contribution \$25.00 | 8. In-kind contribution description (if applicable) Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions |) | 10 Empl | oyer (See Instruction | s) |
| 4. Date 10/23/2014 | 5. Full name of contributorJeffrey Dochen6. Contributor address:1011 Westlake Dr West Lake Hills, | | | <u> </u> | 8. In-kind contribution description (if applicable) Texas, complete Schedule T) |
| Principal occup Real Estate B | pation / Job title (See Instructions roker |) | 1 | oyer (See Instruction | s) , |

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SCHEDULE A

| The | Instruction Guide explains how t | o complete this t | form. | | 1. Total pages Sch | edule A: |
|-------------------|-------------------------------------|-------------------|--------|--------|-----------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | ļ | · | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PA | /C | | 7. Amount of | 8. In-kind contribution |
| 10/19/2014 | Allen Dornak | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City Sta | te ZIP | Code | \$100.00 | · |
| | 801 W 5th St Apt 1706 Austin, TX | 78703-5459 | | | | |
| | | 4 | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | is) | 10 |) Empl | oyer (See Instruction | s) \ |
| 4. Date | 5. Full name of contributor | out-of-state PA | /C | | 7. Amount of | 8. In-kind contribution |
| 10/17/2014 | Sam Douglass | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City Sta | te ZIP | Code | \$25.00 | |
| | 712 Keasbey St Austin, TX 78751 | -4006 | | | | |
| | | | | • | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | ıs) ı | 10 |) Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PA | 4C | | 7. Amount of | 8. In-kind contribution |
| 09/26/2014 | Luke Dow | \ | | | contribution | description (if applicable) |
| | 6. Contributor address: | City Sta | te ZIP | Code | \$100.00 | |
| | 2901 Bee Caves Rd Ste C Austin, | TX 78746-5570 | | | ļ | · |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | ns) | 10 |) Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state P/ | AC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Dirk A Dozier | _ | | | contribution | description (if applicable) |
| | 6. Contributor address: | City Sta | te ZIP | Code | \$350.00 | |
| | 210 Lavaca St Apt 3009 Austin, T | X 78701-4598 | | | | , |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | ns) | 10 | 0 Empl | oyer (See Instruction | s) |
| · Owner · | | | | Α | austaco, Inc. | |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | | |
|---|---|-----------------|-----|--------------------------------|-------------------------|---------------------------------------|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | ut-of-state PAC | | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Katie Dozier | | | | contribution | description (if applicable) |
| | 6. Contributor address: Cit | y State | ZIP | Code | \$350.00 | |
| , | 210 Lavaca St Apt 3009 Austin, TX 7870 | 1-4598 | | | | |
| | | ş | | • | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 1 | 0 Emplo | oyer (See Instruction | S) |
| Owner | | | | A | ustaco, Inc. | · · · · · · · · · · · · · · · · · · · |
| 4. Date | 5. Full name of contributor | ut-of-state PAC | | | 7. Amount of | 8. In-kind contribution |
| 10/03/2014 | Lenora DuBose | | | | contribution S350.00 | description (if applicable) |
| | 6. Contributor address: Cit | y State | ZIP | Code | 3330.00 | |
| | 8804 Collingwood Dr Austin, TX 78748-: | 5205 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 1 | 0 Emplo | oyer (See Instruction | s) |
| Attorney | | | | Ja | ckson Walker L.L.P. | |
| 4. Date | 5. Full name of contributoro | ut-of-state PAC | | | 7. Amount of | 8. In-kind contribution |
| 10/08/2014 | Drew Duncan | | | | contribution | description (if applicable) |
| | 6. Contributor address: Cit | y State | ZIP | Code | \$350.00 | |
| | 1911 Calle Caliche Austin, TX 78733-210 | 02 | | | | |
| · | | | | | (if travel outside o | Texas, complete Schedule Ţ) |
| 9. Principal occu | pation / Job title (See Instructions) | | 1 | | oyer (See Instruction | s) |
| Finance ' | | | | R | GM Advisors | |
| 4. Date | 5. Full name of contributor | ut-of-state PAC | | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Susan Epstein | | | | contribution | description (if applicable) |
| | 6. Contributor address: Cit | y State | ZIP | Code | \$350.00 | |
| | 5000 Plaza On The Lk Austin, TX 78746 | 1069 | | ı | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 1 | 0 Empl | oyer (See Instruction | s) |
| Physician | | | | S | elf | |

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SCHEDULE A

| The | Instruction Guide explains how to | complete this forr | n. | 1 Total pages School 93 | edule A: |
|--|---|---|----------|---|--|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| Date 10/20/2014 Principal occu | 5. Full name of contributor Wendy Erisman 6. Contributor address: 11600 Century Oaks Ter Apt 1110 pation / Job title (See Instructions) | · | | 7. Amount of contribution \$100.00 (if travel outside o | 8. In-kind contribution description (if applicable) Texas, complete Schedule T) |
| 4. Date 10/01/2014 | 5. Full name of contributorParker Estes6. Contributor address:4200 N Lamar Blvd Ste 200 Austin | Out-of-state PAC City State a, TX 78756-3430 | ZIP Code | 7. Amount of contribution \$350.00 | 8. In-kind contribution description (if applicable) |
| Principal occu Real Estate E | pation / Job title (See Instruction: troker | s) | 1 ' | oyer (See Instruction the Weitzman Group | Texas, complete Schedule T) |
| 4. Date 10/24/2014 | 5. Full name of contributorJay Evans6. Contributor address:4002 Gaines Ct Austin, TX 78735- | out-of-state PAC City State 6484 | ZIP Code | 7. Amount of contribution \$350.00 (if travel outside o | In-kind contribution description (if applicable) Texas, complete Schedule T) |
| Principal occu Ranch Mana | pation / Job title (See Instruction gement | s) | 1 | oyer (See Instruction ay Evans Company | s) |
| 4. Date 10/14/2014 | 5. Full name of contributorLisa Fancher6. Contributor address:3007 Harris Blvd Austin, TX 7870 | out-of-state PAC City State 3-1419 | ZIP Code | 7. Amount of contribution \$50.00 | 8. In-kind contribution description (if applicable) Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | 10 Empl | oyer (See Instruction | s) |

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SCHEDULE A

| The | Instruction Guide explains how to complete this form. | Total pages Schedule A. 93 | | |
|-------------------|---|--------------------------------|------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | Full name of contributorout-of-state PAC | | | 8. In-kind contribution |
| 10/13/2014 | Jaclene Fayhee | | | description (if applicable) |
| | 6. Contributor address: City State Zl | IP Code | \$50.00 | |
| | 4005 Wrightwood Rd Austin, TX 78722-1527 | | | |
| | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction: | s) |
| 4. Date | Full name of contributorout-of-state PAC | | | 8. In-kind contribution |
| 10/25/2014 | Frances Ferguson | | | description (if applicable) |
| | 6. Contributor address: City State Zi | IP Code | \$100.00 | |
| | 1013 Harwood Pl Austin, TX 78704-2612 | | - | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | Full name of contributorout-of-state PAC | | | 8. In-kind contribution |
| 10/14/2014 | Carl A Feubacher | | | description (if applicable) |
| , | 6. Contributor address: City State Z | IP Code | \$50.00 | , |
| | 614 S Capital Of Texas Hwy West Lake Hills, TX 78746-52 | 04 | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | Full name of contributor | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Fritz Fitzpatrick | | contribution | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$12.50 | |
| | 4006A Maplewood Ave Austin, TX 78722-1518 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| | | | | |

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SCHEDULE A

| The I | nstruction Guide explains how to complete this form. | | Total pages Schedule A: 93 |
|---------------------------------|--|----------|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Ethics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/23/2014 | Lindsay Fitzpatrick | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | 912.50 |
| | 4006A Maplewood Ave Austin, TX 78722-1518 | | |
| | | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | loyer (See Instructions) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 09/30/2014 | Glenda J Flanagan | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 |
| | 550 Bowie St Austin, TX 78703-4644 | | |
| | | | (if travel outside of Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | 10 Empl | loyer (See Instructions) |
| Executive VF | 2 & Chief Financial Officer | , v | Whole Foods Market, Inc. |
| 4. Date | Full name of contributor | | 7. Amount of 8. In-kind contribution description (if applicable) |
| 10/15/2014 | William L Formby | | \$350.00 |
| | 6. Contributor address: City State 2 | ZIP Code | \$550.00 |
| | 3825 Lake Austin Blvd Ste 402 Austin, TX 78703-3508 | | |
| | | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occup President | pation / Job title (See Instructions) | | loyer (See Instructions) Over the Top Management Co. |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/21/2014 | Carol Fowler | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$250.00 |
| | 10 Woodstone Sq Austin, TX 78703-1164 | | |
| | | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Empl | loyer (See Instructions) |
| Retired | | N N | None |

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SCHEDULE A *

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | |
|---|-------------------------------------|------------------|----------|--------------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Marcia Fowler | | | contribution | description (if applicable) |
| | Contributor address: | City State | ZIP Code | \$100.00 | |
| | 1200 Garner Ave Austin, TX 7870 | 4-2134 | | | |
| | | • | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/06/2014 | Scott Fowler | .* | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$50.00 | |
| | 15300 Kollmeyer Dr Lakeway, TX | 78734-3615 | • | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | 10 Empl | oyer (See Instruction | s) |
| 4 Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | William D. Fowler | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$350.00 | |
| | 1410 Wathen Ave Austin, TX 7870 | 03-2528 | | | (|
| | | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occu Oil and Gas | pation / Job title (See Instruction | s) | I | oyer (See Instruction elf | s) |
| 4. Date | 5. Full name of contributor | ut-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Alan Freedman | | • | contribution \$100.00 | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | 3100.00 | |
| | 7603 Shadyrock Dr Austin, TX 78 | 731-1430 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | 10 Empl | oyer (See Instruction | s) |

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SCHEDULE A

| The | Instruction Guide explains how to o | Total pages Schedule A: 93 | | | |
|----------------------------|---------------------------------------|--------------------------------|----------|---|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Lori Freedman | | | contribution | description (if applicable) |
| | Contributor address: | City State | ZIP Code | \$100.00 | |
| | 7603 Shadyrock Dr Austin, TX 7873 | 1-1430 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/17/2014 | Caroline Frick | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$40.00 | , |
| | 2008 Antone St Austin, TX 78723-54 | 144 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/08/2014 | Jeff Friedman | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$180.00 | |
| | 3500 Jefferson St Ste 110 Austin, TX | 78731-6220 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu Owner | pation / Job title (See Instructions) | | | oyer (See Instruction apra & Cavelli | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/22/2014 | Jeff Friedman | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$170.00 | |
| | 3500 Jefferson St Ste 110 Austin, TX | 78731-6220 · | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | | oyer (See Instruction | s) |
| Owner | • | | C | apra & Cavelli | |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | | | |
|---|---------------------------------------|-----------------|-------|--------------------------------|-------------------------------|--|--|
| 2. FILER NAME | Stephen Adler | | | , | 3. ACCOUNT # (Et | hics Commission Filers) | |
| 4. Date | 5. Full name of contributor | out-of-state PA | ·c | | 7. Amount of | 8. In-kind contribution | |
| 10/14/2014 | Michael Frost | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City Sta | te ZI | P Code | \$350.00 | · | |
| | 2311 N River Hills Rd Austin, TX 787 | 33-2130 | | | | | |
| | | | | | (if travel outside o | Texas, complete Śchedule T) | |
| 9. Principal occup | pation / Job title (See Instructions) | | | , | oyer (See Instruction: | ' | |
| Board of Trus | stees | | | E | anes Independent Scho | ol District | |
| 4. Date | Full name of contributor | out-of-state PA | 'C | | 7. Amount of | In-kind contribution description (if applicable) | |
| 10/14/2014. | Terri Frost | | | | contribution \$350.00 | description (if applicable) | |
| | Contributor address: | City Sta | te ZI | P Code | \$330.00 | | |
| | 2311 N River Hills Rd Austin, TX 787 | 33-2130 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occup | pation / Job title (See Instructions) | | | 10 Emplo | 0 Employer (See Instructions) | | |
| Realtor | | | | So | otheby's International I | Realty Austin | |
| 4. Date | 5. Full name of contributor | out-of-state PA | .c | | 7. Amount of | 8. In-kind contribution | |
| 10/06/2014 | Harish Gagneja | | | | contribution | description (if applicable) | |
| | Contributor address: | City Sta | te Zi | P Code | \$250.00 | | |
| | 124 Brandon Way Austin, TX 78733-3 | 238 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occup | pation / Job title (See Instructions) | | | 10 Emplo | oyer (See Instruction | s) | |
| Physician | | | | S1 | t. Davids | | |
| 4. Date | 5. Full name of contributor | out-of-state P/ | \С | | 7. Amount of | 8. In-kind contribution | |
| 10/01/2014 | Richard J Ganem | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City Sta | te ZI | P Code | \$350.00 | | |
| , | 101 Colorado St Apt 2507 Austin, TX | 78701-4214 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occup | pation / Job title (See Instructions) | | | 10 Emplo | oyer (See Instruction | s) | |
| President | | | | A | ustin Phoenix Resourc | es, LLC | |

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SCHEDULE A

| The I | nstruction Guide explains how to complete | Total pages Schedule A. 93 | | | |
|--------------------|--|--------------------------------|----------|-----------------------|---------------------------------------|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor out-of-st | ate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/02/2014 | Andy Garbe | | • | contribution | description (if applicable) |
| | 6. Contributor address: City | State Z | IP Code | \$100.00 | |
| | 1211 Blair Way Austin TX Austin, TX 78704- | 5571 | | | |
| · | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor out-of-st | ate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Margaret Garcia | • | | contribution | description (if applicable) |
| | 6. Contributor address: City | State Z | IP Code | \$350.00 | · · |
| | 1613 Preston Ave Austin, TX 78703-1905 | | | | , |
| | , | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Sales Directo | г | | Pr | raxair | |
| 4. Date | 5. Full name of contributorout-of-st | ate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/08/2014 | Glenn Garland | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State Z | IP Code | \$350.00 | · . |
| | 4920 Barclay Heights Ct Austin, TX 78746-730 | 01 | • | | |
| | | 2. | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | ; | 10 Emplo | oyer (See Instruction | s) |
| Consulting | · | | С | LEAResult, Inc. | |
| 4. Date | 5. Full name of contributorout-of-st | ate PAC | | 7. Amount of | 8. In-kind contribution |
| 09/30/2014 | Marcy L. Garriott | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State Z | IP Code | \$350.00 | |
| | 7220 Cielo Azul Pass Austin, TX 78732-1645 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emple | oyer (See Instruction | s) |
| Documentary | Filmmaker | | S | elf ' | |

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SCHEDULE A

| The | Instruction Guide explains how to | complete this form | 1. | 1. Total pages Sch | edule A: |
|-------------------|--------------------------------------|--------------------|----------|-----------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/18/2014 | Edward Garris | | | contribution | description (if applicable) |
| | Contributor address: | City State | ZIP Code | \$25.00 | |
| | 2004 E 9th St Unit A Austin, TX 78 | 702-3438 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/20/2014 | Jesus Garza | | | contribution | description (if applicable) |
| · | 6. Contributor address: | City State | ZIP Code | \$150.00 | |
| | 5904 Quernus Cv Austin, TX 78735 | 5-5402 | , | | |
| - | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | 10 Empl | oyer (See Instruction | s) , |
| 4. Date | Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/20/2014 | Quen Garza | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$150.00 | |
| | 5904 Quernus Cv Austin, TX 78735 | 5-5402 | | | |
| - | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | 10 Empl | over (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Craig Gatewood | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$250.00 | |
| , | 2116 Kahala Sunset Dr Austin, TX | 78723 | | | |
| | | | • | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | .) | 10 Empl | oyer (See Instruction | s) |
| Restauranteu | r | • | S | elf | • |

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SCHEDULE A

| The I | Instruction Guide explains how to complete this form. | Total pages Schedule A: 93 | |
|---------------------------|---|--------------------------------|---|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Ethics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/25/2014 | Jaya K George-Abraham | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$50.00 |
| | 7011 Creighton Ln Austin, TX 78723-1537 | | |
| | | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instructions) |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/14/2014 | Bhala Ghatate | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 |
| | 1250 S Capital Of Texas Hwy West Lake Hills, TX 78746 | -6446 | |
| , | | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) |
| Founder | | D | aman Consulting |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 09/30/2014 | Thomas Gilliland | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 |
| | 2330 W North Loop Blvd Austin, TX 78756-2360 | | |
| | | | (if travel outside of Texas, complete Schedule T) |
| Principal occur Owner | pation / Job title (See Instructions) | | oyer (See Instructions) onda San Miguel |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/21/2014 | Ivan Giraldo | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 |
| | 70 Twin Ridge Pkwy Round Rock, TX 78664-9603 | | |
| | | 1 | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) |
| Owner | <u> </u> | C | lean Scapes, LP |

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SCHEDULE A

| The I | nstruction Guide explains how to | complete this form | ١. | | Total pages Sche 93 | edule A: |
|--------------------|--------------------------------------|--------------------|---------|----------|--------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | | | hics Commission Filers) |
| 4. Date | 5. Full name of contributor. | out-of-state PAC | | * | 7. Amount of | 8. In-kind contribution |
| 10/21/2014 | Mary Giraldo | | | | contribution | description (if applicable) |
| | Contributor address: | City State | ZIP | Code | \$350.00 | |
| | 70 Twin Ridge Pkwy Round Rock, | TX 78664-9603 | | | ٠ . | |
| | | | | | (if travel outside o | Texas, complete Schedule Ţ) |
| 9. Principal occup | pation / Job title (See Instructions |) | 1 | 0 Emplo | yer (See Instruction | 5) |
| Homemaker | | · | | N | one | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | | 7. Amount of | 8. In-kind contribution |
| 10/22/2014 | Charles Girard | | | | contribution \$100.00 | description (if applicable) |
| | 6. Contributor address: | City State | ZIP | Code | \$100.00 | * * |
| | 300 Bowie St Apt 1704 Austin, TX | 78703-4614 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions | ;) | 1 | 0 Emplo | yer (See Instruction | s) |
| | | | | | · <u>V</u> | · |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | | 7. Amount of | 8. In-kind contribution |
| 10/19/2014 | Shelby Goodrum | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP | Code | \$200.00 | |
| | 1212 Grosvener Ct Austin, TX 7874 | 46-6856 | | | | |
| | | ÷ | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 3) | 1 | IO Emplo | yer (See Instruction | s) |
| Community \ | Volunteer | | \perp | Se | elf | · |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | | 7. Amount of | 8. In-kind contribution |
| 10/22/2014 | Richard Gorelick | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP | Code | \$1,75.00 | |
| | 4503 Eby Ln Austin, TX 78731-450 | 04 | | | | |
| | · |) To e | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 3) | 1 | 10 Empl | oyer (See Instruction | s) |
| | | | | | | .• |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | | | |
|---|--|-------------|-------------|--------------------------------|------------------------------------|-----------------------------|--|
| 2. FILER NAME | Stephen Adler | | - | | 3. ACCOUNT#(Et | hics Commission Filers) | |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/22/2014 | , Virginia Gorelick | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | Ċity | State | ZIP Code | \$175.00 | | |
| | 4502 Eby Ln Austin, TX 78731-45 | 528 | | | | • | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Empl | 10 Employer (See Instructions) | | |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/14/2014 | Dirk Gosda | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | | |
| | 200 Congress Ave Ste 32SE Austi | n, TX 78701 | -4527 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| Principal occu Senior Vice I | pation / Job title (See Instruction President | s) | | 1 | oyer (See Instruction rookfield | s) | |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/14/2014 | Laurie Gosda | | | | contribution \$350.00 | description (if applicable) | |
| , | 6. Contributor address: | City | State | ZIP Code | \$330.00 | | |
| | 200 Congress Ave Ste 32SE Austi | n, TX 78701 | 1-4527 | | · | | |
| | | | | â | (if travel outside o | Texas, complete Schedule T) | |
| Principal occu Golfer | pation / Job title (See Instruction | is) | | 1 | oyer (See Instruction elf | s) . | |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC | · | 7. Amount of | 8. In-kind contribution | |
| 10/24/2014 | Michael Gostein | | | | contribution \$100.00 | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | · | |
| | 8111 Greenslope Dr Austin, TX 78 | 8759-8731 | | | | | |
| <u> </u> | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instruction | ns) | | 10 Empl | oyer (See Instruction | s) | |

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SCHEDULE A

| The I | Instruction Guide explains how to complete this form. | | 1. Total pages Sche | Total pages Schedule A: 93 | |
|--------------------|---|----------|---------------------------|--|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) | |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/05/2014 | Grant Gottesman | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | | |
| | 201 Lavaca St Austin, TX 78701-3960 | | | | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occup | pation / Job title (See Instructions) | | oloyer (See Instruction | s) | |
| Real Estate | • | | GMG Ventures, LLC | | |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of contribution | In-kind contribution description (if applicable) | |
| 10/25/2014 | Benjamin Graham | | \$25.00 | idescription (ii applicable) | |
| | 6. Contributor address: City State | ZIP Code | 323.00 | | |
| | 1109 Hermitage Dr Austin, TX 78753-5836 | | | | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emp | oloyer (See Instruction | s) | |
| | | | | | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/16/2014 | Elizabeth Granger | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | | |
| · | 1609 Shoal Creek Blvd Ste 301 Austin, TX 78701-1064 | | | , , | |
| | | ** | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occur | pation / Job title (See Instructions) | 10 Em | oloyer (See Instruction | s) | |
| Investor | | | Self | | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/16/2014 | Louis Granger | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | | |
| | 101 Colorado St Apt 1402 Austin, TX 78701-4106 | | | | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Em | oloyer (See Instruction | s) | |
| Financial Con | nsultant | | Stephens, Inc. | | |

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SCHEDULE A

| The | nstruction Guide explains how to complete this form | | Total pages School 93 | edule A: |
|--------------------|---|----------|---------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/16/2014 | Tom Granger | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | |
| | 1609 Shoal Creek Blvd Ste 301 Austin, TX 78701-1064 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| Certified Pub | lic Accountant | M | lidwikis & Granger, P. | C |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/07/2014 | Joseph Grasso | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350,00 | |
| | 7308 Roaring Springs Dr Austin, TX 78736-3319 | | , | |
| | | | (if travel outside o | Texas; complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | yer (See Instruction | <u> </u> |
| Engineer | | D | oucet & Associates, In | c. |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/07/2014 | Paula Grasso | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | <i>y</i> |
| | 7308 Roaring Springs Dr Austin, TX 78736-3319 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occur | pation / Job title (See Instructions) | 10 Emple | oyer (See Instruction | 1 |
| Homemaker | | | one | |
| 4. Date | 5. Full name of contributor out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Wade Green | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$50.00 | |
| | 1712 Lakeshore Dr Ste B Austin, TX 78746-3714 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emple | oyer (See Instruction | <u> </u> |
| | | | | |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | |
|---|--|-------------------|------------|--------------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/22/2014 | Brad B Greenblum | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | e ZIP Code | \$100.00 | , |
| 1, | 3345 Bee Caves Rd Ste 208 West L | ake Hills, TX 787 | 46-6766 | | |
| | | | • | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | · · | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | ; | 7. Amount of | 8. In-kind contribution |
| 10/02/2014 | Paula Greenfield (Burns) | _ | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | zIP Code | \$350.00 | |
| | 801 W 5th St Ste 100 Austin, TX 78 | 3703-5405 | • | | , |
| | oor waste of the state of the s | 3,03 3,03 | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | lpation / Job title (See Instructions | 3) | 10 Empl | oyer (See Instruction | · |
| Chief Financ | , | , | Ĺ | irbanspace, LLP | • |
| 4. Date | 5. Full name of contributor | out-of-state PAC | ; | 7. Amount of | 8. In-kind contribution |
| 10/07/2014 | Maureen Greenwood | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | zIP Code | \$350.00 | |
| | 311 W 5th St Number 502 Austin, | ΓX 78701-2997 | | | |
| - | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 3) | 10 Empi | oyer (See Instruction | s) |
| Travel Advis | sor | | | Departure Lounge | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | · | 7. Amount of | 8. In-kind contribution |
| 10/20/2014 | Robert Greenwood | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | e ZIP Code | \$100.00 | |
| | 3901 C Belmont Park Austin, TX 7 | 8746 | | | |
| | | | ţ | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) | 10 Empl | oyer (See Instruction | es) |
| | | | | | |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | |
|---|--|------|----------|--------------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PA | c | - | 7. Amount of | 8. In-kind contribution |
| 09/26/2014 | Brian Greig | | | contribution | description (if applicable) |
| | 6. Contributor address: City Stat | e ZI | P Code | \$200.00 | |
| | 2415 Pemberton Pl Austin, TX 78703-2524 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | | oyer (See Instruction | s) |
| Attorney | · · · · · · · · · · · · · · · · · · · | | N | orton Rose Fulbright | |
| 4. Date | 5. Full name of contributorout-of-state PA | c | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Michael Griffin | | | contribution \$50.00 | description (if applicable) |
| | 6. Contributor address: City Stat | e ZI | P Code | \$30.00 | , |
| | 1504 Travis Heights Blvd Austin, TX 78704-3120 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor out-of-state PA | c | | 7. Amount of | 8. In-kind contribution |
| 10/20/2014 | Chris Grigassy | | | contribution | description (if applicable) |
| | 6. Contributor address: City Stat | e Zl | P Code | \$5.00 | · |
| | 2304 Riverside Farms Rd Austin, TX 78741-5334 | | | | |
| | \ \ \ | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | • | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributorout-of-state PA | c | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Karen E. Gross | | | contribution | description (if applicable) |
| | 6. Contributor address: City Stat | e Z | P Code | \$100.00 | |
| | 2015 Riverview St Austin, TX 78702-5528 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Empl | oyer (See Instruction | s) |

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SCHEDULE A

| The | Instruction Guide explains how to | complete this for | m. | Total pages School 93 | edule A: |
|--------------------------------|--|---------------------------------------|-------------|-------------------------------|-----------------------------|
| 2. ∤FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Karen E. Gross | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$50.00 | · |
| | 2015 Riverview St Austin, TX 7870 | 02-5528 | | | , |
| | · | | | *`(if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) | 10 Emple | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Nancy Gurasich | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$250.00 | |
| | 3908 Gyrfalcon Cv Austin, TX 787 | 38-6540 | 5.4 | | * |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) | 10 Empl | oyer (See Instruction | s) |
| Homemaker | | | N | one | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | · · · | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Steve Gurasich | * * * * * * * * * * * * * * * * * * * | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$250.00 | • |
| | 3908 Gyrfalcon Cv Austin, TX 787 | 38-6540 | | | |
| | , | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occu Vice Chairm | pation / Job title (See Instructions an | s) | | oyer (See Instruction SD&M | S) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/29/2014 | Jody L Hagemann | | | contribution | description (if applicable) |
| . ' | 6. Contributor address: | City State | ZIP Code | \$200.00 | |
| | 1808 Barton Pkwy Austin, TX 787 | 04-3210 | | ş., Ş. | |
| | ٠. دا | | , | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction: | s) | · · · · · · | oyer (See Instruction | s) |
| Attorney | | | S | elf | |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | 1. Total pages Schedule A: 93 | | |
|---|---------------------------------------|-----------|-----------|-------------------------------|---------------------------|---|
| 2. FILER NAMI | E Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-st | ate PAC _ | - | 7. Amount of | 8. In-kind contribution |
| 09/26/2014 | Jean Haggerty | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 2003 Lakeshore Dr Austin, TX 78 | 746-2906 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | cupation / Job title (See Instruction | ns) | | | oyer (See Instruction | s) |
| Restaurant | eur | | | C | umulus Inc. | |
| 4. Date | 5. Full name of contributor | out-of-st | ate PAC _ | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 09/26/2014 | Mike Haggerty | | | | \$350.00 | \ \ |
| | 6. Contributor address: | City | State | ZIP Code | | |
| , | 2003 Lakeshore Dr Austin, TX 78 | 746-2906 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| | cupation / Job title (See Instruction | ns) | | 1 | oyer (See Instruction | s> |
| Restaurant | cur | | | C | umulus Inc. | · |
| 4. Date | 5. Full name of contributor | out-of-st | ate PAC _ | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/17/2014 | Michele Hake | | | | \$50.00 | decomplian (ii applicable) |
| | 6. Contributor address: | City | State | ZIP Code | : | |
| | 12702 Foxhound Cv Austin, TX 7 | 8729-7235 | | | | |
| | | | • | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | cupation / Job title (See Instruction | ns) | | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-st | ate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/17/2014 | Steven R Hake | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$50.00 | |
| | 12702 Foxhound Cv Austin, TX 7 | 8729-7235 | | | | , |
| | · . | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | cupation / Job title (See Instruction | ns) | | 10 Empl | oyer (See Instruction | is) |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | |
|---|---|-----|---------|--------------------------------|---|
| 2. FILER NAME | Stephen Adler | | • | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | Full name of contributorout-of-state PAC | | | 7. Amount of | 8. In-kind contribution |
| 10/05/2014 | James Halbrook | | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP | Code | \$350.00 | |
| | PO Box 17142 Austin, TX 78760-7142 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 1 | 0 Emplo | oyer (See Instruction | s) . |
| Media | | | С | ity of Austin | |
| 4. Date | 5. Full name of contributor out-of-state PAC | | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/06/2014 | Kerry Hall | | | \$350.00 | , |
| | 6. Contributor address: City State | ZIP | Code | | · |
| | 98 San Jacinto Blvd Ste 200 Austin, TX 78701-4082 | | ٠ | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 1 | • | oyer (See Instruction | s) |
| President | J | | Т | exas Capital Bank | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | | 7. Amount of | 8. In-kind contribution |
| 09/28/2014 | David Hampton | | | contribution \$200.00 | description (if applicable) |
| | 6. Contributor address: City State | ΖIP | Code | , \$200.00 | |
| | 2508 Indian Trl Austin, TX 78703-2340 | | | | 1 |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 1 | 0 Empl | oyer (See Instruction | s) |
| Telecommun | ications Software | | M | 187 | · |
| 4. Date | Full name of contributorout-of-state PAC | | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/14/2014 | Edward J Hanslik | | | \$100.00 | description (if applicable) |
| | 6. Contributor address: City State | ZIP | Code | . 4100.00 | |
| | 5800 Kentucky Derby Austin, TX 78746-1140 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 1 | 0 Empl | oyer (See Instruction | s) |
| Retired | | | N | lone | |

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SCHEDULE A

| The | Instruction Guide explains how to complete this form. | Total pages Schedule A: 93 | | |
|---|--|--------------------------------|---|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date 10/17/2014 9. Principal occupations Retired 4. Date | 5800 Kentucky Derby Austin, TX 78746-1140 pation / Job title (See Instructions) | 1 | 7. Amount of contribution \$250.00 (if travel outside oper (See Instruction one | In-kind contribution description (if applicable) Texas, complete Schedule T) s) 8. In-kind contribution |
| 10/15/2014 | Bryan Hardeman | IP Code | contribution \$350.00 | description (if applicable) Texas, complete Schedule ⊤) |
| Retired | | N | one | |
| 4. Date 10/15/2014 | 5. Full name of contributorout-of-state PAC Genny Hardeman 6. Contributor address: City State Z 2101 Matthews Dr Austin, TX 78703-2017 | IP Code | 7 Amount of contribution \$350.00 (if travel outside o | In-kind contribution description (if applicable) Texas, complete Schedule T) |
| Principal occur Car Dealer | pation / Job title (See Instructions) | | oyer (See Instruction ontinental Automotive | |
| 4. Date 10/17/2014 | 5. Full name of contributor Joy Hardeman 6. Contributor address: City State Z 3610 Bridle Path b Austin, TX 78703-2647 | IP Code | 7. Amount of contribution \$350.00 | In-kind contribution description (if applicable) Texas, complete Schedule T) |
| Principal occu Owner | pation / Job title (See Instructions) | 1 | oyer (See Instruction ontinental Automotive | the state of the s |

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SCHEDULE A

| The | Instruction Guide explains how to complete this fo | orm _. | 1. Total pages Sch | Total pages Schedule A: 93 | |
|-------------------|--|-------------------------|-------------------------|--------------------------------|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | thics Commission Filers) | |
| 4. Date | 5. Full name of contributorout-of-state PAG | | 7. Amount of | 8. In-kind contribution | |
| 10/15/2014 | Rebecca Hardeman | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | e ZIP Code | \$350.00 | | |
| | 6757 Airport Blvd Austin, TX 78752-3602 | | | | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emp | loyer (See Instruction | s) . | |
| Homemaker | | | None | | |
| 4. Date | 5. Full name of contributorout-of-state PAG | ; | 7. Amount of | 8. In-kind contribution | |
| 10/14/2014 | Michael Hartman | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ziP Code | \$50.00 | · | |
| | 7809 Lazy Ln Austin, TX 78757 | • | | | |
| | · | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emp | loyer (See Instruction | is) | |
| | • | | | | |
| 4. Date | Full name of contributorout-of-state PAG | > | 7. Amount of | 8. In-kind contribution | |
| 10/02/2014 | Julie D Hastings | | contribution | description (if applicable) | |
| | 6. Contributor address: City Stat | ziP Code | \$250.00 | | |
| | 602 Palo Alto Ln Cedar Park, TX 78613-2941 | | | | |
| , | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emp | oloyer (See Instruction | | |
| Department l | Manager | | Cobb, Fendley & Assoc | iates | |
| 4. Date | 5. Full name of contributorout-of-state PA | · | 7. Amount of | 8. In-kind contribution | |
| 10/07/2014 | Matt Hawkins | | contribution | description (if applicable) | |
| | 6. Contributor address: City Stat | e ¹ ZIP Code | \$100.00 | | |
| | 4506 Adelphí Ln Austin, TX 78727-5200 | | | | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emp | oloyer (See Instruction | ns) | |
| | | | | | |

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SCHEDULE A

| The I | Instruction Guide explains how to | complete | e this form | | Total pages Schedule A: 93 | |
|--------------------------------|--|----------|-------------|----------|--------------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | - | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor - | out-of- | state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Jason Hawn | • | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | |
| | 4517 Rosedale Ave Austin, TX 78 | 756-3027 | | | | • |
| | | | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instruction | S) | | 10 Empl | oyer (See Instruction | 5) |
| 4. Date | 5. Full name of contributor | out-of- | state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Bill Head | | | | contribution | description (if applicable) |
| • | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| · | • 1104 Enfield Rd Austin, TX 78703 | -4128 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occup Retired | pation / Job title (See Instruction | s) | | | oyer (See Instruction ione | 5) |
| 4. Date | 5. Full name of contributor | out-af- | state PAC | | 7. Amount of | In-kind contribution |
| 10/04/2014 | Christopher H. Heidrick | | | • | contribution | description (if applicable) |
| | 6. Contributor address: | . City | State | ZIP Code | \$350.00 | |
| | 3511 Fawn Trl Austin, TX 78746- | 1463 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occul Contractor | pation / Job title (See Instruction ; | s) | _ | | oyer (See Instruction elf | s) |
| 4. Date | 5. Full name of contributor | out-of- | state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Laura N Hernandez | | | | contribution | description (if applicable) |
| | | City | State | ZIP Code | \$5.00 | |
| | 6. Contributor address: | Oity | | | | |
| | 6. Contributor address: 2408 Manor Rd 108 Austin, TX 78 | , | | | * | |
| | | , | | | (if travel outside o | Texas, complete Schedule T) |

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

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SCHEDULE A

| The I | nstruction Guide explains how to complete this form | ۱. | Total pages Schedule A: 93 | |
|--------------------|---|----------|--|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Ethics Commission Filers) | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution | |
| 10/08/2014 | Connie Heyer | | contribution description (if applicable) | |
| . ' | 6. Contributor address: City State | ZIP Code | \$350.00 | |
| | 3205 Greenice Dr Austin, TX 78703-1621 | | | |
| <i>(</i> | . • | | (if travel outside of Texas, complete Schedule T) | |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Empi | oyer (See Instructions) | |
| Attorney | | , S | elf | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution description (if applicable) | |
| 10/22/2014 | Gayle Hight | • | \$25.00 | |
| | 6. Contributor address: City State | ZIP Code | 923.00 | |
| | 3904 Rockledge Dr Austin, TX 78731-2922 | | | |
| , | | | (if travel outside of Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution | |
| 10/24/2014 | John L. Hildreth | | contribution description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$100.00 | |
| | 1801 Lavaca St Apt 12C Austin, TX 78701-1331 | | | |
| | | | (if travel outside of Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) | |
| 4. Date | Full name of contributor | | 7. Amount of 8. In-kind contribution | |
| 10/15/2014 | Christopher Hill | | contribution description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | |
| | 2101 Matthews Dr Austin, TX 78703-2017 | | | |
| ` | | • | (if travel outside of Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) | |
| None | | N | lone | |

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P.O. Box 12070

SCHEDULE A

| The | Instruction Guide explains how t | o complete | this form | , | Total pages Schedule A: 93 | | |
|------------------------------|-------------------------------------|--------------|-------------|----------|--------------------------------|-----------------------------|--|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) | |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/22/2014 | Bryant Hilton | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | | |
| | 1405 S 6th St Austin, TX 78704-23 | 323 | • . | | | | |
| · | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Emplo | oyer (See Instruction | s) | |
| 4. Date | 5. Full name of contributor | out-of- | state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/25/2014 | Aaron Hodinh | | | | contribution \$50.00 | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$30.00 | | |
| | 1900 Scofield Ridge Pkwy Apt 29 | 01 Austin, T | rx 78727- | 1611 | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| Principal occu | pation / Job title (See Instruction | is) | | 10 Empl | oyer (See Instruction | s) | |
| 4. Date | 5. Full name of contributor | out-of- | state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/25/2014 | Tina Holder | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | | |
| • . | 4604 Island Cv Austin, TX 78731- | 5143` | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu Retired | pation / Job title (See Instruction | rš) | | | oyer (See Instruction lone | s> | |
| 4. Date | 5. Full name of contributor | out-of- | state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/25/2014 | Chi-Hsiung Hsu | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$150.00 | , | |
| · | 10925 Cap Stone Dr Austin, TX 7 | 8739-2224 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instruction | ıs) | | 10 Empl | oyer (See Instruction | s) | |

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

Revised 04/19/2013

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | | Total pages Schedule A: 93 | |
|---|---------------------------------------|-----------|-----------|----------|--------------------------------|--|
| 2. FILER NAME Stephen Adler | | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5: Full name of contributor | out-of-st | ate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Chi-kao Hsu | | | | contribution \$350.00 | description (if applicable) |
| - | 6. Contributor address: | City | State | ZIP Code | \$330.00 | |
| | 9900 Sausalito Dr Austin, TX 78759 | -6104 | | , | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| l ' | pation / Job title (See Instructions) |) | | · · | oyer (See Instruction | • |
| Vice-Presider | nt Engineering | | | SI | EFBO Pipeline Bridge | , Inc. |
| 4. Date | 5. Full name of contributor | out-of-st | ate PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/25/2014 | Chiung-Yu Hsu | | | | \$150.00 | Coosi, prom (in approcess) |
| | Contributor address: | City | State | ZIP Code | | |
| | 10925 Cap Stone Dr Austin, TX 787 | 39-2224 | | | | |
| 4 ` | • | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occuj | pation / Job title (See Instructions) |) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-st | ate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Po-Hsun Hsu | | * | | contribution | description (if applicable) |
| · | Contributor address: | City | State | ZIP Code | \$150.00 | |
| | 1702 Shag Bark Trl Austin, TX 7875 | 58-2627 | | · | | ! |
| | • | | | • | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) |) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | Out-of-st | ate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Shing-Chien Hsu | | _ | | contribution | description (if applicable) |
| | .6. Contributor address: | City | State | ZIP Code | \$150.00 | |
| | 1702 Shag Bark Trl Austin, TX 7875 | 58-2627 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) |) | • | 10 Emplo | oyer (See Instruction | s) |
| L | | | | | | |

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P.O. Box 12070

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | | Total pages Schedule A: 93 | |
|---|--------------------------------------|-------------|---------|----------|--------------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT#(Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-stat | e PAÇ: | | 7. Amount of | 8. In-kind contribution |
| 10/10/2014 | Brian Huber | | | | | description (if applicable) |
| | 6. Contributor address: | City | State 2 | ZIP Code | ` \$350.00 | · |
| | 2900 Round Table Rd Austin, TX 7 | 8746-1825 | | | | ! |
| | | | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | | 10 Emplo | yer (See Instruction | s) . |
| Managing Di | rector | | | R | GM Advisors LLC | |
| 4. Date | 5. Full name of contributor | out-of-stat | te PAC | | 7. Amount of | 8. In-kind contribution |
| 10/09/2014 | David Huffstutler | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State 2 | ZIP Code | \$350.00 | |
| • | 3005 Bowman Ave Austin, TX 7870 | 03-2251 | | | | |
| | | | | | (if travel outside or | Texas, complete Schedule T) |
| , | pation / Job title (See Instructions |) | | 10 Emplo | yer (See Instruction | s) |
| Chief Execut | ive Officer | | | St | Davids Medical Cente | er . |
| 4. Date | 5. Full name of contributor | out-of-stat | te PAC | | | 8. In-kind contribution |
| 10/07/2014 | Peter A Inman | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$200.00 | |
| | 6000 Highlandale Dr Austin, TX 78 | 731-4004 | | | · | ; · |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | | 10 Emplo | yer (See Instruction | s) |
| Executive | | | | C | hrist Together Greater | Austin . |
| 4. Date | 5. Full name of contributor | out-of-stat | le PAC | | | 8. In-kind contribution |
| 10/12/2014 | Jim M Innes | | | | | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | |
| | PO Box 162124 Austin, TX 78716-: | 2124 | | | | , |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) . | | 10 Emplo | yer (See Instruction | s) |
| | | | | 1 | | |

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SCHEDULE A

| The I | nstruction Guide explains how to co | omplete this form. | - | Total pages School 93 | edule A: |
|----------------------------------|--|---------------------|----------|---------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/20/2014 | Paul Isham | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | |
| | 300 Bowie St Apt 1205 Austin, TX 78 | 703-4613 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | - | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | · •· | 7. Amount of | 8. In-kind contribution |
| 10/21/2014 | Matthew Jachimiak | _ | | contribution | description (if applicable) |
| | Contributor address: | City State | ZIP Code | \$250.00 | |
| 7 | | • | 211 0000 | | |
| | 10909 Cusseta Ln Austin, TX 78739-2 | .074 | | | |
| O. Deinsing! | anting () lab title (Con legtwestings) | • | 40 Empl | oyer (See Instruction | Texas, complete Schedule T) |
| 9. Principal occup Chief Investo | pation / Job title (See Instructions) | | 1, | urbin Bennett | 5) |
| 4. Date | | 7 | | 7. Amount of | 8. In-kind contribution |
| | _ | _out-of-state PAC _ | | contribution | description (if applicable) |
| 10/12/2014 | Tim Jarvis | | | \$100.00 | |
| | 6. Contributor address: | City State | ZIP Code | | |
| | 3301 Bridle Path Austin, TX 78703-27 | 711 | | | |
| , | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/07/2014 | Debbie S Johnson | - | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | |
| | 1200 Barton Creek Blvd Apt 7 Austin, | TX 78735-1608 | | 1 | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | · | 10 Empl | oyer (See Instruction | s) |
| | • | , | 1 | | |

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SCHEDULE A

| The I | The Instruction Guide explains how to complete this form. | | | | | Total pages Schedule A: 93 | |
|------------------------------|---|-------------|---------|----------|--|-----------------------------------|--|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT#(Et | hics Commission Filers) | |
| 4. Date | 5. Full name of contributor | out-of-stat | e PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/24/2014 | Lance Johnson | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$25.00 | | |
| | 15521 Gustine Cv Austin, TX 78717 | 7-5424 | | | | | |
| | | | | | (if travel outside of | Texas, complete Schedule T) | |
| 9. Principal occuj | pation / Job title (See Instructions) |) | | 10 Emplo | oyer (See Instruction | s) | |
| 4. Date | 5. Full name of contributor | out-of-stat | e PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/07/2014 | Matt Jones | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | | |
| | 1302 Garner Ave Austin, TX 78704 | -2845 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occup | pation / Job title (See Instructions) |) ' | | 10 Emplo | oyer (See Instruction | s) | |
| Co-Owner | <u></u> , | | | G | ossett Jones Homes, In | c. | |
| 4. Date | 5. Full name of contributor | out-of-stat | le PAC | | 7. Amount of contribution | 8. In-kind contribution | |
| 10/25/2014 | Robert Jones | | | | \$347.00 | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$347.00 | , | |
| | 5508 Nelson Oaks Dr Austin, TX 78 | 3724-7237 | | | | | |
| | · | | | | (if travel outside o | Texas, complete Schedule T) | |
| Principal occup Director | pation / Job title (See Instructions |) | | 1 | oyer (See Instruction nvironmental Defense | · | |
| 4. Dațe | 5. Full name of contributor | out-of-stat | te PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/17/2014 | Scott Joslove | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$150.00 | | |
| | 2308 Clearview Ave. Austín, TX 78 | 703 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions |) | e. | 10 Empl | oyer (See Instruction | s) | |
| | | | | | | | |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages School 93 | edule A: |
|---|---|-------------------|--|---|--|
| 2. FILER NAME | Stephen Adler | | ************************************** | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date 10/06/2014 9. Principal occu 4. Date 09/26/2014 | Jo Kallison 6. Contributor address: Cit 2002 Port Royal Dr Austin, TX 78746-72 pation / Job title (See Instructions) 5. Full name of contributor | • | ZIP Code | 7. Amount of contribution \$100.00 (if travel outside or over (See Instruction 7. Amount of contribution | 8. In-kind contribution description (if applicable) Texas, complete Schedule T) s) 8. In-kind contribution description (if applicable) |
| 9. Principal occu | Jannette Keating 6. Contributor address: Cit 2900 Westlake Cv Austin, TX 78746-196 pation / Job title (See Instructions) | • | 1 ' | (if travel outside o | Texas, complete Schedule T) |
| Volunteer 4. Date 09/29/2014 9. Principal occu | 5. Full name of contributor Bill Keenan 6. Contributor address: Cit 1209 Wilderness Austin, TX 78746 pation / Job title (See Instructions) | ut-of-state PAC _ | ZIP Code | 7. Amount of contribution \$100.00 | 8. In-kind contribution description (if applicable) Texas, complete Schedule T) |
| | , | | <u> </u> | | 1 |
| 4. Date 09/30/2014 | David Kendrick 6. Contributor address: Cit 7209 Lamplight Ln Austin, TX 78731-21 | • | ZIP Code | | In-kind contribution description (if applicable) Texas, complete Schedule T) |
| Principal occu Professor | pation / Job title (See Instructions) | | 1 | oyer (See Instruction Iniversity of Texas | s) |

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SCHEDULE A

| The I | nstruction Guide explains how to | complete | this form | | Total pages Schedule A: 93 | |
|--------------------|--------------------------------------|-------------|------------|----------|--------------------------------|---|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | aut-of-st | ate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Marti Kennedy | _ | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$25.00 | , |
| | 8791 Bluffstone CV APT 9301 Aust | tin, TX 787 | 59-7800 | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions |) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-st | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/09/2014 | Mark Kincaid | _ | - | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 3302 Glen Rose Dr Austin, TX 7873 | 31-5228 | | | | í |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions |) | | 10 Emplo | yer (See Instruction | s) . |
| Attorney | ١ | • | | G | eorge Brothers Kincaid | d & Horton LLP |
| 4. Date | 5. Full name of contributor | out-of-st | tate PAC _ | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/13/2014 | David King | | | | \$100.00 | |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 |) |
| | 1808 Kerr Ave Austin, TX 78704-14 | 429 | | | | , |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | , | 10 Emplo | oyer (See Instruction | S) |
| 4. Date | 5. Full name of contributor | out-of-st | tate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | David King | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$50.00 | |
| · | 1808 Kerr Ave Austin, TX 78704-14 | 429 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | | 10 Emplo | oyer (See Instruction | S) |
| | | | | | | |

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SCHEDULE A

| The | Instruction Guide explains how to complete this form. | | Total pages Schedule A: 93 | |
|-----------------------------------|---|----------|--------------------------------|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | Full name of contributorcut-of-state PAC | | 7. Amount of | In-kind contribution |
| 10/06/2014 | Frank King | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$250.00 | |
| - | 24 Pascal Ln Austin, TX 78746-3203 | | | · |
| - | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occur | pation / Job title (See Instructions) | 10 Emple | oyer (See Instruction | s) |
| iPhone App I | Developer | S | elf | |
| 4. Date | Full name of contributorout-of-state PAC | • | 7. Amount of | 8. In-kind contribution |
| 09/26/2014 | Barbara Knaggs | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | · |
| | 3305 River Rd Austin, TX 78703-1028 | | | |
| | <i>.</i> | · | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |
| Homemaker | | N | one | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/26/2014 | Bart Knaggs | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | |
| | 3305 River Rd Austin, TX 78703-1028 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |
| Investor | | N | ew Waterloo Partners | · · · · · · · · · · · · · · · · · · · |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/06/2014 | Gregg Knaupe | | \$100.00 | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | . \$100.00 | |
| | 800 Westbrook Dr West Lake Hills, TX 78746-5479 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |
| | |] . | | |

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(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | | Total pages School 93 | edule A: |
|---|--------------------------------------|------------|-------------|----------|------------------------------|---|
| 2. FILER NAME | Stephen Adler | | , | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/06/2014 | Tom Knutsen | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$25.00 | |
| | 6803 Lexington Rd Austin, TX 78 | 757-4372 | | | · . | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | upation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Adilya Korekoglu | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$250.00 | |
| , | 611 Fence Post Pass Cedar Park, T | X 78613-73 | 327 | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occi None | upation / Job title (See Instruction | s) | | 1 | oyer (See Instruction one | s) |
| 4. Date | 5. Full name of contributor ` | Out-of-s | state PAC | - | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Turker Korekoglu | | • | | contribution \$250.00 | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$230.00 | |
| | 611 Fence Post Pass Cedar Park, T | X 78613-73 | 327 | | - | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| · · | upation / Job title (See Instruction | s) | | | oyer (See Instruction | |
| Assistant Pr | incipal | | | | armony School of Poli | tical Science North |
| 4. Date | Full name of contributor | out-of- | state PAC | | 7. Amount of | 8. In-kind contribution description (if applicable) |
| 10/03/2014 | Burton J. Kunik | | , | | \$50.00 | Cocompania (iii applicatio) |
| | 6. Contributor address: | City | State | ZIP Code | | |
| | 4905 Tortuga Pl Austin, TX 78731 | -4531 | | | | • |
| | | | • | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occi | upation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | s) |

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SCHEDULE A

| The I | nstruction Guide explains how to com | plete this form. | | 1. Total pages School 93 | edule A: |
|--------------------|---------------------------------------|-------------------|----------|--------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | • | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | ut-of-state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/03/2014 | Mary E Kunik | | | contribution | description (if applicable) |
| | 6. Contributor address: Cit | ty State | ZIP Code | \$50.00 | |
| | 4905 Tortuga Pl Austin, TX 78731-4531 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor o | ut-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Doug Lackey | | | contribution | description (if applicable) |
| | Contributor address: Cit | ty State | ZIP Code | \$250.00 | |
| | 2308 Townes Ln Austin, TX 78703-2332 | | • | - | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | ·· | 10 Emple | oyer (See Instruction | |
| Attorney | | | н | awkins Parnell Thacks | ton & Young |
| 4. Date | 5. Full name of contributoro | ut-of-state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Gita Lal | | | contribution | description (if applicable) |
| | 6. Contributor address: Cit | ty State | ZIP Code | \$350.00 | , |
| | 1250 S Capital Of Texas Hwy Daman We | est Lake Hills, T | TX. | | |
| | 78746-6446 | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occur | pation / Job title (See Instructions) | | 1 ' | oyer (See Instruction | s) |
| Executive | | | D | aman Consulting | |
| 4. Date | 5. Full name of contributor | ut-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Bucky Lamb | | | contribution | description (if applicable) |
| | Contributor address: Cit | ty State | ZIP Code | \$100.00 | |
| | 7808 W Rim Dr Austin, TX 78731-1231 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Empl | oyer (See Instruction | s) |
| | | | | | |

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SCHEDULE A

| The I | nstruction Guide explains how to cor | nplete this form. | | Total pages School 93 | edule A: |
|--------------------|---|--------------------|----------|---------------------------|--|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/26/2014 | Ava Late | | | contribution | description (if applicable) |
| | 6. Contributor address: C | ity State | ZIP Code | \$350.00 | |
| | 7011 McNeil Dr Austin, TX 78729-768 | 7 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | | | yer (See Instruction | s) |
| · Car Dealer | | .= | Lá | ate European | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 09/26/2014 | Steve Late | | | \$350.00 | accomplicit (ii applicable) |
| | Contributor address: Contributor address: | ity State | ZIP Code | \$350.00 | 3 |
| | 7011 McNeil Dr Austin, TX 78729-768 | 7 | | · | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| l '. | pation / Job title (See Instructions) | | | oyer (See Instruction | , and the second |
| Car Dealer | <u></u> | | В | MW and MINI of Aus | tin. |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 09/28/2014 | David A Lawson | | | \$350.00 | description (ii applicable) |
| | 6. Contributor address: C | City State | ZIP Code | \$330.00 | |
| | 4819 N Capital Of Texas Hwy Austin, T | TX 78746-1110 | | | |
| | 3 | | | (if travel outside o | Texas, complete Schedule T) |
| i ' | pation / Job title (See Instructions) | | 1 | oyer (See Instruction | s) |
| Real Estate | | | P. | VA Corp | |
| 4. Date | 5. Full name of contributor | out-of-state PAC _ | | 7. Amount of . | 8. In-kind contribution description (if applicable) |
| 10/14/2014 | Edward Ledesma | | | \$50.00 | description (it applicable) |
| | 6. Contributor address: C | City State | ZIP Code | \$30.00 | |
| | 9508 Altona Way Austin, TX 78717-45 | 93 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

| The I | Instruction Guide explains how to | complete this form | 1. | Total pages School 93 | edule A: |
|--------------------|--------------------------------------|----------------------|----------|---------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Eddy Levy | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$50.00 | , |
| | 800 W 5th St Apt 1203 Austin, TX | 78703-5447 | | | |
| | | | . 9 | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions | 3) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Noa Levy | • | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$50.00 | |
| | 800 W 5th St Apt 1203 Austin, TX | 78703-5447 | | ÷. | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occuj | pation / Job title (See Instructions | 5) | 10 Empl | oyer (See Instruction | s) : |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/07/2014 | Cheryl Lewis | 2 | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$50.00 | |
| • | PO Box 3007 Pflugerville, TX 786 | 91-3007 | | | |
| • | | | | (if.travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions | 3) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/28/2014 | Li Li | | · | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | |
| | 2900 S Lakeline Blvd Unit 411 Ced | dar Park, TX 78613-4 | 752 | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instruction | s) | 10 Empl | oyer (See Instruction | s) |

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P.O. Box 12070

SCHEDULE A

| The I | nstruction Guide explains how to complete this form | | Total pages School 93 | edule A: | |
|--|---|----------|---|---|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) | |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | ; | 7. Amount of contribution | 8. In-kind contribution description (if applicable) | |
| 10/14/2014 | George Lindenberg | | \$350.00 | (ii application) | |
| | 6. Contributor address: City State | ZIP Code | 1 | | |
| | 2137 Rivina Dr Austin, TX 78733-5732 | | · | | |
| | | | | Texas, complete Schedule T) | |
| Principal occup Principal | pation / Job title (See Instructions) | | ployer (See Instruction Clean Scapes, LP | s) | |
| | | | ··· | | |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | • | 7. Amóunt of contribution | 8. In-kind contribution description (if applicable) | |
| 10/14/2014 | Mary Lindenberg | | \$350.00 | , | |
| | 6. Contributor address: City State | ZIP Code | | | |
| 1 | 2137 Rivina Dr Austin, TX 78733-5732 | | | | |
| | | | | Texas, complete Schedule T) | |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emp | Employer (See Instructions) | | |
| Realtor | | | Self-Employed | | |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/14/2014 | Elizabeth Lippincott | | contribution \$100.00 | description (if applicable) | |
| , | 6. Contributor address: City State | ZIP Code | . 3100.00 | | |
| | 1217 Piedmont Ave Austin, TX 78757-1931 | | | | |
| | * | • | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emp | ployer (See Instruction | s) | |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 09/28/2014 | Frances Little | | contribution | description (if applicable) | |
| · | 6. Contributor address: City State | ZIP Code | \$100.00 | 4 | |
| | PO Box 162810 Austin, TX 78716-2810 | | | | |
| | | · | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Em | oloyer (See Instruction | s) | |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | | |
|---|--------------------------------------|-----------|------------|--------------------------------|-----------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-st | ate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 09/28/2014 | Gary Little | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | |
| | PO Box 162810 Austin, TX 78716- | 2810 | | • | | |
| , | | | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions | s) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-st | tate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Joseph Llamas | | | • | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 1503 Ridgecrest Dr Austin, TX 787 | 746-2218 | | | · | , |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) | | 10 Emplo | oyer (See Instruction | s) |
| Real Estate | | | | | enerational Commercia | al Properties Real |
| 4. Date | 5. Full name of contributor | out-of-st | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/20/2014 | James Lockart | | ` | | contribution \$100.00 | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | |
| | 4518 Spanish Oak Trl Austin, TX 7 | 8731-5218 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-st | tate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/06/2014 | Dawn Loewen | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$150.00 | |
| | 3903 Grayson Ln Austin, TX 7872 | 2-1327 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) | , | 10 Empl | oyer (See Instruction | s) |
| | | | | | | • |

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SCHEDULE A

| . The I | Instruction Guide explains how to | complete this | foŗm. | - | Total pages Sche 93 | edule A: |
|-------------------|--------------------------------------|-----------------|---------|----------|---------------------------------------|--|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Eti | nics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state P/ | \С | | | 8. In-kind contribution |
| 10/06/2014 | Robert Loewen | | | | | description (if applicable) |
| | 6. Contributor address: | City Sta | te ZII | Code | \$150.00 | |
| | 3903 Grayson Ln Austin, TX 78722 | 2-1327 | | | | |
| | | | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |)) | | 10 Emplo | oyer (See Instructions | 5) |
| 4. Date | 5. Full name of contributor | out-of-state P/ | 4C | , | | 8. In-kind contribution |
| 09/29/2014 | Laurie Logue | | | , | | description (if applicable) |
| | 6. Contributor address: | City Sta | te ZII | Code | \$250.00 | |
| • | 5811 Mesa Dr Apt 1612 Austin, Tメ | 78731-3762 | ė | | ! | : |
| | | | | | (if travel outside of | Texas, complete Schedule T) |
| i ' | pation / Job title (See Instructions | s) | | | oyer (See Instruction: | 5) |
| Real Estate L | ender | | | В | roadway Bank | |
| 4 Date | 5. Full name of contributor | out-of-state P/ | /c | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/25/2014 | Joe R Long | | | | \$175.00 | description (ii applicable) |
| | 6. Contributor address: | City Sta | te ZII | Code | | · |
| | 2308 Woodlawn Blvd Austin, TX 7 | 8703-2417 | | | | |
| | | | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 3) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state P/ | AC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Teresa Long | | | • | | description (if applicable) |
| | 6. Contributor address: | City Sta | ite ZII | Code | \$175.00 | |
| | 2308 Woodlawn Blvd Austin, TX 7 | 8703-2417 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | | | | | · · · · · · · · · · · · · · · · · · · | |

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SCHEDULE A

| The | Instruction Guide explains how to complete this form. | | 1. Total pages Sch | edule A: |
|-------------------------------|--|---------------------|--|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date 09/28/2014 | 5. Full name of contributor out-of-state PAC Muyuan M Ma 6. Contributor address: City State 15408 Brodick Dr Austin, TX 78717-3923 | ZIP Code | 7. Amount of contribution \$100.00 | 8. In-kind contribution description (if applicable) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | Texas, complete Schedule T) s) |
| 4. Date 09/30/2014 | 5. Full name of contributorout-of-state PAC David Marks Jr. 6. Contributor address: City State 2600 Lake Austin Blvd Apt 13103 Austin, TX 78703-4480 | ZIP Code | 7. Amount of contribution \$100.00 | In-kind contribution description (if applicable) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | Texas, complete Schedule T) |
| 4. Date 10/01/2014 | 5. Full name of contributorout-of-state PAC Scott Marks 6. Contributor address: City State 901 S Mo Pac Expy Building 1, Suite 500 Austin, TX 7874 | ZIP Code 46-5776 | 7. Amount of contribution \$350.00 | 8. In-kind contribution description (if applicable) Texas, complete Schedule T) |
| 9. Principal occu Attorney | pation / Job title (See Instructions) | | oyer (See Instruction Coats Rose | (S) |
| 4. Date 10/24/2014 | 5. Full name of contributorout-of-state PAC Gary Martin 6. Contributor address: City State 4501 Whispering Valley Dr No. 25 Austin, TX 78727-686 | ZIP Code | 7. Amount of contribution \$100.00 (if travel outside of | 8. In-kind contribution description (if applicable) Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | loyer (See Instruction | ns) |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | |
|---|---|--------------------|-------------------|--------------------------------|---|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4 Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/06/2014 | Herbert Martinez | | ,, | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$50.00 | |
| | 7305 Fire Cv Austin, TX 78749-213 | 35 | | | , |
| | | : | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | ;) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/11/2014 | Orlando Mata | _ | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$200.00 | |
| | 1301 S Interstate 35 Ste 304 Austin | TX 78741-1169 | | | |
| | | , | | (if travel outside o | Texas, complete Schedule T) |
| Principal occu Attorney | pation / Job title (See Instructions | · . | · · · · · · · · · | oyer (See Instruction | s) |
| | le e u | | | 1 | 0 1-1-1-1-1-1-1-1-1 |
| 4. Date | 5. Full name of contributor | out-of-state PAC _ | · | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 09/28/2014 · | David M Mather | | | \$175.00 | , , , , , , |
| | 6. Contributor address: | City State | ZIP Code | 1 | |
| · | 6412 Ledge Mountain Dr Austin, T | X 78731-2710 | | | |
| | | | | <u> </u> | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/28/2014 | Lisa Mather | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$175.00 | , |
| , , , , , , , , , , , , , , , , , , , | 6412 Ledge Mountain Dr Austin, T | X 78731-2710 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | · · | 10 Empl | oyer (See Instruction | s) |

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SCHEDULE A

| The | Instruction Guide explains how to complet | e this form | 1. | Total pages Sche 93 | edule A: |
|--|--|------------------------|------------|---|--|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| Date 10/02/2014 Principal occ | 5. Full name of contributorout-of- Damien Matherne 6. Contributor address: City 11727 Sterling Panorama Ter Austin, TX 787 upation / Job title (See Instructions) | State PACState 38-5004 | ZIP Code | 7. Amount of contribution \$350.00 (if travel outside or over (See Instructions | 8. In-kind contribution description (if applicable) Texas, complete Schedule T) s) |
| | cial Officer | | 1 | lean Scapes, LP | |
| 4. Date 10/23/2014 | 5. Full name of contributorout-of. Peter Flagg Maxson 6. Contributor address: City 4212 Avenue F Austin, TX 78751-3721 | state PAC _ | ZIP Code | 7. Amount of contribution \$50.00 | 8. In-kind contribution description (if applicable) |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | upation / Job title (See Instructions) | | 10 Empl | oyer (See Instruction | s) |
| 4. Date 10/17/2014 | 5. Full name of contributorout-of Jim Mayfield 6. Contributor address: City 4119 Balcones Woods Dr Austin, TX 78759- | State PAC State | , ZIP Code | 7. Amount of contribution \$25.00 | 8. In-kind contribution description (if applicable) Texas, complete Schedule T) |
| 9. Principal occ | upation / Job title (See Instructions) | | 10 Empl | oyer (See Instruction | L, |
| 4. Date 10/17/2014 | 5. Full name of contributor out-of Rita Mayfield 6. Contributor address: City 4119 Balcones Woods Dr Austin, TX 78759- | State PAC State | ZIP Code | 7. Amount of contribution \$25.00 | In-kind contribution description (if applicable) Texas, complete Schedule T) |
| 9. Principal occ | upation / Job title (See Instructions) | | 10 Empl | oyer (See Instruction | s) |

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Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | |
|---|---|-----------|----------|--|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of- | state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Nick Mayo | | | | description (if applicable) |
| | 6. Contributor address: City | State | ZIP Code | , \$50.00 | |
| , | 7809 Lazy Ln Austin, TX 78757-1415 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Empl | byer (See Instruction | s) |
| 4. Date | 5. Full name of contributorout-of- | state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/19/2014 | John McGhee Jr | | | contribution \$100.00 | description (if applicable) |
| | 6. Contributor address: City | State | ZIP Code | \$100.00 | , |
| | 5000 Mission Oaks Blvd Unit 4 Austin, TX 78 | 3735-6739 | | | |
| | · | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributorout-of- | state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/02/2014 | John Menchaca | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State | ZIP Code | \$350.00 | |
| | 2800 Waymaker Way Unit 22 Austin, TX 787 | 46-1847 | | | , |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| Principat occu Attorney | pation / Job title (See Instructions) | | | oyer (See Instruction SIdentity Corporation | s) |
| 4. Date | 5. Full name of contributorout-of- | state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Tom Mercer | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State | ZIP Code | \$350.00 | |
| | 4408 Spicewood Springs Rd Austin, TX 7875 | 9-8504 | | | |
| | <u> </u> | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Empl | oyer (See Instruction | s> |
| Real Estate | | | J | ΓM Development, LLC | |

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SCHEDULE A

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

| The | Instruction Guide explains how to complete this form | l. | Total pages Sche 93 | edule A: |
|----------------------------|---|----------|---|---|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/06/2014 | Abigail M Meredith 6. Contributor address: City State | ZIP Code | \$350.00 | · , . |
| | 98 San Jacinto Blvd Fsr-Ph Austin, TX 78701-4082 | | | |
| | | | | Texas, complete Schedule T) |
| 9. Principal occu Clerk | upation / Job title (See Instructions) | | oyer (See Instruction cott Douglass & McCo | * |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/23/2014 | Yasmiris Serna Mesa 6. Contributor address: City State | ZIP Code | \$250.00 | |
| | 1011 Westlake Dr West Lake Hills, TX 78746-4511 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu None | upation / Job title (See Instructions) | · · | oyer (See Instruction one | s) |
| 4. Date | Full name of contributor | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/24/2014 | Hani Michel | | \$50.00 | description (ii applicable) |
| | 6. Contributor address: City State | ZIP Code | \$50.00 | |
| | 10503 Tweedsmuir Dr Austin, TX 78750-3445 | | | · |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occi | upation / Job title (See Instructions) | 10 Emple | oyer (See Instruction | s) |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/24/2014 | Soheir Michel | | \$50.00 | description (ii applicable) |
| | 6. Contributor address: City State | ZIP Code | \$30.00 | |
| | 10503 Tweedsmuir Dr Austin, TX 78750-3445 | | | |
| | | <u> </u> | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occi | upation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |

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P.O. Box 12070

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | |
|---|---|---------|----------|--------------------------------|--|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-sta | ite PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Arnold G Miller | | | contribution | description (if applicable) |
| • | 6. Contributor address: City | State | ZIP Code | \$350.00 | |
| | 416 Maguire Cv Austin, TX 78732-2480 | | | | · |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | | · · | oyer (See Instruction | s) |
| Retired | | | N | one | · · · · · · · · · · · · · · · · · · · |
| 4. Date | 5. Full name of contributorout-of-sta | ite PAC | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/09/2014 | John C Miller | | | \$350.00 | |
| | 6. Contributor address: City | State 1 | ZIP Code | | |
| | 1509 Old West 38th St Ste 3 Austin, TX 78731- | 6328 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occup Attorney | pation / Job title (See Instructions) | | 1 . | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributorout-of-sta | ite PAC | | 7. Amount of | 8. In-kind contribution |
| 09/29/2014 | Melissa Miller | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State | ZIP Code | \$100.00 | |
| | 1113 Hollybluff St Austin, TX 78753-4014 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | Full name of contributorout-of-sta | ate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Pat Miller | | _ | contribution | description (if applicable) |
| , | 6. Contributor address: City | State | ZIP Code | \$350.00 | |
| | 416 Maguire Cv Austin, TX 78732-2480 | | | | |
| | · | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Empl | oyer (See Instruction | s) |
| Retired | | · · · | N | one | |

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OTHER THAN PLEDGES OR LOANS

POLITICAL CONTRIBUTIONS

SCHEDULE A

| The I | nstruction Guide explains how to | complete t | his form. | | 1. Total pages Scho | edule A: |
|-----------------------------|-------------------------------------|--------------|-----------|----------|--|--|
| 2. FILER NAME | Stephen Adler | | - | | 3. ACCOUNT#(Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-sta | te PAC _ | | 7. Amount of | 8. In-kind contribution |
| 09/29/2014 | James Mills | | | | | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 2305 Barton Creek Blvd Unit 14 A | ustin, TX 78 | 735-1650 | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| , | pation / Job title (See Instruction | s) | | | oyer (See Instruction | s) |
| Retired | | | | N | one | |
| 4. Date | 5. Full name of contributor | out-of-sta | ite PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/01/2014 | David Mitchell | • | | | \$50.00 | |
| | Contributor address: | City | State | ZIP Code | | - |
| | 6003 Upvalley Run Austin, TX 78' | 731-3671 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | · | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-sta | ite PAC | | 7. Amount of | 8. In-kind contribution |
| 10/21/2014 | Steven Miura | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$250.00 | |
| | 1502 Lorrain St Austin, TX 78703 | 4025 | | 5 | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occur Adviser | pation / Job title (See Instruction | s) | | 1 | oyer (See Instruction forthwestern Mutual | s) |
| 4. Date | 5. Full name of contributor | out-of-sta | ate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/18/2014 | Sarah Ann Mockbee | | | , | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$25.00 | |
| | 712 Keasbey St Austin, TX 78751 | -4006 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | s) |

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SCHEDULE A

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

| | | • | | 1. Total pages Sch | edule A: |
|-------------------|---|---------------------|-----------------|-----------------------|-----------------------------|
| The | Instruction Guide explains how to | .complete this form | ٦. | 93 | cadio 71. |
| 2. FILER NAME | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| , | Stephen Adler | | | | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/02/2014 | Charles Moeller | | • | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | |
| | 5910 Courtyard Dr Ste 360 Austin, | TX 78731-3341 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | upation / Job title (See Instructions |) | 10 Empl | oyer (See Instruction | 5) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/17/2014 | Cile Montgomery | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$25.00 | |
| | 1301 W 13th St Apt A Austin, TX 7 | • | | | · |
| | 1301 W 13th 3t Apt A Austin, 1A 7 | | | (if trough outside o | Toyas, complete Schedule T) |
| O Principal coo | _ upation / Job title (See Instructions | <u> </u> | 10 Empl | oyer (See Instruction | Texas, complete Schedule T) |
| 9. Pilicipal occi | apadon / 300 tide (See madidolona | , | TO Empi | oyer (oce mandenom | 5 / |
| 4. Date | 5. Full name of contributor | | <u> </u> | 7. Amount of | 8. In-kind contribution |
| | Alan Moore | out-of-state PAC | | contribution | description (if applicable) |
| 09/28/2014 | | | = := 0 : | \$100.00 | , |
| | 6. Contributor address: | City State | ZIP Code | | |
| | 2911 Medical Arts St Ste 5 Austin, | TX 78705-3302 | | , | |
| | | | | | Texas, complete Schedule T) |
| 9. Principal occi | upation / Job title (See Instructions | s) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/06/2014 | Erin Morales | • | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$350.00 | . |
| | 2300 Bahama Rd Austin, TX 78733 | 3-1203 | | | , |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | upation / Job title (See Instructions | s) | 10 Empl | oyer (See Instruction | ns) |
| Real Estate | | | | BRE, Inc. | |

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P.O. Box 12070

SCHEDULE A

(512) 463-5800

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | | |
|---|--------------------------------------|--------------|--------|--------------------------------|---------------------------|--|
| 2. FILER NAME | Stephen Adler | | | , | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state | PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | James Moritz | | | , | contribution | description (if applicable) |
| | 6. Contributor address: | City S | tate Z | IP Code | \$350.00 | |
| <i>5</i> * | 3305 Northland Dr Ste 201 Austin, | TX 78731-498 | 8 | | | |
| | | | | | (if travel outside of | Texas, complete Schedule T) |
| ļ ÷ | pation / Job title (See Instructions |) | | 1 | yer (See Instruction | s) |
| Moritz Prope | erties | | | Se | elf | |
| 4. Date | 5. Full name of contributor | out-of-state | PAC | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/08/2014 | Alicia Morris Groos | | | | \$350.00 | description (ii applicable) |
| | 6. Contributor address: | City S | tate Z | IP Code | \$3,0.00 | |
| · | 4209 Cat Hollow Dr Austin, TX 78' | 731-2047 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | | 10 Emplo | yer (See Instruction | s) |
| Trademark a | nd Copyright Partner | | | N | orton Rose Fulbright | |
| 4. Date | 5. Full name of contributor | out-of-state | PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Bill Morris | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City S | tate Z | IP Code | \$50.00 | , |
| | 10605 Spicewood Club Dr Austin, | ΓX 78750-334 | 4 | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 5) | | 10 Emplo | oyer (See Instruction | S) |
| | | - | ē | | W. | |
| 4. Date | 5. Full name of contributor | out-of-state | PAC | 24 | 7. Amount of | 8. In-kind contribution |
| 10/22/2014 | Hill Morrison | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City S | tate Z | ZIP Code | \$250.00 | |
| | 5806 Timber Trl Austin, TX 78731 | -4224 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | ;) | | 10 Emplo | oyer (See Instruction | s) |
| Contractor | | | | H | MI | |

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SCHEDULE A

| The | Instruction Guide explains how to | complete this form | | Total pages Sche 93 | edule A: |
|-------------------|--------------------------------------|--------------------|----------|---------------------------|---|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT#(Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/06/2014 | R. Kent Morrison | | | contribution | description (if applicable) |
| | Contributor address: | City State | ZIP Code | \$350.00 | |
| | 7701 Rialto Blvd Apt 34 Austin, TX | 78735-7405 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | | oyer (See Instruction | s) |
| Security & In | nvestigations Company | | В | SG Security Services | |
| 4. Date | 5. 'Full name of contributor | out-of-state PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 09/28/2014 | Merriman Morton | | | \$350.00 | description (ii applicable) |
| | 6. Contributor address: | City State | ZIP Code | .9350.00 | |
| | 621 Twelve Oaks Ln Austin, TX 78 | 704-6392 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | 10 Emplo | oyer (See Instruction | s) |
| Retired Bank | er | | N | one | |
| 4. Date | 5. Full name of contributor . | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/01/2014 | Jan Moynahan | | 4 | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$12.50 | |
| | 1707 Trevino Dr Austin, TX 78746- | -7253 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/01/2014 | Terry Moynahan | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$12.50 | |
| | 1707 Trevino Dr Austin, TX 78746- | -7253 | | | |
| | | • | • | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | 10 Empl | oyer (See Instruction | s) |

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SCHEDULE A

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

| The I | nstruction Guide explains how to complete this form. | | Total pages Sche 93 | edule A: |
|--------------------|--|----------|------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Eti | nics Commission Filers) |
| 4. Date | Full name of contributor | | | 8. In-kind contribution |
| 10/23/2014 | Cathy Nabours | | · | description (if applicable) |
| • | 6. Contributor address: City State Z | IP Code | \$100.00 | |
| - | 100 Congress Ave Ste 500 Austin, TX 78701-2747 | | | |
| | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instructions | 3) |
| 4. Date | Full name of contributor | | 7. Amount of | 8. In-kind contribution |
| 09/28/2014 | Mahesh Naik | | contribution | description (if applicable) |
| 07/20/2011 | | IP Code | \$100.00 | ; |
| | 17013 Poncho Springs Ln Austin, TX 78717-2965 | 0000 | | • |
| | 17013 Folicito Optings Bit Austrit, 170 70717 2202 | | (if travel outside o | Texas, complete Şchedule T) |
| 9. Principal occup | Loation / Job title (See Instructions) | 10 Emplo | yer (See Instructions | |
| | | , | - | · |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/17/2014 | Angela R Naiscr | | contribution | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$125.00 | |
| • | 2701 Garlic Creek Dr Buda, TX 78610-5189 | | | |
| | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/17/2014 | Marcus J Naiser | | contribution | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$125.00 | |
| | 2701 Garlic Creek Dr Buda, TX 78610-5189 | | | |
| | , | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emple | oyer (See Instruction | |
| | | | | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | |
|---|---|------------------|----------|--------------------------------|---------------------------------------|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Eti | nics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Beverly Nation | - | | contribution | description (if applicable) |
| • | 6. Contributor address: C | ity State | ZIP Code | \$50.00 | |
| | 3120 Above Stratford Pl Austin, TX 787 | • | | | |
| | | 40.4000 | | (if travel outside of | Texas, complete Schedule T) |
| 9 Principal occur | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instructions | |
| | | | | | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Andrew R Neill | _ | | contribution | description (if applicable) |
| | Contributor address: C | ity State | ZIP Code | \$50.00 | · |
| | 4116 Shoal Creek Blvd Austin, TX 7875 | • | 2 0020 | | |
| | 4110 Shoar Creek Biva Austrii, 17, 7673 | 00-3317 | | (if traval outside o | Texas, complete Schedule T) |
| | | | 140 5 | ` | · · · · · · · · · · · · · · · · · · · |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instructions | 5) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Milam Newby | | | contribution | description (if applicable) |
| | 6. Contributor address: C | ity State | ZIP Code | \$350.00 | |
| | 1506 Preston Ave Austin, TX 78703-190 | 04 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | yer (See Instruction: | s) |
| Attorney | · | | V | inson & Elkins LLP | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/09/2014 | Pat Niekamp | _ | | contribution | description (if applicable) |
| | 6. Contributor address: C | ity State | ZIP Code | \$100.00 | • |
| | 9321 Edwardson Ln Austin, TX 78749-4 | 4119 | | | |
| | | • | | (if travel outside o | Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | • | 10 Empl | oyer (See Instruction | · · · · · · · · · · · · · · · · · · · |
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P.O. Box 12070

SCHEDULE A

(512) 463-5800

| The | e Instruction Guide explains how t | o complete this form | | Total pages Sch 93 | edule A: |
|------------------|---------------------------------------|-----------------------|----------|------------------------|-----------------------------|
| 2. FILER NAMI | E Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/11/2014 | Dennis Nowstrup | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$150.00 | |
| | 1305 Sawgrass Cv Austin, TX 787 | 46 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | cupation / Job title (See Instruction | s) | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/11/2014 | Susan Nowstrup | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$150.00 | |
| | 1305 Sawgrass Cv Austin, TX 787 | 46-6346 | | | |
| , | | | • | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | cupation / Job title (See Instruction | s) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Isabel Ross Ogden | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | . \$50.00 | |
| | 1122 Colorado St 1122 Colorado A | Austin, TX 78701-2100 |) | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | cupation / Job title (See Instruction | os) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | aut-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Ron Ogden | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$50.00 | |
| | 1122 Colorado St Austin, TX 7870 | 01-2164 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | cupation / Job title (See Instruction | is) | 10 Empl | oyer (See Instruction | s) |
| | | | | | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | 1. Total pages Schedule A: 93 | | |
|---|--|------------------------|-------|-------------------------------|---|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | , | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state | PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Guy Oliver | | | • | contribution | description (if applicable) |
| | 6. Contributor address: | City S | tate | ZIP Code | \$350.00 | |
| | 1200 Verdant Way Austin, TX 7874 | 16-6767 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occup Senior manage | pation / Job title (See Instructions gement | ·) | | | oyer (See Instruction itg Management Inc | s) |
| 4. Date | 5. Full name of contributor | out-of-state | DAC | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Jason Oliver | Out-or-state | | | contribution | description (if applicable) |
| 10/25/2014 | 6. Contributor address: | City S | tate | ZIP Code | \$350.00 | |
| | 3267 Bee Caves Rd Ste 107 Austin | • | | 211 0000 | | |
| | 15207 Dee Caves Ru Ste 107 Austin | , I <i>A 10/4</i> 0-07 | 13 | | /if travel outside o | Texas, complete Schedule T) |
| 9 Principal occur | I pation / Job title (See Instructions | ;} | , | 10 Emplo | byer (See Instruction | · |
| Land Manage | | , | | | &S Enterprises | |
| 4. Date | 5. Full name of contributor | out-of-state | PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Kerianne Oliver | _ | | | contribution | description (if applicable) |
| | 6. Contributor address: | City S | tate | ZIP Code | \$350.00 | |
| | 1200 Verdant Way Austin, TX 787 | 46-6767 | | | | |
| | · | | | • | (if travel outside o | Texas, complete Schedule T) |
| Principal occu Homemaker | pation / Job title (See Instructions | s) | | 1 | oyer (See Instruction one | s) . |
| 4. Date | 5. Full name of contributor | out-of-state | PAC | • | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Stacy Oliver | | _ | **, * | contribution | description (if applicable) |
| | 6. Contributor address: | City S | tate | ZIP Code | \$350.00 | , |
| | 3267 Bee Caves Rd Ste 107 Austin | ,TX 78746-67 | 73 | | | |
| | | | | • | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 5) | | 10 Emplo | oyer (See Instruction | s) |
| Owner | • | | | , V | &S Enterprises | |

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SCHEDULE A

| The | Instruction Guide explains how to complete this form | I. | 1. Total pages Schedule A: 93 |
|---------------------------------|--|--------------|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Ethics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | | 7. Amount of 8. In-kind contribution |
| 10/23/2014 | Vicki Oliver | | contribution description (if applicable) |
| / . | 6. Contributor address: City State | ZIP Code | \$350.00 |
| | 3267 Bec Caves Rd Ste 107 Austin, TX 78746-6773 | | |
| | | | (if travel outside of Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | | oyer (See Instructions) |
| Owner | | | &S Enterprises |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | | 7. Amount of 8. In-kind contribution description (if applicable) |
| 10/03/2014 | Wayne Orchid | | \$350.00 |
| | 6. Contributor address: City State | ZIP Code | |
| | 604 Harthan St Austin, TX 78703-5216 | | |
| , | | r. | (if travel outside of Texas, complete Schedule T) |
| Principal occu Chief Execut | pation / Job title (See Instructions) ive Officer | · 1 | oyer (See Instructions) reeit Data Solutions, Inc |
| 4. Date | 5. Full name of contributor out-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/01/2014 | Jessica Otwell | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | S25.00 |
| | 4415 Rosedale Ave Austin, TX 78756-3223 | • | |
| - | | * | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) |
| 4. Date | 5. Full name of contributor Out-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/01/2014 | Justin Otwell | | contribution description (if applicable) |
| - | 6. Contributor address: City State | ZIP Code | \$25.00 |
| | 4415 Rosedale Ave Austin, TX 78756-3223 | | |
| | : | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | . 10 Empl | oyer (See Instructions) |
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SCHEDULE A

| The I | nstruction Guide explains how to complete this form | Total pages Schedule A: 93 | |
|--------------------|---|--------------------------------|--|
| 2. FILER NAME | Stephen Adler | | ACCOUNT # (Ethics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/25/2014 | Steven Owen . | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$25.00 |
| | 900 Congress Ave Stc L140 Austin, TX 78701-2337 | | |
| | | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) |
| 4. Date | 5. Full name of contributor out-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/25/2014 | Phyllis Owens | ····· | contribution description (if applicable) |
| , | 6. Contributor address: City State | ZIP Code | \$25.00 |
| | 1709 Saint Albans Blvd Austin, TX 78745-2825 | | |
| | 1709 Gainte Fromis Brita Francisco (1707) 15 2025 | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occur | L pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) |
| · | | | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 09/29/2014 | Charlie Pace | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 |
| | 1411 Hardouin Ave Austin, TX 78703-2516 | | |
| - | | 1 | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) |
| President | | S | mart Flour Foods |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution description (if applicable) |
| 10/20/2014 | Gail Page | | contribution description (if applicable) |
| _ | 6. Contributor address: City State | ZIP Code | \$100.00 |
| | 2433 Westlake Dr Austin, TX 78746-2949 | | |
| , | , | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) |
| | | | |

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SCHEDULE A

(TDD 1-800-735-2989)

| The I | nstruction Guide explains how to complete this | form. | | Total pages Sche 93 | edule A: |
|--------------------|--|--------------|-------------------|---------------------------|---|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Eti | nics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state Pa | AC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Patrick Parker | | | | description (if applicable) |
| | 6. Contributor address: City Sta | ate ZIF | Code | \$350.00 | |
| | 2203 Quarry Rd Austin, TX 78703-3836 | | | | |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | | • | oyer (See Instruction: | · |
| Owner . | | | Pa | arker Solutions Group, | LLC |
| 4. Date | 5. Full name of contributorout-of-state P. | AC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/21/2014 | Raul Steven Pastrana | | | \$350.00 | accomplian (ii applicable) |
| | 6. Contributor address: City Sta | ate ZII | Code | \$330.00 | |
| | 42 East Ave Austin, TX 78701-4317 | | | | |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction: | s) |
| Attorney | | | Pa | astrana Law Firm | |
| 4. Date | 5. Full name of contributorout-of-state P | AC | | 7. Amount of | 8. In-kind contribution |
| 10/01/2014 | Michael Patton | | | contribution | description (if applicable) |
| | 6. Contributor address: City Sta | ate ZII | ⊃ Code | \$350.00 | |
| | 9101 Prince William Austin, TX 78730-3407 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | - | • | oyer (See Instruction | |
| Chief Execut | ive Officer | | N | ledical Innovation Lab | |
| 4. Date | Full name of contributorout-of-state P | AC | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/21/2014 | Rhonda Paver | | | \$350.00 | description (ii applicable) |
| | 6. Contributor address: City Sta | ate ZII | ² Code | 00.00 | |
| | 4613 Ridge Oak Dr Austin, TX 78731-5211 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Empl | oyer (See Instruction | s) |
| Owner | | | S | tepping Stone Schools | |

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· P.O. Box 12070

SCHEDULE A

| The | Instruction Guide explains how to comple | te this form | | Total pages Sche 93 | edule A: |
|----------------------------------|--|--------------|----------|-------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-o | -state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/21/2014 | William Paver | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State | ZIP Code | \$350.00 | |
| * * | 4613 Ridge Oak Dr Austin, TX 78731-5211 | | | | |
| | : | | | (if travel outside of | Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | | | oyer (See Instruction | |
| Owner | | | F | oreign Credentials Serv | rice of America |
| 4. Date | 5. Full name of contributorout-o | f-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/22/2014 | Michael R Persinger | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State | ZIP Code | \$250.00 | |
| | 1804 Intervail Dr Austin, TX 78746-7629 | | | | · · |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | . | 10 Emple | oyer (See Instruction | |
| Restaurateur | | | S | elf | <u></u> |
| 4. Date | 5. Full name of contributorout-o | f-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/07/2014 | Thanh Ha Pham- Hodinh | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State | ZIP Code | \$100.00 | |
| | 10809 Roy Butler Dr Austin, TX 78717-394 | 7 | • | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Empl | oyer (See Instruction | |
| | | | | | , |
| 4. Date | 5. Full name of contributor out-o | f-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | John A Philipello | _ | | contribution | description (if applicable) |
| | 6. Contributor address: City | State | ZIP Code | \$50.00 | |
| | 9100 Decker Lake Rd Austin, TX 78724-40. | 12 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Empl | oyer (See Instruction | |
| | | | | | |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Scho 93 | edule A: | |
|---|--|------------|-------------|-------------------------|---|---|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT#(Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | Out-of-s | state PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/24/2014 | Emily Phillips | - | | | \$50.00 | description (ii applicable) |
| | 6. Contributor address: | City | State | ZIP Code | 3,,0.00 | , |
| | 5201 Wayborne Hill Dr Austin, TX | 78723-462 | 28 | | Į. | |
| | | | | | | Texas, complete Schedule T) |
| 9. Principal occu | upation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/09/2014 | Steven Pickrel | | | | contribution \$200.00 | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | . \$200.00 | |
| | 6722 Cuesta Trl None Austin, TX | 78730-2300 |) | | | |
| | | | | | <u> </u> | Texas, complete Schedule T) |
| Principal occi Research M | upation / Job title (See Instruction anager | s) | | 1 | oyer (See Instruction GM Advisors, LLC | s) |
| 4. Date | 5. Full name of contributor | out-of- | state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Louis Pirkeu | | • | | contribution \$100.00 | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | |
| | 2310 Windsor Rd Austin, TX 7870 | 3-3117 | | | , | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occi | upation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | s) ` |
| 4. Date | 5. Full name of contributor | Out-of- | state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/08/2014 | Ryan Pitylak | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | |
| | 1505 Bellaire Dr Austin, TX 7874 | 1-2505 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | upation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | s) |

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SCHEDULE A

| The I | The Instruction Guide explains how to complete this form. | | | | | edule A: |
|--------------------|---|----------------|---------|---------|---------------------------|---|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state P | AC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Irmá Plaza | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City Sta | ate ZIP | Code | \$25.00 | |
| | 809 Zappa Dr None Cedar Park, T. | X 78613-1642 | • | | | : |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instruction | s) | 1 | 0 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state P | AC | | 7. Amount of | 8. In-kind contribution |
| 10/07/2014 | Michael Polombo | | | | contribution | description (if applicable) |
| | Contributor address: | City Sta | ate ZIP | Code | \$250.00 | |
| | PO Box 684277 Austin, TX 78768 | -4277 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instruction | s) | | 0 Empl | oyer (See Instruction | s) |
| Restaurateur | · | | | S | elf | |
| 4. Date | 5. Full name of contributor | out-of-state P | AC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/08/2014 | Remo Portelli | | | | \$100.00 | description (if applicable) |
| | 6. Contributor address: | City Sta | ate ZIF | Code | \$100.00 | |
| | 4520 S 1st St Austin, TX 78745-19 | 927 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | is) | | IO Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state F | AC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Dave Porter | | | | contribution | description (if applicable) |
| N | 6. Contributor address: | City St | ate ZIF | Code | \$150.00 | |
| | 15 Lovegrass Ln Sunset Valley, T. | X 78745-2559 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | ns) | . | 10 Empl | oyer (See Instruction | s) |

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SCHEDULE A

| The I | Instruction Guide explains how to | complete | this form. | | 1. Total pages School 93 | edule A: |
|--------------------------------|--------------------------------------|------------|------------|----------|--|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | nics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-st | ate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Nancy Porter | | | | contribution | description (if applicable) |
| | Contributor address: | City | State | ZIP Code | \$250.00 | |
| | 15 Lovegrass Ln Sunset Valley, TX | 78745-255 | 9 | | | |
| | | | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 5) | | | oyer (See Instruction | s) |
| Therapist | | | | Se | elf | |
| 4. Date | 5. Full name of contributor | out-of-st | ate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/12/2014 | Cathy Present | | | | contribution \$250.00 | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | 3230.00 | • |
| | 5804 Round Table Cv Austin, TX 7 | 8746-1831 | | | | |
| | • | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 3) | | 10 Emplo | oyer (See Instruction | s) |
| Homemaker | | | | N | onc | |
| 4. Date | 5. Full name of contributor | out-of-st | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/12/2014 | Randy Present | | | | contribution | description (if applicable) |
| · | 6. Contributor address: | City | State | ZIP Code | \$250.00 | •; |
| | 5804 Round Table Cv Austin, TX 7 | 78746-1831 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 5) | | 10 Emplo | oyer (See Instruction | s) |
| Mortgage Ba | nker | | | D | HI Mortgage | · . |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | William Puckett | | | | contribution \$350.00 | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | 3330.00 | |
| | 3201 Greenlee Dr Austin, TX 7870 | 3-1621 | | | | |
| ľ | | | | | 1 | I |
| | , | | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occu Real Estate | pation / Job title (See Instructions | s) | | | (if travel outside o oyer (See Instruction ranswestern | <u> </u> |

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SCHEDULE A

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

| The | Instruction Guide explains how to complete this form. | | Total pages Sche 93 | edule A: |
|------------------------------|---|----------|-------------------------------------|---|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/18/2014 | Mason Quintana | | * | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$250.00 | |
| | 3007 Stardust Dr Austin, TX 78757-2044 | | | |
| | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occu Realtor | upation / Job title (See Instructions) | · · | oyer (See Instructions 87 Realty | s) |
| | 1 | | | |
| 4. Date | 5. Full name of contributorout-of-state PAC | <u> </u> | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/01/2014 | Jason Qunell | | \$350.00 | , , , |
| • | 6. Contributor address: City State | ZIP Code | | |
| | 5100 McDade Dr Austin, TX 78735-6393 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | upation / Job title (See Instructions) | | oyer (See Instruction | s) / |
| Lender | | C | Capital One Bank | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/30/2014 | Agatha Rady | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | , |
| | 13276 N Highway 183 Ste 105 Austin, TX 78750-3225 | | | |
| | • | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occi Retired | upation / Job title (See Instructions) | 1 | oyer (See Instruction Ione | s) |
| 4. Date | 5. Full name of contributor Out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/30/2014 | Richard Z Rady | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | |
| | 13276 N Highway 183 Ste 105 Austin, TX 78750-3225 | 4 | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | upation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |
| Retired | | N | lone | |

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Texas Ethics Commission

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Sche 93 | edule A: | |
|---|--------------------------------------|------------|-----------|-------------------------|---------------------------|--|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-sta | te PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/12/2014 | Jill C. Ramirez | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$150.00 | (|
| | 5309 Presidio Rd Austin, TX 78745 | -2445 | | | | |
| | | | | , | (if travel outside of | Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions |) | | 10 Emplo | oyer (See Instructions | s) |
| 4. Date | 5. Full name of contributor | out-of-sta | ite PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Donald Reese | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 2914 Regents Park Austin, TX 7874 | 6-7617 | | | ľ | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |). | | 10 Emplo | oyer (See Instruction | <u> </u> |
| Investor | | | | R | iverside Resources | |
| 4. Date | 5. Full name of contributor | out-of-sta | ite PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Gina Reese | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 2914 Regents Park Austin, TX 7874 | 6-7617 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 1 | pation / Job title (See Instructions |) | | 1 | oyer (See Instruction | s) |
| Homemaker | | | | N | one | |
| 4. Date | 5. Full name of contributor | out-of-sta | ate PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/13/2014 | Maia Recves | | | | \$350.00 | idescription (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | / \$350.00 | |
| | 1000 Alta Vista Ave Austin, TX 78 | 704-1337 | | | | · |
| , | , | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 5) | | 10 Empl | oyer (See Instruction | s) |
| Homemaker | | • | | N N | one | |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | | Total pages Sche 93 | edule A: |
|---|---------------------------------------|----------------|---------|-------------|---------------------------|--|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT#(Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-sta | ite PAC | | 7. Amount of | 8. In-kind contribution |
| 10/13/2014 | Robert Reeves | | | | | description (if applicable) |
| <u>'</u> | 6. Contributor address: | City | State 2 | ZIP Code | \$350.00 | , |
| | 1000 Alta Vista Ave Austin, TX 787 | 04-1337 | | • | | |
| | | | | | (if travel outside of | Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | | | ` | oyer (See Instruction | s) , |
| Software, Eng | rineer | | | l D | atical | |
| 4. Date | 5. Full name of contributor | out-of-sta | ate PAC | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/24/2014 | Julie Rennecker | | | | \$50.00 | description (ii applicable) |
| | Contributor address: | City | State 2 | ZIP Code | , \$30.00 | |
| | PO Box 26263 Austin, TX 78755-02 | 263 | | | | * 1° |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) |) <u></u> - | | 10 Emple | oyer (See Instruction | S) |
| 4. Date | 5. Full name of contributor | out-of-sta | ate PAC | · · · · · · | 7. Amount of | 8. In-kind contribution |
| 10/07/2014, | Richard Ressler | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State 2 | ZIP Code | \$100.00 | |
| | 2307.Wilke Dr Austin, TX 78704-32 | 250 | | | | |
| | , | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) |) | | 10 Emple | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-sta | ate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Graham Reynolds | _ | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$200.00 | |
| | 3010 E 14th 1/2 St Austin, TX 7870 | 2-1602 | | | • | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) |) | | , | oyer (See Instruction | s) |
| Composer | | | | S | elf . | |

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P.O. Box 12070

SCHEDULE A

| The I | nstruction Guide explains how to complete this form. | Total pages School 93 | edule A: | |
|-----------------------------------|--|---------------------------|---------------------------|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/03/2014 | Charles Rich | | contribution | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$350.00 | |
| | 804 Mariner Lakeway, TX 78734-4351 | | | |
| | • | | (if travel outside o | Texas, complete Schedule T) |
| Principal occuj | pation / Job title (See Instructions) | | oyer (See Instruction | s) |
| President | | S | ource 360 Group, Inc | · |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/03/2014 | Kelle Rich | | \$350.00 | description (ii applicable) |
| | 6. Contributor address: City State Z | IP Code | \$350.00 | |
| | 804 Mariner Lakeway, TX 78734-4351 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| Owner | | C | entral Texas Autism C | enter |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/26/2014 | Bob Richardson | • | contribution | description (if applicable) |
| | 6. Contributor address: City State Z | ZIP Code | \$350.00 | |
| | 712 Congress Ave Ste 300 Austin, TX 78701-3260 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |
| Landscape A | rchitect | R | VI | |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/10/2014 | Alexandra Robinette | | | description (if applicable) |
| | 6. Contributor address: City State 2 | ZIP Code | \$350.00 | |
| | 406 Inwood Rd Austin, TX 78746-5623 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |
| Architecture | and Planning Professional | S | elf | |

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P.O. Box 12070

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | | Total pages Sch 93 | edule A: |
|---|-------------------------------------|----------|-------------|--------------|---|---|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/10/2014 | Fred Robinette | | | | contribution \$350.00 | description (if applicable) |
| • | 6. Contributor address: | City | State | ZIP Code | - 3330.00 | |
| | 406 Inwood Rd Austin, TX 78746- | -5623 | | | ļ | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| - | pation / Job title (See Instruction | s) | - | | oyer (See Instruction | s) / |
| Executive | | | | R | GM Advisors | **** |
| 4. Date | Full name of contributor | out-of- | state PAC _ | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/12/2014 | Becky Robinson | | , | | \$75.00 | description (in applicable) |
| | 6. Contributor address: | City | State | ZIP Code | | |
| | 6820 Cypress Pt N Austin, TX 787 | 746-7100 | | | e e | |
| | | | | <u> </u> | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | s) _. . |
| 4. Date | 5. Full name of contributor | out-of- | state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/12/2014 | Jeff Robinson | _ | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$75.00 | / |
| | 6820 Cypress Pt N Austin, TX 787 | 746-7163 | | • | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | is) | | 10 Empl | oyer (See Instruction | es) |
| 4. Date | 5. Full name of contributor | | | | 7. Amount of | 8. In-kind contribution |
| 110/01/2014 | Rochelle Rogers | out-of- | state PAC _ | | contribution | description (if applicable) |
| 10/01/2014 | 6. Contributor address: | City | State | ZIP Code | \$50.00 | · |
| | | City | State | ZIP Code | | |
| | 108 Brandon Way Austin, TX 787 | 55-5238 | | | //Sharrand and 11 | Table Cabada T |
| O. Bringing accou | pation / Job title (See Instruction | | | 10 Empl | (if travel outside of oyer (See Instruction | Texas, complete Schedule T) |
| e. Principal occu | pation / Job title (See Instruction | iə) | | . I V EIIIPI | oyer (See Instruction |) |

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SCHEDULE A

| The | Instruction Guide explains how to | Total pages School 93 | edule A: | | |
|-------------------|--------------------------------------|---------------------------|----------|---------------------------|---|
| 2. FILER NAME | Stephen Adler | | <u>}</u> | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/01/2014 | Thomas Rogers | | | contribution | description (if applicable) |
| · | 6. Contributor address: | City State | ZIP Code | \$50.00 | |
| • | 108 Brandon Way Austin, TX 78733 | 3-3238 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | 10 Emple | oyer (See Instruction | s) · |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/02/2014 | Myra Rolff | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$350.00 | |
| | 3306 Windsor Rd Austin, TX 78703 | -2246 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | 10 Empl | oyer (See Instruction | s) |
| None | | | · N | one | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/18/2014 | Denise Rose | | | \$50.00 | description (ii applicable) |
| | 6. Contributor address: | City State | ZIP Code | 330.00 | • |
| - | 2400 Webberville Rd Unit 3 Austin, | TX 78702-3552 | | | , |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Daniel Roth | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | · |
| | 1503 Wild Cat Holw West Lake Hil | ls, TX 78746-3640 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | 10 Empl | oyer (See Instruction | s) : |

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SCHEDULE A

| The | Instruction Guide explains how to complete this form | Total pages Schedu 93 | ule A: | |
|-------------------|--|---------------------------|--------------------------|----------------------------|
| 2. FILER NAME | Stephen Adler | - | 3. ACCOUNT # (Ethic | s Commission Filers) |
| 4. Date | Full name of contributorout-of-state PAC _ | | | In-kind contribution |
| 10/23/2014 | Walter Saad | | | escription (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$100.00 | |
| | 4906 Mantle Dr Austin, TX 78746-1519 | | | |
| | | | (if travel outside of Te | exas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) | · |
| 4. Date | Full name of contributorout-of-state PAC | | 1 | In-kind contribution |
| 10/14/2014 | Kathleen Sanders | | | escription (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$10.00 | |
| | 1001 Robert E Lee Rd Austin, TX 78704-2026 | | | |
| | | | (if travel outside of Te | exas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) | |
| 4. Date | 5. Full name of contributor out-of-state PAC | | | In-kind contribution |
| 10/24/2014 | Andrew Sansom | | | escription (if applicable) |
| - | 6. Contributor address: City State | ZIP Code | \$100.00 | |
| | 722 Yaupon Valley Rd West Lake Hills, TX 78746-3546 | ı | | • |
| | , and the second | | (if travel outside of Te | exas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) | |
| 4. Date | Full name of contributorout-of-state PAC | | | In-kind contribution |
| 10/14/2014 | Daniel Scardino | | | escription (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | |
| | 1203 Newning Ave Austin, TX 78704-1838 | | | |
| | | | (if travel outside of Te | exas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) | |
| Attorney | | F | leed & Scardino LLP | |

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SCHEDULE A

| Th | ne Instruction Guide explains how | Total pages Schedule A: 93 | | | |
|-----------------|---------------------------------------|--------------------------------|----------|---------------------------|--|
| 2. FILER NAM | E Stephen Adler | | | 3. ACCOUNT # (E | thics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/07/2014 | Brook Schaaf | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$350.00 | |
| | 210 Lavaca St Apt 2803 Austin, T | X 78701-4595 | | | |
| - | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal oc | cupation / Job title (See Instruction | ns) | 10 Empl | oyer (See Instruction | is) |
| Founder | | | S | chaaf-PartnerCentric | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 09/27/2014 | Peter Schram | | | \$50.00 | description (ii applicable) |
| | 6. Contributor address: | City State | ZIP Code | 350.00 | |
| | 5402 Shoal Creek Blvd Austin, T | X 78756-1817 | | ' | |
| | | • | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal oc | cupation / Job title (See Instruction | ns) | 10 Empl | loyer (See Instruction | ns) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/09/2014 | Morrie Schulman | | - | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$50.00 | |
| | 1333 Bonham Ter Austin, TX 787 | 704-2606 | | ٠ | |
| | | | | (if travel outside | Texas, complete Schedule T) |
| 9. Principal oc | cupation / Job title (See Instruction | ns) | 10 Emp | loyer (See Instruction | ns) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Carlton Schwab | _ | | contribution | description (if applicable) |
| · | 6Contributor address: | City State | ZIP Code | \$50.00 | |
| , | 5223 Concho Creek Bnd Austin, | ΓX 78735-6491 | | | , |
| | | | | (if travel outside | Texas, complete Schedule T) |
| 9. Principal oc | cupation / Job title (See Instruction | ns) | 10 Emp | loyer (See Instrucțio | ns) |
| | | | , | · | • |

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P.O. Box 12070

SCHEDULE A

| The | Instruction Guide explains how to complete this form. | Total pages Schedule A: 93 | |
|-------------------|--|--------------------------------|--|
| 2. FILER NAME | Stephen Adler | | ACCOUNT # (Ethics Commission Filers) |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/06/2014 | Virginia Seideman | | contribution description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$25.00 |
| | 11109 Spicewood Club Dr Austin, TX 78750-2858 | | |
| | | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/25/2014 | Michael Sela | | contribution description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$100.00 |
| | 3600 Crowncrest Dr Austin, TX 78759-8710 | | |
| | | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/12/2014 | Deanna W Scrra | | contribution description (if applicable) |
| | 6. Contributor address: City State 2 | IP Code | \$350.00 |
| | 4412 Mirador Dr Austin, TX 78735-1552 | | |
| | | • | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) |
| Owner | And the state of t | A | art for the People Gallery |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution description (if applicable) |
| 10/12/2014 | Jeff Serra | | \$350.00 |
| | 6. Contributor address: City State Z | IP Code | 3330.00 |
| | 4412 Mirador Dr Austin, TX 78735-1552 | | , , |
| | | | (if travel outside of Texas, complete Schedule T) |
| · ' | pation / Job title (See Instructions) | | oyer (See Instructions) |
| Owner | | S | erra Management |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | 1. Total pages Scho | edule A: | |
|---|-------------------------------------|------------|-------------|---------------------|---------------------------|--|
| 2. FILER NAME | Stephen Adler | 1 | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Joseph Scsil | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$300.00 | |
| | 80 Red River St Apt 317 Austin, T. | X 78701-42 | 32 | | | ' |
| · | • | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | • | | oyer (See Instruction | s) · |
| Project Mana | ger | | | N | 1WH Constructors | |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 09/26/2014 | Denise Shade | | | | \$12.50 | |
| | 6. Contributor address: | City | State | ZIP Code | | |
| - | 8130 Greenslope Dr Austin, TX 78 | 759-8733 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Empl | oyer-(See Instruction | s) |
| 4. Date | 5. Full name of contributor | Out-of-s | state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/26/2014 | Joe Shade | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$12.50 | |
| | 8130 Greenslope Dr Austin, TX 78 | 3759-8733 | | | | |
| • | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Brooke L Shannon | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$175.00 | , |
| | 1213 Tamranae Ct Austin, TX 787 | 46-6860 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Empl | oyer (See Instruction | s) |

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SCHEDULE A

| , The | Instruction Guide explains how to | complete this for | m. | Total pages Sch 93 | edule A: |
|--------------------------------|-------------------------------------|-------------------|----------|---|-----------------------------|
| 2. FILER NAME | Stephen Adler | | , | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Michael P Shannon | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$175.00 | |
| | 1213 Tamranae Ct Austin, TX 787 | 46-6860 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/02/2014 | Molly Shannon | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$10.00 | Ň |
| | 703 Kinney Ave Austin, TX 78704 | l-1434 | | | |
| | | _ | , | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/10/2014 | Stuart Shaw | | • | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$350.00 | |
| | 6009 Eleos Cir Austin, TX 78735- | 6110 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu Developer | pation / Job title (See Instruction | s) | 1 ' | oyer (See Instruction onner Carrington | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/13/2014 | Amy Shields | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$350.00 | |
| | 702 Westbrook Dr West Lake Hill | s, TX 78746-5400 | | · | |
| - | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | 10 Empl | oyer (See Instruction | is) |
| Real Estate | | | P | rimus Real Estate Serv | ices |

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SCHEDULE A

| The I | nstruction Guide explains how to complete this form. | Total pages Sche 93 | edule A: | |
|--------------------|---|----------------------|---------------------------|---|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of . | 8. In-kind contribution |
| 10/13/2014 | Mark Shields | | contribution . | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$350.00 | |
| | 702 Westbrook Dr West Lake Hills, TX 78746-5400 | | , | , |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emplo | yer (See Instruction | s) . |
| Real Estate | | Pı | rimus Real Estate Servi | ices |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/23/2014 | Donna W. Shipley | | \$350.00 | · · |
| | 6. Contributor address: City State Z | IP Code | 4030.00 | |
| | 2102 Mountain View Rd Austin, TX 78703-2206 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| Homemaker | | N | one | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | George C. Shipley | | contribution | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$350.00 | |
| | 919 Congress Ave Ste 750 Austin, TX 78701-2160 | | · | |
| | • | | (if travel outside o | Texas, complete Schedule T) |
| 1 | pation / Job title (See Instructions) | | oyer (See Instruction | · · |
| Chief Executi | ve Officer | SI | hipley & Associates, Ir | nc. |
| 4. Date | 5. Full name of contributorput-of-state PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/22/2014 | Stephen Shook | | \$150.00 | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | 00.00 | |
| | 6836 Austin Center Blvd Ste 245 Austin, TX 78731-3193 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) . |
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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | 1. Total pages School 93 | edule A: |
|---|--------------------------------------|------------------|----------|---------------------------|---|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | Full name of contributor | out-of-state PAC | , | 7. Amount of | 8. In-kind contribution |
| 10/21/2014 | Jayanth Shreedhara | | | contribution | description (if applicable) |
| • | 6. Contributor address: | City State | ZIP Code | \$100.00 | |
| | 408 E Annie St Austin, TX 78704-3 | 3510 | | | |
| • | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 09/29/2014 | Kim Shrum | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$350.00 | |
| | 1600 Northumberland Rd Austin, T | `X 78703-3144 | | | |
| - | | | , | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) | 10 Empl | oyer (See Instructions) | |
| Managing D | rector | | Т | eakwood Capital | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/24/2014 | Kristina Silcocks | | | \$100.00 | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | |
| | 3200 Raspberry Rd Austin, TX 787 | 748-3004 | | | , |
| ; | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution. |
| 10/08/2014 | Matt Sjoberg | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | |
| | 711 W 7th St Austin, TX 78701-27 | - '11 | | | |
| | · | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) | 10 Empl | oyer (See Instruction | <u> </u> |

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SCHEDULE A

| The I | nstruction Guide explains how to complete this form. | | Total pages School 93 | edule A: |
|--------------------|--|----------|---------------------------|---|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/20/2014 | Bill Skeen | • | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | |
| | 709 Rocky River Rd Austin, TX 78746 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| ' | pation / Job title (See Instructions) | 1 . | loyer (See Instruction | · |
| Real Estate | | I | Fasken Oil and Ranch L | td. |
| 4. Date | 5. Full name of contributorout-of-state PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/20/2014 | Linda Skeen | | \$350.00 | . , |
| | 6. Contributor address: City State | ZIP Code | | · |
| , | 709 Rocky River Rd West Lake Hills, TX 78746-5381 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | _ I · | loyer (See Instruction | s) |
| None | |]] | Vone | |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of contribution | 8. In-kind contribution |
| 10/20/2014 | Karen Skelton | | \$250.00 | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$230.00 | |
| • | 1100 N Weston Ln Austin, TX 78733-3441 | | · | 1 |
| , | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emp | loyer (See Instruction | s) |
| Real Estate | | | Texas Realty Partners L | LC |
| 4. Date | 5. Full name of contributorcut-of-state PAC _ | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) |
| 10/17/2014 | George Slade | | \$100.00 | description (ii applicable) |
| | 6. Contributor address: City State | ZIP Code | \$100.00 | · |
| | 901 S Mo Pac Expy Ste 220 Austin, TX 78746-5759 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emp | lloyer (See Instruction | s) |

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Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Sche 93 | edule A: | |
|---|--------------------------------------|-----------------|--------|-------------------------|------------------------|------------------------------|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PA | .c _ ¹ | | 7. Amount of | 8. In-kind contribution |
| 10/01/2014 | Alden Smith | | | | | description (if applicable) |
| | Contributor address: | City Stat | te ZIP | Code | \$50.00 | - |
| | 2900 Hillview Rd Austin, TX 7870 | 03-1121 | | | , | • |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | upation / Job title (See Instruction | s) | 1 |) Empl | oyer (See Instruction | |
| 4. Date | 5. Full name of contributor | out-of-state PA | .с | | 7. Amount of | 8. In-kind contribution |
| 10/01/2014 | Barbara Smith | _ | | | contribution | description (if applicable) |
| <i>(</i> | 6. Contributor address: | City Stat | te ZIP | Code | \$50.00 | |
| | 2900 Hillview Rd Austin, TX 7870 | 03-1121 | | | | , |
| | | | | | (if travel outside o | (Texas, complete Schedule T) |
| 9. Principal occ | upation / Job title (See Instruction | s) | 1 | 0 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PA | /С | | 7. Amount of | 8. In-kind contribution |
| 10/13/2014 | Jeff Smith | _ | | | contribution | description (if applicable) |
| | 6. Contributor address: | City Stat | te ZIP | Code | \$50.00 | |
| | 906 Rio Grande St Austin, TX 787 | 01-2222 | | | | · |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | upation / Job title (See Instruction | s) | 1 | 0 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PA | /C | | 7., Amount of | 8. In-kind contribution |
| 10/08/2014 | Mark Smith | | | | contribution | description (if applicable) |
| · | 6. Contributor address: | City Stat | te ZIP | Code | \$250.00 | |
| | 17401 Rush Pea Cir Austin, TX 78 | 3738-4045 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occ | upation / Job title (See Instruction | ıs) | 1 | 0 Empl | oyer (See Instruction | s) |
| Appraiser | | | | M | fark Smith Realty Cons | sultants |

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SCHEDULE A

| The | Instruction Guide explains how to | complete th | nis form. | | Total pages Sche 93 | edule A: |
|-------------------|--------------------------------------|-----------------------|-----------|----------|-------------------------|---------------------------------------|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filèrs) |
| 4. Date | 5. Full name of contributor | out-of-stat | te PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/09/2014 | Darren Spohn | | | | | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 8940 Research Blvd Ste 300 Austin | , TX 78758-7 | 7018 . | | | |
| | | | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | · · | | 10 Emplo | oyer (See Instruction | S) |
| President | | | | S | pohn & Associates, Inc | · · · · · · · · · · · · · · · · · · · |
| 4. Date | 5. Full name of contributor | out-of-stat | te PAC _ | 7270 | 7. Amount of | 8. In-kind contribution |
| 10/22/2014 | Marilyn Stahl | | | | contribution \$50.00 | description (if applicable) |
| } | 6. Contributor address: | City | State | ZIP Code | \$30.00 | |
| | 3702 Terrina St Apt 9 Austin, TX 7 | 8759-8758 | | | | |
| | | | | • | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-star | te PAC _ | | | 8. In-kind contribution |
| 10/22/2014 | Marion Stahl | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$50.00 | |
| | 3702 Terrina St Apt 9 Austin, TX 7 | 8759-8758 | | • | | , |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | 3) | | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-sta | te PAC | | 7. Amount of | 8. In-kind contribution |
| 09/26/2014 | William Steele | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | , |
| | 600 Congress Ave Ste 2200 Austin | , TX 78 7 01-3 | 055 | | | • |
| - | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions | s) . | | 10 Empl | oyer (See Instruction | s) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Sche 93 | edule A: | |
|---|--|-------------|-----------|-------------------------|--|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | - | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Jimmy Stewart | | | - | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | · |
| | 2208 S Lamar Blvd Ste C Austin, 7 | ГХ 78704-5 | 192 | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | Out-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Skyler Bentsen Stewart | _ | _ | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | |
| | 2812 Kinney Oaks Ct Austin, TX | 78704-4978 | | | | , . |
| | | | • | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | s) | | 10 Emple | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Susan Stoner | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$200.00 | |
| | 8313 Elander Dr Austin, TX 78750 | 0-7842 | | | | · |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| | pation / Job title (See Instruction blic Accountant | s) | | | oyer (See Instruction toner & Bouldin LLP | 5) |
| 4. Date | 5. Full name of contributor | out-of-s | state PAC | · | 7. Amount of | 8. In-kind contribution |
| 10/06/2014 | Clay Strange | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | |
| | 105 Golden Bear Dr Austin, TX 78 | 8738-1720 | | | | |
| | | , | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instruction | ıs) | | 10 Empl | oyer (Sée Instruction | s) |
| | | | | | | |

Austin, Texas 78711-2070

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P.O. Box 12070

SCHEDULE A

| The I | nstruction Guide explains how to complete this form. | 1. Total pages School 93 | edule A: | |
|--|---|--------------------------|---|---|
| 2. FILER NAME | Stephen Adler | * | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date09/30/20149. Principal occul4. Date10/25/2014 | 5. Full name of contributor out-of-state PAC Charles Streig 6. Contributor address: City State 1011 Brodie St Apt 21 Austin, TX 78704-4158 coation / Job title (See Instructions) 5. Full name of contributor out-of-state PAC Sara Strother 6. Contributor address: City State 1403 E 2nd St Austin, TX 78702-4309 | ZIP Code 10 Emplo | 7. Amount of contribution \$20.00 (if travel outside or over (See Instruction) 7. Amount of contribution \$100.00 | 8. In-kind contribution description (if applicable) Texas, complete Schedule T) s) 8. In-kind contribution description (if applicable) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emple | (if travel outside o | Texas, complete Schedule T) |
| 4. Date 10/16/2014 | 5. Full name of contributorout-of-state PAC Andre Suissa 6. Contributor address: City State 603 Davis St Apt 1406 Austin, TX 78701-4248 | ZIP Code | 7. Amount of contribution \$180.00 | In-kind contribution description (if applicable) Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emple | oyer (See Instruction | s) |
| 4. Date 10/25/2014 | 5. Full name of contributorout-of-state PAC Kimberly Taylor 6. Contributor address: City State 3605 Pinnacle Rd Austin, TX 78746-7416 | ZIP Code | 7. Amount of contribution \$150.00 (if travel outside o | In-kind contribution description (if applicable) Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |

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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

| The | Instruction Guide explains how to complete this form. | | Total pages Sche 93 | dule A: |
|-------------------|---|---------|---|---|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Eth | nics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | [· · · · · · · · · - · · · · · · · · · | 8. In-kind contribution |
| 10/24/2014 | Sean P Tenney | | | description (if applicable) |
| | 6. Contributor address: City State Z | IP Code | \$200.00 | |
| | 7303 Lamplight Ln Austin, TX 78731-2121 | | | |
| | * | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 1 | oyer (See Instructions | 3) |
| Vice Preside | nt · | С | DM Smith | |
| 4. Date | Full name of contributorout-of-state PAC | | | 8. In-kind contribution description (if applicable) |
| 10/21/2014 | Lisa Terrill | | \$350.00 | , |
| | 6. Contributor address: City State Z | IP Code | | ٠, ٣ |
| | 1615 Mohle Dr Austin, TX 78703-1937 | | | • • |
| | | | (if travel outside of | Texas, complete Schedule T) |
| · · | pation / Job title (See Instructions) | 1 | oyer (See Instructions | 5) |
| Real Estate | | Se | elf | · |
| 4. Date | 5. Full name of contributorout-of-state PAC | | | In-kind contribution description (if applicable) |
| 10/21/2014 | Paul Terrill | | \$350.00 | description (it applicable) |
| | 6. Contributor address: City State 2 | IP Code | 3.330.00 | |
| | 1615 Mohle Dr Austin, TX 78703-1937 | | | • |
| | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | oyer (See Instructions | 5) |
| Attorney | - Marketon - a | Т | he Terrill Firm, P.C. | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/03/2014 | Jeff Thompson | | \$350.00 | description (ii applicable) |
| | 6. Contributor address: City State Z | IP Code | \$350.00 | |
| | 401 Black Wolf Run Austin, TX 78738-1764 | | | |
| | | | (if travel outside of | Texas, complete Schedule T) |
| 9. Principal occu | ipation / Job title (See Instructions) | 1 | oyer (See Instruction: | |
| Sales | | L | iquid Environmental So | olutions |

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P.O. Box 12070

SCHEDULE A

| The | Instruction Guide explains how to com | plete this form | | Total pages School 93 | edule A: |
|----------------------------------|---|--------------------|-----------------|---|--|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC _ | _ | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/25/2014 | Jeffrey Thompson 6. Contributor address: Ci 4603 Rosedale Ave Austin, TX 78756-30 | • | ZIP Code | \$100.00 |) |
| | | · | <u> </u> |] | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emple | oyer (See Instruction | s) |
| 4. Date | _ | out-of-state PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/25/2014 | Barth Timmerman 6. Contributor address: Ci | ty State | ZIP Code | \$350.00 | |
| | 501 Vale St Austin, TX 78746-5732 | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occu Real Estate | pation / Job title (See Instructions) | | | oyer (See Instruction reenview Developmen | · · |
| 4. Date 10/22/2014 | Full name of contributor Robert Torian | out-of-state PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| | 6. Contributor address: Ci | ty State | ZIP Code | \$325.00 | |
| | 1203 Newton St Austin, TX 78704-3027 | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occu Real Estate I | pation / Job title (See Instructions) Broker | | , | oyer (See Instruction orian Realty | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/23/2014 | Paul Trahan | | 7 10.0.1 | \$350.00 | accompany (ii application) |
| | 6. Contributor address: Ci | , | ZIP Code | | |
| | 2106 Headwater Ln Austin, TX 78746-78 | 85 / | v | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Empl | oyer (See Instruction | s) |
| Attorney | | | N | orton Rose Fulbright L | LC |

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SCHEDULE A

| The I | nstruction Guide explains how to complete this form. | | Total pages Schedule A: 93 |
|---------------------------------|--|----------|--|
| 2. FILER NAME | Stephen Adler | | ACCOUNT # (Ethics Commission Filers) |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 10/09/2014 | Daniel Tristan | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$350.00 |
| | 2801 Hatley Dr Rollingwood, TX 78746-4610 | | |
| | | | (if travel outside of Texas, complete Schedule T) |
| · · | pation / Job title (See Instructions) | , | oyer (See Instructions) |
| Real Estate B | roker | N N | IcAllister & Associates |
| 4. Date | Full name of contributor | | 7. Amount of 8. In-kind contribution description (if applicable) |
| 10/22/2014 | John Trube | | \$200.00 |
| | 6. Contributor address: City State | ZIP Code | 42 00100 |
| | 2707 Scenic Dr Austin, TX 78703-1038 | • | |
| | | | (if travel outside of Texas, complete Schedule T) |
| Principal occup Real Estate | pation / Job title (See Instructions) | 1 ' | oyer (See Instructions) elf |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution |
| 09/28/2014 | Shuming Tsai | | contribution description (if applicable) |
| · | 6. Contributor address: City State | ZIP Code | \$100.00 |
| | 15408 Brodick Dr Austin, TX 78717-3923 | | |
| | | • | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occur | pation / Job title (See Instructions) | 10 Emple | oyer (See Instructions) |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of . 8. In-kind contribution |
| 09/27/2014 | Harry Ulimann | | contribution description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$50.00 |
| | 5402 Shoal Creek Blvd Austin, TX 78756-1817 | | |
| , | , | | (if travel outside of Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) |

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SCHEDULE A

| The 1 | nstruction Guide explains how to complete this form | • | Total pages Sche 93 | edule A: |
|--------------------|---|----------|---------------------------|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/17/2014 | Emma Van Hees | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$100.00 | |
| | 2017 Tillotson Ave Austin, TX 78702-2834 | | | , |
| | • | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occur | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | 5) |
| Student | <u>, , , , , , , , , , , , , , , , , , , </u> | N | one | |
| 4. Date | Full name of contributorout-of-state PAC _ | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/25/2014 | Crystal Viagran | | \$25.00 | description (ii applicable) |
| | 6. Contributor address: City State | ZIP Code | VV.C.\$\$ | |
| | 603 Allen St Austin, TX 78702-4919 | | | |
| | | - | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributorout-of-state PAC | | | 8. In-kind contribution |
| 10/07/2014 | Marissa Vogel | | contribution | description (if applicable) |
| E | 6. Contributor address: City State | ZIP Code | \$100.00 | |
| | 3502 Crowncrest Dr Austin, TX 78759-8708 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emple | oyer (See Instruction | s) |
| 4. Date | Full name of contributorout-of-state PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Susan Walker | | contribution | description (if applicable) |
| | 6. Contributor address: City State | ZIP Code | \$50.00 | |
| | 700 Castle Ridge Rd Apt A Austin, TX 78746-5174 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emple | oyer (See Instruction | s) , |
| | | · | • | |

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SCHEDULE A

| The | Instruction Guide explains how to co | Total pages Sch 93 | Total pages Schedule A: 93 | | |
|-------------------|--|------------------------|--------------------------------|--------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | 3 ACCOUNT # (Ef | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Tommy Walker | 1 | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$50.00 | |
| | 700 Castle Ridge Rd Apt A Austin, TX | 78746-5174 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 En | nployer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/24/2014 | Warren Walters | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | |
| | 2918 | in, TX 78734-2251 | | | |
| - | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | į: | 10 En | nployer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/09/2014 | Neal Walton | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$100.00 | |
| | 4608 Sinclair Ave Austin, TX 78756-3 | 019 | | | |
| · | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 En | nployer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/17/2014 | Najib Wehbe | | | contribution | description (if applicable) |
| | 6. Contributor address: | City State | ZIP Code | \$350.00 e | |
| | 5902 Mountain Villa Dr Austin, TX 78 | 731-3753 | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 En | nployer (See Instruction | s) |
| Investor | $(x_{ij}, x_{ij}, x_{$ | | | Self | · |

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

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | |
|---|--|---------|---------------------------------------|-------------------------------------|--|
| 2. FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-stat | e PAC | | 7. Amount of | 8. In-kind contribution |
| 10/10/2014 | Ingrid Weigand | | | contribution | description (if applicable) |
| , <u>j</u> u. | 6. Contributor address: City | State Z | IP Code | \$100.00 | |
| | 704 W Gibson St Austin, TX 78704-2344 | | | | |
| , | · | | r | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor out-of-stat | e PAC | · · · · · · · · · · · · · · · · · · · | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Dale Weisman | - | | contribution | description (if applicable) |
| - | 6. Contributor address: City | State Z | IP Code | \$25.00 | |
| | 1110 Bluebonnet Ln Austin, TX 78704-2006 | | | | |
| | | | | (if travel outside o | (Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |
| | <u> </u> | | | | ' |
| 4. Date | 5. Full name of contributorout-of-stat | e PAC | | 7. Amount of contribution | In-kind contribution description (if applicable) |
| 10/02/2014 | Jack Weiss | | | \$250.00 | description (ii applicable) |
| • | 6. Contributor address: City | State Z | IP Code | \$250.00 | |
| | 314 Ridgewood Rd Austin, TX 78746-4619 | | | | |
| | 1 | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occup Realtor | pation / Job title (See Instructions) | | | oyer (See Instruction uick & Co. | s) |
| 4 Date | 5. Full name of contributorout-of-stat | e PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Morris Weiss | | | contribution | description (if applicable) |
| | 6. Contributor address: City | State Z | IP Code | \$100.00 | |
| | 4203 Waters Edge Cv Ste 1800 Austin, TX 7873 | 1-5139 | | | ; |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | | 10 Emplo | oyer (See Instruction | s) |
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SCHEDULE A

| The ! | nstruction Guide explains how to complete this | | Total pages Schedule A. 93 | | |
|--------------------|--|---------|--------------------------------|----------------------|-----------------------------|
| 2: FILER NAME | Stephen Adler | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributorout-of-state P | AC | | 7. Amount of | 8. In-kind contribution |
| 10/23/2014 | Leo Welder | | | contribution | description (if applicable) |
| | 6. Contributor address: City Sta | ate ZIP | Code | \$200.00 | |
| | 401 Congress Ave Ste 1540 Austin, TX 78701-385 | I | | | .' |
| , | | | | (if travel outside o | Texas, complete Schedule T) |
| , · | pation / Job title (See Instructions) | 10 | • | yer (See Instruction | s) |
| Online Marke | ting | | Zil | lker Ventures, LLC | |
| 4. Date | 5. Full name of contributorout-of-state P | PAC | | 7. Amount of | 8. In-kind contribution |
| 10/02/2014 | JoAnn Welles | | | contribution | description (if applicable) |
| | 6. Contributor address: City Sta | ate ZIP | Code | \$50.00 | |
| | 7104 Beauford Dr Austin, TX 78750-8151 | | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 |) Emplo | yer (See Instruction | s) |
| 4. Date | 5. Full name of contributorout-of-state P | PAC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Eugenia B Whitaker | | | contribution | description (if applicable) |
| | 6. Contributor address: City Sta | ate ZIP | Code | \$25.00 | |
| | 4100 Jackson Ave Apt 317 Austin, TX 78731-6070 |) | | | |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 |) Emplo | yer (See Instruction | s) |
| 4. Date | 5. Full name of contributorout-of-state P | AC | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Lyndzee Whitman | | | contribution | description (if applicable) |
| | 6. Contributor address: City Sta | ate ZIP | Code | \$100.00 | |
| | 1125 Map St Unit B Austin, TX 78721-2540 | | | | , |
| | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 |) Emplo | yer (See Instruction | s) |

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P.O. Box 12070

SCHEDULE A

| The | Instruction Guide explains how to | complete t | his form. | | Total pages School 93 | edule A: | |
|-------------------|--|------------|-----------|-------------|-------------------------------|---|--|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT#(Et | hics Commission Filers) | |
| 4. Date | Full name of contributor | out-of-sta | te PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/24/2014 | Kumara Wilcoxon | | | | contribution | description (if applicable) | |
| | Contributor address: | City | State | ZIP Code | \$350.00 | | |
| | 1625 Watchhill Rd Austin, TX 787 | 03-2440 | | | | | |
| | | • | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions | 3) | | 10 Empl | oyer (See Instruction | s) | |
| Real Estate | | | | S | elf | · | |
| 4. Date | 5. Full name of contributor | out-of-sta | te PAC _ | | 7. Amount of | 8. In-kind contribution | |
| 10/24/2014 | Lemuel C Williams | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | | |
| | Arboretum Plaza II 9442 Capital of TX 78759-7239 | Texas Hwy | N., Suite | 400 Austin, | , | · | |
| | | | | · 1 | | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions | s) | | 10 Empl | oyer (See Instruction | s)· | |
| 4. Date | 5. Full name of contributor | out-of-sta | te PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/07/2014 | Whitney Williams | | | | contribution | description (if applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | · | |
| | 1729 Timberwood Dr Austin, TX 7 | 8741-5546 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions | s) | | · · | 0 Employer (See Instructions) | | |
| Partner | | | | R | GM Advisors | · · | |
| 4. Date | 5. Full name of contributor | out-of-sta | te PAC _ | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) | |
| 10/17/2014 | James Wills | 1 | | | \$50.00 | description (ii applicable) | |
| | 6. Contributor address: | City | State | ZIP Code | | | |
| | 3701 Bridle Path Austin, TX 78703 | 3-2004 | | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instruction: | s) | | 10 Empl | oyer (See Instruction | s) | |
| | | | - | İ | | 4 | |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | | |
|---|--------------------------------------|-----------------|-------|--------------------------------|-----------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PA | 'C | | 7. Amount of | 8. In-kind contribution |
| 10/06/2014 | Steve Wilson | | • | | contribution | description (if applicable) |
| | 6. Contributor address: | City Sta | te ZI | P Code | \$20.00 | ¥ |
| | 6207 Cat Mountain Cv Austin, TX | K 78731-3501 | | - | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occi | upation / Job title (See Instruction | ns) | | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PA | ·c | | 7. Amount of | 8. In-kind contribution |
| 10/21/2014 | Douglas Wixson | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City Sta | te ZI | P Code | \$25.00 | |
| | 2108 Griswold Ln Austin, TX 785 | 703-3010 | | | | |
| | , | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occi | upation / Job title (See Instruction | ns) | | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PA | ·c | | 7. Amount of | 8. In-kind contribution |
| 10/21/2014 | Suzanne Wixson | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City Sta | te ZI | P Code | \$25.00 | |
| | 2108 Griswold Ln Austin, TX 787 | 703-3010 | | | | |
| | · | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occi | upation / Job title (See Instruction | ns) | | 10 Empl | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-state PA | /C | | 7. Amount of | 8. In-kind contribution |
| 10/25/2014 | Barbara Wohlgemuth | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City Sta | te ZI | P Code | \$100.00 | |
| | 1701 Brackenridge St Austin, TX | 78704-3513 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occi | upation / Job title (See Instruction | ns) | | 10 Empl | oyer (See Instruction | s) |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A: 93 | | |
|---|---|------------|------------|--------------------------------|------------------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | | - | | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/15/2014 | Audrey Wolchansky | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$25.00 | |
| | 8012 Bottlebrush Dr Austin, TX 78 | 750-7839 | | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 09/26/2014 | Michael Wong | _ | | | contribution | description (if applicable) |
| | Contributor address: | City | State | ZIP Code | \$100.00 | |
| | 8 Inwood Cir Austin, TX 78746-464 | 13 | | | | |
| | , | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occur | pation / Job title (See Instructions |) | | 10 Emplo | oyer (See Instruction | s) |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC | | 7. Amount of | 8. In-kind contribution |
| 10/21/2014 | Ellen Wood | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$350.00 | |
| | 5002 Sevan Cv Austin, TX 78731-1 | 138 | | | | |
| | , | | | | (if travel outside o | Texas, complete Schedule T) |
| Principal occup Chief Execut | pation / Job title (See Instructions ive Officer |) | | 1 | oyer (See Instruction CFO, Inc. | s) |
| 4. Date | 5. Full name of contributor | out-of-s | tate PAC _ | | 7. Amount of | 8. In-kind contribution |
| 10/07/2014 | Shari A Wynne Ressler | | | | contribution | description (if applicable) |
| | 6. Contributor address: | City | State | ZIP Code | \$100.00 | |
| | 620 Congress Ave Ste 320 Austin, 7 | TX:78701-3 | 3230 | | | |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions |) | | 10 Emple | oyer (See Instruction | s) |
| | | | | | | • |

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SCHEDULE A

| The I | nstruction Guide explains how to complete this form. | v* | Total pages School 93 | edule A: |
|--------------------|--|---------------------|---------------------------|-----------------------------|
| 2. FILER NAME | Stephen Adler | ٠. | 3. ACCOUNT # (Et | hics Commission Filers) |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/12/2014 | Steven Yau | | contribution | description (if applicable) |
| | 6. Contributor address: City State ZI | P Code | \$100.00 | |
| | 9524 Ketona Cv Austin, TX 78759-6260 | | | |
| | | • | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Empk | oyer (See Instruction | S) |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Aydin Yildirim | | contribution | description (if applicable) |
| , | 6. Contributor address: City State ZI | P Code | \$250.00 | |
| | 1831 Wells Branch Pkwy Apt 211 Austin, TX 78728-6907 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occup | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| Teacher | | H | armony School of Poli | tical Science North |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution |
| 10/14/2014 | Rukiye Yildirim | | contribution | description (if applicable) |
| | 6. Contributor address: City State ZI | P Code | \$250.00 | |
| | 1831 Wells Branch Pkwy Apt 211 Austin, TX 78728-6907 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| None | · | · N | оле . | |
| 4. Date | Full name of contributor | | 7. Amount of | 8. In-kind contribution |
| 10/16/2014 | Feride Yilmaz | | contribution \$250.00 | description (if applicable) |
| | 6. Contributor address: City State ZI | P ⁻ Code | \$230.00 | |
| | 2012 Shaker Trl Austin, TX 78754-5936 | | | |
| | | | (if travel outside o | Texas, complete Schedule T) |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Emplo | oyer (See Instruction | s) |
| None | | N | one | |

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SCHEDULE A

| The | Instruction Guide explains how to complete this form. | Total pages Schedule A: 93 | | | |
|-------------------|---|--------------------------------|--------------------------------|---|--|
| 2. FILER NAME | Stephen Adler | | 3. ACCOUNT#(Et | hics Commission Filers) | |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/14/2014 | Ilker Yilmaz | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$250.00 | | |
| | 2012 Shaker Trl Austin, TX 78754-5936 | | | | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | S) | |
| Teacher | | H | larmony School of Poli | tical Science North | |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/24/2014 | Peter Zandan | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$350.00 | | |
| | 98 San Jacinto Blvd FSR 2006 Austin, TX 78701-4082 | | .*. | | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | 10 Employer (See Instructions) | | |
| Consultant | | H | Hill and Knowlton Strategies | | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of | 8. In-kind contribution | |
| 10/02/2014 | Kevin Zarling | | contribution | description (if applicable) | |
| | 6. Contributor address: City State | ZIP Code | \$175.00 | | |
| | 5701 Hero Dr Austin, TX 78735-6259 | | | | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) | |
| | | | | · | |
| 4. Date | 5. Full namé of contributorout-of-state PAC | | 7. Amount of contribution | 8. In-kind contribution description (if applicable) | |
| 10/02/2014 | Suzanne Zarling | | \$175.00 | , | |
| , | 6. Contributor address: City State | ZIP Code | | | |
| | 5701 Hero Dr Austin, TX 78735-6259 | | | | |
| | | | (if travel outside o | Texas, complete Schedule T) | |
| 9. Principal occu | pation / Job title (See Instructions) | 10 Empl | oyer (See Instruction | s) | |
| | | | | - 1 | |

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SCHEDULE A

| The | e Instruction Guide explains how to complete this fo | Total pages Schedule A: 93 | | | |
|-------------------------------|--|--------------------------------|---|------------|--|
| 2. FILER NAME | E Stephen Adler | | 3. ACCOUNT # (Ethics Commission I | Filers) | |
| 4. Date | 5. Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contribution | | |
| 10/16/2014 | Parker Lasseigne | | contribution description (if app | | |
| | 6. Contributor address: City State | ziP Code | \$325.00 Videography service | 003 | |
| | 400 W Anderson Ln Apt 3103 Austin, TX 78752-112 | 5 | | • | |
| | \downarrow | | (if travel outside of Texas, complete S | chedule T) | |
| 9. Principal occ | cupation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) | | |
| Videograph | ner | S | tream Realty | | |
| 4. Date | Full name of contributor | ; | 7. Amount of 8. In-kind contrib | | |
| 10/24/2014 | Julie Lynk | | contribution description (if app | olicable) | |
| , | 6. Contributor address: City State | ZIP Code | \$350.00 | | |
| | 6004 Ronchamps Dr Round Rock, TX 78681-5330 | | | • | |
| | | | (if travel outside of Texas, complete S | chedule T) | |
| Principal occ Homemake | cupation / Job title (See Instructions) | · · · · · · · · | 0 Employer (See Instructions) None | | |
| 4. Date | Full name of contributorout-of-state PAC | | 7. Amount of 8. In-kind contrib | | |
| 10/24/2014 | Steve Lynk | | contribution description (if app | licable) | |
| | 6. Contributor address: City State | zIP Code | \$350.00 | | |
| | 6004 Ronchamps Dr Round Rock, TX 78681-5330 | | | | |
| | | | (if travel outside of Texas, complete S | chedule T) | |
| Principal occ Vice Presid | cupation / Job title (See Instructions) lent | 1 | oyer (See Instructions) DM Smith | (, | |
| 4. Date | 5. Full name of contributor out-of-state PAC | ; | 7. Amount of 8. In-kind contrib | | |
| 10/17/2014 | Emma Van Hees | • | contribution description (if app | | |
| | 6. Contributor address: City State | ZIP Code | \$201.32 | | |
| | 2017 Tillotson Ave Austin, TX 78702-2834 | - | | | |
| | · | i | (if travel outside of Texas, complete S | chedule T) | |
| 9. Principal occ | cupation / Job title (See Instructions) | 10 Empl | oyer (See Instructions) | | |
| Student | Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Ma | N | lone | | |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | | | Total pages Schedule A: 93 | |
|---|---|------|-----------|----------|------------------------------------|--|
| 2. FILER NAME | Stephen Adler | | | | 3. ACCOUNT # (E | thics Commission Filers) |
| 4. Date 10/24/2014 | 5. Full name of contributorJeannie Wiginton6. Contributor address:908 E Live Oak St Austin, TX 78° | City | State PAC | ZIP Code | 7. Amount of contribution \$200.00 | 8. In-kind contribution description (if applicable) Food for event |
| | | | | | (if travel outside o | Texas, complete Schedule T) |
| • | pation / Job title (See Instruction | ns) | | | oyer (See Instruction | s) |
| Associate | | | | | CDM Smith | |

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

www.ethics.state.tx.us Revised 04/19/2013

State

18 Guarantor address:

20 Principal Occupation (See Instructions)

☑ not applicable

City

ZIP Code

21 Employer (See Instructions)

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Reverage Expense

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. | |
|---|---|--|------------------------------------|
| Total pages Schedule F: | 2. FILER NAME | 3. ACCOUNT # (Et | thics Commission Filers) |
| 34 | Stephen Adler | | |
| 4 Date | 5 Payee name | | |
| 10/07/2014 | 7-Eleven Convenience Store | | |
| 6 Amount \$5.39 | 7 Payee address: City: | State: | Zip Code |
| | 2624 Lake Austin Blvd Austin, TX 78703-4429 | | |
| B PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Event Expense | (b) Description (If travel out: Food for Meet & Greet | side of Texas, complete Schedule T |
| | | Check if Austin, TX, officeh | older living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| 4 Date | 5 Payee name | | |
| 09/30/2014 | Austin's Pizza | | |
| 6 Amount \$74.91 | 7 Payee address: City: | State: | Zip Code |
| | 2222 Rio Grande St Bldg 110 Austin, TX 78705-5116 | 0 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Event Expense | (b) Description (If travel out Food for Meet & Greet | side of Texas, complete Schedule T |
| | | Check if Austin, TX, officeh | older living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| 4 Date | 5 Payee name | | |
| 09/30/2014 | Austin's Pizza | | |
| 6 Amount \$147.84 | 7 Payee address: City: | State: | Zip Code |
| | 2222 Rio Grande St Bldg 110 Austin, TX 78705-5110 | 0 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Event Expense | (b) Description (If travel out | side of Texas, complete Schedule T |
| LAF LINDII ORE | | Check if Austin, TX, officeh | older living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

P.O. Box 12070

SCHEDULE F

(512) 463-5800

| EXPENDITURE CATEGORIES FOR BOX 6(a) | | | | | |
|-------------------------------------|--|---|---|--|--|
| | Accounting/Banking Legal Consulting Expense Food Event Expense Polling | Awards/Memorials Expense al Services d/Beverage Expense ng Expense (ing Expense | Salaries/Wages/Contract L Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex | rpense Transportat Contribution Candidate/Contribution | rment/Reimbursement ion Equipment & Related Expense ns/Donations Made By Officeholder/Political Committee ter a category not listed above) |
| | | The Instructi | ion Guide explains how to | complete this form. | |
| 1 | . Total pages Schedule F: | 2. FILER NAME | | <u> </u> | T.# (Ethics Commission Filers) |
| | 34 | Stephen Adler | | | , |
| 4 | Date | 5 Payee name | * | · | |
| | 09/30/2014 | Austin's Pizza | | | |
| 6 | Amount \$112.52 | 7 Payee address: | City: 110 Austin, TX 78705-5110 | State: | Zip Code |
| | | 2222 No Grande St Blug | 110 Austin, 17, 76705-5110 | , | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories li Event Expense | isted at the top of this schedule) | Food for Meet & Gre | |
| Ļ | O | 0 111 1075 1 11 | | | (, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office sought | Office held |
| 4 | Date | 5 Payee name | | | |
| | 10/13/2014 | Austin's Pizza | | • | |
| 6 | Amount \$112.17 | 7 Payee address: | - City: | State: | Zip Code |
| | | ;2222 Rio Grande St Bldg | 110 Austin, TX ,78705-5110 |) | • |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories li Food/Beverage Expense | isted at the top of this schedule) | (b) Description (lf to Food for Volunteers | avel outside of Texas, complete Schedule T |
| _ | | | | Check if Austin, TX | C, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office sought | Office held |
| 4 | Date | 5 Payee name | | | · · · · · · · · · · · · · · · · · · · |
| | 10/23/2014 | Austin's Pizza | | | |
| 6 | Amount \$172.57 | 7 Payee address: | City: | State: | Zip Code |
| | | 2222 Rio Grande St Bldg | 110 Austin, TX 78705-5110 |) | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See categories li Food/Beverage Expense | isted at the top of this schedule) | (b) Description (If to Food for Volunteers | avel outside of Texas, complete Schedule T |
| L | | | | Check if Austin, TX | C, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office sought | Office held |

SCHEDULE F

| | EXPEN | DITURE CATEGORIES | FOR BOX 8(a) | • | |
|--|---|---|--|---|---------|
| Accounting/Banking Leg Consulting Expense Foc Event Expense Poli | t/Awards/Memorials Expense gal Services od/Beverage Expense lling Expense nting Expense | Salaries/Wages/Contract I Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex | rpense Transportati Contribution Candidate/C | ment/Reimbursement on Equipment & Related Expense s/Donations Made By Officeholder/Political Committee ter a category not listed above) | |
| | <u> </u> | on Guide explains how to | | | _ |
| Total pages Schedule F: | 2. FILER NAME | | 3. ACCOUNT | Γ# (Ethics Commission Filers) | |
| 34 | Stephen Adler | | | | _ |
| 4 Date | 5 Payee name | • | | | |
| 10/02/2014 | Barton Springs Center, Ltd | | | | _ |
| 6 Amount \$5,000.00 | 7 Payee address: 501 S Congress Ave Ste 40 | City: 0 Austin, TX 78704-1731 | State: | Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category(See categories list Office Overhead/Rental Expense | ted at the top of this schedule) | Office Rent | avel outside of Texas, complete Schedule 1 | F) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder nar | me | Office sought | Office held | _ |
| 4 Date | 5 Payee name | | <u>.</u> | | |
| 10/10/2014 | Barton Springs Center, Ltd | • | | | |
| 6 Amount \$20.67 | 7 Payee address: 501 S Congress Ave Ste 40 | City: | State: | Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See categories list Office Overhead/Rental Expense | ted at the top of this schedule) | Utilities | avel outside of Texas, complete Schedule | <u></u> |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder nar | me , | Office sought | Office held | - |
| 4 Date | 5 Payee name | | | | _ |
| 10/25/2014 | Carolyn Beckett | | | | |
| 6 Amount | 7 Payee address: | City: | State: | Zip Code | |
| • , | 7512 Stepdown Cv Austin, | TX 78731-1141 | | , | |

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(a) Category(See categories listed at the top of this schedule) Solicitation/Fundraising Expense

Candidate/Officeholder name

Office held

(b) Description(If travel outside of Texas, complete Schedule T)

Check if Austin, TX, officeholder living expense

refund of contribution

Office sought

PURPOSE OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F

| | | EXPENDITURE CATEGORIES FOR BOX 6(8) | | | | |
|---|--------|---|---|--|--|--|
| Accounting/Banking Consulting Expense Event Expense | | Awards/Memorials Expense al Services d/Beverage Expense ng Expense ting Expense | Salaries/Wages/Contract Labor Solicitation/Fundraising Expens Travel In District Travel Out Of District Office Overhead/Rental Expens | e Transport Contributi Candidate | Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) | |
| ı | | The Instruc | tion Guide explains how to com | plete this form | n. | |
| 1. Total pages Sched | ule F: | 2. FILER NAME | * | 3. ACCOU | NT # (Ethics Commission Filers) | |
| 34 | | Stephen Adler | | | | |
| 4 Date | | 5 Payee name | | | | |
| 10/21/2014 | | Lester Birdsong | | | | |
| 6 Amount \$3.96 | 50.00 | 7 Payee address: | City: | State: | Zip Code | |
| | | 135 Millennial Way Bast | rop, TX 78602-6803 | • | | |

| | 55,900.00 | 135 Millennial Way Bastrop, TX 78602-6803 | 、 . | |
|---|---|---|---|--|
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this so Salaries/Wages/Contract Labor | (b) Description (If trave Sign Installation | el outside of Texas, complete Schedule T) |
| | | | Check if Austin, TX, o | fficeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| 4 | Date | 5 Payee name | \ | |
| | 09/30/2014 | Charles Bonner | ` | |
| 6 | Amount \$194.79 | 7 Payee address: City: | State: | Zip Code |
| | | 2323 San Antonio St Rm 2101 Austin, TX 78 | 705-5221 | · |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this so Salaries/Wages/Contract Labor | Salary | el outside of Texas, complete Schedule T) |
| ١ | | | | fficeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| 4 | Date | 5 Payee name | | |
| ĺ | 10/01/2014 | David Butts | • | |
| 6 | Amount \$4,000.00 | 7 Payee address: City: | State: | Zip Code |
| | | 1914 Patton Ln Austin, TX 78723-1236 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this so Consulting Expense | (b) Description (If trave Political Strategy Const | el outside of Texas, complete Schedule T ultant |
| | | | Check if Austin, TX, o | fficeholder living expense |
| 9 | Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |

| • | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | |
|---|---|--|
| | No | |

P.O. Box 12070

SCHEDULE F

(512) 463-5800

| - | | · | | | | |
|---|--|---|---|--------------------|---|---|
| | | EXPE | NDITURE CATEGORIES | FOR BO | X 8(a) | |
| | Accounting/Banking Lega Consulting Expense Food Event Expense Pollir | wards/Memorials Expense I Services /Beverage Expense g Expense ng Expense The Instructi | Salaries/Wages/Contract L Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex | pense epense | Transportatior Contributions/ Candidate/Off OTHER (enter | nent/Reimbursement n Equipment & Related Expense /Donations Made By ficeholder/Political Committee r a category not listed above) |
| 1 | Total pages Schedule F: | 2. FILER NAME | | | | # (Ethics Commission Filers) |
| | 34 | Stephen Adler | | | , | |
| _ | Date | 5 Payee name | | | • | |
| • | 10/13/2014 | Capital Area Democratic V | Vomen | | | |
| 6 | Amount | 7 Payee address: | City: | State | | Zip Code |
| • | \$500.00 | PO Box 12962 Austin, TX | . 78711-2962 | | | |
| 3 | PURPOSE OF EXPENDITURE | (a) Category(See categories lic Contributions/Donations Made By Committee | sted at the top of this schedule) Candidate/Officeholder/Political | Event S | ponsorship | rel outside of Texas, complete Schedule T officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ime . | Office sou | ight | Office held |
| 4 | Date | 5 Payee name | | | | |
| | 10/14/2014 | Capitol Rubber Stamp | | | | |
| 6 | Amount \$92.55 | 7 Payee address: 3314 S Congress Ave Aus | City: tin, TX 78704-6441 | State | | Zip Code |
| В | PURPOSE OF | (a) Category (See categories li | sted at the top of this schedule) | | | vet outside of Texas, complete Schedule 1 |
| | EXPENDITURE | Office Overhead/Rental Expense | | Campai | gn Name Badge | es |
| | | \ | | | | officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ime | Office so | ught | Office held |
| 4 | Date | 5 ⁻ Payee name | | | | |
| _ | 10/07/2014 | Chase Tower | | | | |
| 6 | Amount | 7 Payee address: | City: | State |) : | Zip Code |
| | \$5.00 | 211 W 6th Street Austin, 7 | TX 78701-3401 | | | · |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories li Event Expense | sted at the top of this schedule) | (b) Des Parking | cription (If trav | vel outside of Texas, complete Schedule |
| | | | | 1 | | officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office so | | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--|--|---|--|---|--|--|
| Accounting/Banking Legal Consulting Expense Food Event Expense Polling | Awards/Memorials Expense Il Services I/Beverage Expense ng Expense ing Expense | Salaries/Wages/Contract Solicitation/Fundraising E Travel In District Travel Out Of District Office Overhead/Rental E | xpense Transportati Contribution Candidate/C | ment/Reimbursement on Equipment & Related Expense s/Donations Made By officeholder/Political Committee ter a category not listed above) | | |
| | - | ion Guide explains how to | · | | | |
| Total pages Schedule F: | 2. FILER NAME | | 3. ACCOUNT | 「# (Ethics Commission Filers) | | |
| 34 4 Data | Stephen Adler | |) | · | | |
| 4 Date | 5 Payee name | | | | | |
| 10/14/2014 | Costco | City | Stata | Zio Codo | | |
| 6 Amount \$61.42 | 7 Payee address: 4301 W William Cannon | City: Dr Austin, TX 78749-1473 | 'State: | Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories Food/Beverage Expense | isted at the top of this schedule) | Food & Drink for Ev | avel outside of Texas, complete Schedule T ent , officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office sought | Office held | | |
| 4 Date | 5 Payee name | | | | | |
| 09/30/2014 | Andrew Coulter | | | | | |
| 6 Amount | 7 Payee address: 302 W38th St Apt 117 At | City: ustin, TX 78705 | State: | Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories I Salaries/Wages/Contract Labor | isted at the top of this schedule) | Salary | avel outside of Texas, complete Schedule T | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office sought | Office held | | |
| 4 Date | 5 Payee name | | | | | |
| 10/15/2014 | Andrew Coulter | | | | | |
| 6 Amount \$379.57 | 7 Payee address: 302 W38th St Apt 117 Ar | City: ustin, TX 78705 | State: | Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories Salaries/Wages/Contract Labor | listed at the top of this schedule) | Salary | avel outside of Texas, complete Schedule T | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder n | ame . | Office sought | Office held | | |

SCHEDULE F

| _ | | EXPE | IDITURE CATEGORIES | FOR B | OX 8(a) | |
|---|--|---|---|------------------|--|---|
| | Accounting/Banking Lega Consulting Expense Food Event Expense Pollin | Awards/Memorials Expense I Services //Beverage Expense ng Expense nng Expense | Salaries/Wages/Contract I Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex | xpense xpense | Transportati Contribution Candidate/C OTHER (en | rment/Reimbursement on Equipment & Related Expense is/Donations Made By Officeholder/Political Committee ter a category not listed above) |
| 1 | . Total pages Schedule F: | 2. FILER NAME | on Guide explains how to | | | Γ# (Ethics Commission Filers) |
| ' | 34 | Stephen Adler | , | | S. ACCOUNT | # (Ethics Continuesion Filets) |
| _ | · | • | | | | · · · · · · · · · · · · · · · · · · · |
| 4 | Date | 5 Payee name | | | i | |
| _ | 10/14/2014 | Four Seasons Residences | Cit | C1 | oto: | Zip Code |
| 0 | Amount \$29.00 | 7 Payee address: | City: | 50 | ate: | Zip Code |
| | \$29.00 | 98 San Jacinto Blvd Austir | 1, TX 78701-4082 | | <i>š</i> | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See categories lis Event Expense | ted at the top of this schedule) | Parki | ng | avel outside of Texas, complete Schedule T |
| _ | | | | | | , officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | me | Office s | sought | Office held |
| 4 | Date | 5 Payee name | | | | |
| | 09/30/2014 | Frost Bank | • | | | |
| 6 | Amount \$15.00 | 7 Payee address: 2425 Exposition Blvd Aus | City: tin, TX 78703-2270 | St | ate: | Zip Code |
| | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See categories lis Accounting/Banking | ted at the top of this schedule) | | escription ^{(If tr} ce Fee | avel outside of Texas, complete Schedule T |
| | | | | CI | heck if Austin, TX | , officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | me | Office s | sought | Office held |
| 4 | Date | 5 Payee name | | i.e | | |
| | 09/30/2014 | н-Е-В | | | | • |
| 6 | Amount \$41.89 | 7 Payee address. | City: | St | ate: | Zip Code |
| | | 701 S Capital Of Texas Hv | vy West Lake Hills, TX 78 | 746-5243 | 3 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See categories list Office Overhead/Rental Expense | sted at the top of this schedule) | | escription ^{(If tr} ning supplies | avel outside of Texas, complete Schedule T |
| | | | | CI | heck if Austin, TX | , officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | me | Office | sought | Office held |

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SCHEDULE F

| _ | | | | | | |
|---|--|---|---|------------------|---|---|
| | | EXPEN | DITURE CATEGORIES | FOR E | 3OX 8(a) | · |
| | Accounting/Banking Lega Consulting Expense Food Event Expense Pollir | I Services /Beverage Expense ig Expense ng Expense | Salaries/Wages/Contract L Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex | opense opense | Transport Contributi Candidate OTHER (| payment/Reimbursement lation Equipment & Related Expense lons/Donations Made By le/Officeholder/Political Committee lenter a category not listed above) |
| 1 | Total pages Schedule F: | 2. FILER NAME | | | | NT # (Ethics Commission Filers) |
| • | 34 | Stephen Adler | | ľ | J. 710000 | Term (Edition Commission Files) |
| _ | Date | 5 Payee name | | | | |
| • | 10/04/2014 | H-E-B | | | | |
| â | Amount | 7 Payee addréss: | City: | Si | tate: | Zip Code |
| • | \$9.39 | 701 S Capital Of Texas Hw | y West Lake Hills, TX 787 | 746-524 | 3 | |
| 3 | PURPOSE OF EXPENDITURE | (a) Category(See categories liste Office Overhead/Rental Expense | ed at the top of this schedule) | Offic | e Supplies | f travel outside of Texas, complete Schedule |
| | | | | | | TX, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder nan | ne | Office : | sought | Office held |
| 4 | Date | 5 Payee name | | | | |
| | 10/10/2014 | H-E-B | | | | |
| 6 | Amount | 7 Payee address: | City: | St | tate: | Zip Code |
| | \$77.94 | 701 S Capital Of Texas Hw | y West Lake Hills, TX 787 | | | |
| В | PURPOSE OF | (a) Category (See categories liste | ed at the top of this schedule) | (b) D | escription (1 | f travel outside of Texas, complete Schedule |
| | EXPENDITURE | Office Overhead/Rental Expense | | Offic | e Supplies | |
| | | | | C | heck if Austin, | TX, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder nan | ne · | Office | sought | Office held |
| 4 | Date | 5 Payee name | | | | |
| | 10/14/2014 | H-E-B | | | | |
| 6 | Amount | 7 Payee address: | City: | St | tate: | Zip Code |
| | \$11.37 | 701 S Capital Of Texas Hw | y West Lake Hills, TX 781 | | | |
| 8 | PURPOSE OF | (a) Category(See categories list | ed at the top of this schedule) | (b) D | escription (I | f travel outside of Texas, complete Schedule |
| | EXPENDITURE | Event Expense | | | lies for Event | |
| | | | | c | heck if Austin, | TX, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder nan | ne , | Office : | sought | Office held |

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SCHEDULE F

| | | EXPE | NDITURE CATEGORIES | FOR BOX | 8(a) | | |
|---|--|---|---|----------------------------------|--|---|------------|
| | Accounting/Banking Lega Consulting Expense Food Event Expense Pollin | Awards/Memorials Expense I Services I/Beverage Expense ng Expense ing Expense | Salaries/Wages/Contract Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex | opense Tr. Co Ca xpense | ansportation E ontributions/Do andidate/Office | VReimbursement quipment & Related Exp mations Made By holder/Political Committ category not listed abou | iee |
| | | T | ion Guide explains how to | | | | |
| 1 | . Total pages Schedule F: | 2. FILER NAME | • | 3. A | COUNT#(| Ethics Commission F | ilers) |
| | 34 | Stephen Adler | | · | | · | |
| 4 | Date | 5 Payee name | | | | | |
| | 10/25/2014 | Anne Harutunian | | | | | |
| 6 | Amount \$350.00 | 7 Payee address: | City: | State: | | Zip Code | |
| | ** | PO Box W Austin, TX 78 | | | | | |
| В | PURPOSE OF EXPENDITURE | (a) Category(See categories I Solicitation/Fundraising Expense | listed at the top of this schedule) | | iption (If travel of contribution | outside of Texas, complete S | chedule T) |
| | | | | Check i | Austin, TX, offic | eholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office sough | nt | Office held | |
| 4 | Date 10/25/2014 | 5 Payee name Kegham A Harutunian | 4 | | | | |
| 6 | Amount \$350.00 | 7 Payee address: | City: | State: | | Zip Code | |
| | , | PO Box W Austin, TX 78 | 3713-8923 | | | Þ | |
| В | PURPOSE OF EXPENDITURE | (a) Category (See categories I Solicitation/Fundraising Expense | isted at the top of this schedule) | | iption ^{(If travel o} contribution | outside of Texas, complete S | chedule T |
| • | • | | | Check i | Austin, TX, offic | eholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office soug | nt | Office held | |
| 4 | Date | 5 Payee name | | | | | - |
| | .10/25/2014 | Shant Harutunian | , | | | | |
| 6 | Amount \$350.00 | 7 Payee address: | City: | State: | | Zip Code | |
| | | PO Box W Austin, TX 78 | 3713-8923 | J | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See categories Solicitation/Fundraising Expense | | refund of a | contribution | outside of Texas, complete S | chedule T) |
| _ | Complete ONII V if direct | Condidate Office holder a | | Office sour | | Office held | |

expenditure to benefit C/OH

SCHEDULE F

| • | EXPE | NDITURE CATEGORIES | ES FOR BOX 8(a) | | | |
|--|---|------------------------------------|---|---|--|--|
| Accounting/Banking Legal Consulting Expense Food Event Expense Polling | Accounting/Banking Legal Services Solicitation/Fundraising E Consulting Expense Food/Beverage Expense Travel In District Expense Polling Expense Travel Out Of District | | Transportation Equipment & Related Expension Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | |
| | The Instructi | on Guide explains how to | complete this form. | | | |
| Total pages Schedule F: | 2. FILER NAME | | 3. ACCOUN | T # (Ethics Commission Filers) | | |
| 34 | Stephen Adler | | | | | |
| 4 Date | 5 Payee name | - | | | | |
| 10/25/2014 | Takoohy Harutunian | | | • | | |
| 6 Amount \$100.00 | 7 Payee address: | City: | State: | Zip Code | | |
| | PO Box W Austin, TX 78 | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories li Solicitation/Fundraising Expense | isted at the top of this schedule) | (b) Description (If to refund of contribution | avel outside of Texas, complete Schedule T n | | |
| | | | | (, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office sought , | Office held | | |
| 4 Date | 5 Payee name | | | | | |
| 10/25/2014 | Vigain Harutunian | | | | | |
| 6 Amount \$350.00 | 7 Payee address: | City: | State: | Zip Code | | |
| | PO Box W Austin, TX 78 | 713-8923 | | • | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories li Solicitation/Fundraising Expense | isted at the top of this schedule) | (b) Description (If to refund of contribution | ravel outside of Texas, complete Schedule T | | |
| | | | Check if Austin, TX | (, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office sought | Office held | | |
| 4 Date | 5 Payee name | | | | | |
| 09/30/2014 、 | Laura N Hernandez | | | | | |
| 6 Amount \$1,920.75 | 7 Payee address: | City: | State: | Zip Code | | |
| | 2408 Manor Rd 108 Austi | in, TX 78722 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories li Salaries/Wages/Contract Labor | isted at the top of this schedule) | Salary | ravel outside of Texas, complete Schedule T | | |
| 9 Complete ONLY if direct | Candidate/Officeholder no | 3me | Office sought | Office held | | |

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expenditure to benefit C/OH

P.O. Box 12070

SCHEDULE F

| _ | | | | • | | |
|---|---|--|----------------------------------|---|---|--|
| | | EXPEN | DITURE CATEGORIES | FOR BOX 8(a) |) | |
| Accounting/Banking Legs Consulting Expense Food Event Expense Polli | | Awards/Memorials Expense al Services Solicitation/Fundraising Travel In District Travel Out Of District Office Overhead/Rental The Instruction Guide explains how | | Expense Transportation Equipment & Related Expe Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above | | |
| _ | Total manage Cabadylla Fr | 2. FILER NAME | in duide explains now to | | OUNT # (Ethics Commission Filers) | |
| 1. | Total pages Schedule F: | | | 3. ACC | JON 1 # (Ethics Commission Filess) | |
| _ | 34 | Stephen Adler | | | | |
| 4 | Date | 5 Payee name | | | | |
| _ | 10/15/2014 | Laura N Hernandez | City | Ci-i- | Zie Codo | |
| 6 | Amount \$1,920.75 | 7 Payee address: | Ciţy: | State: | Zip Code | |
| | | 2408 Manor Rd 108 Austin | ı, TX 78722 | • | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See categories lis Salaries/Wages/Contract Labor | led at the top of this schedule) | Salary | on (If travel outside of Texas, complete Schedule | |
| 9 | Complete ONLY if direct | Candidate/Officeholder nar | | Office sought | Office held | |
| | expenditure to benefit C/OH | Carididate/Officeriolder flai | 116 | O moo ooag.ii | Sinda itola | |
| 4 | Date | 5 Payee name | | | ************************************** | |
| | 10/01/2014 | Home Depot | | | | |
| 6 | Amount \$99.46 | 7 Payee address: 1200 Barbara Jordan Blvd | City: Austin, TX 78723-2909 | State: | Zip Code | |
| 8 | PURPOSE OF | (a) Category (See categories lis | ted at the top of this schedule) | (b) Description | On (If travel outside of Texas, complete Schedule 1 | |
| | EXPENDITURE | Òffice Overhead/Rental Expense | | Flashlights & I | Batteries | |
| L | | | | | stin, TX, officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder nar | me | Office sought | Office held | |
| 4 | Date | 5 Payee name | | | | |
| | 09/29/2014 | Intuit Payroll | | | | |
| 6 | Amount \$25.59 | 7 Payee address: | City: | State: | Zip Code | |
| ì | • • • • • • • • • • • • • • • • • • • | 2632 Marine Way 2632 Ma | arine Way Mountain View | .CA 94043-1126 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See categories list Accounting/Banking | ted at the top of this schedule) | (b) Description | $_{ m OR}$ (If travel outside of Texas, complete Schedule 1 | |
| L | | | | Check if Aus | stin, TX, officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | me | Office sought | Office held | |

| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | ATTACH ADDITIONAL | COPIES OF | THIS SCHEDULE | as needed |
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SCHEDULE F

| | | | | | - | | |
|--|---|--|-------------------------------------|----------|--|--|--|
| | | EXPE | NDITURE CATEGORIES | FOR B | OX 8(a) | | |
| Accounting/Banking Legal Consulting Expense Food Event Expense Polling | | Awards/Memorials Expense I Services Solicitation/Fundraising Expense Germany Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense | | | xpense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee | | |
| _ | Tatal and Calculate F | T | ion Guide explains how to | <u> </u> | | # (F4):- Oii Fil | |
| 1 | . Total pages Schedule F: 34 | 2. FILER NAME | | ا | . ACCOUNT | # (Ethics Commission Filers) | |
| _ | | Stephen Adler | | | | | |
| 4 | Date 10/15/2014 | 5 Payee name | | | | | |
| 6 | | Intuit Payroll | City: | Str | ate: | Zip Code | |
| O | Amount \$6.82 | 7 Payee address: | Oily. | Ott | ate. | Zip Gode | |
| | | 2632 Marine Way 2632 N | Marine Way Mountain View | . CA 940 | 43-1126 | | |
| | | , | | , | | - | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories Accounting/Banking | listed at the top of this schedule) | (b) De | | vel outside of Texas, complete Schedule T | |
| | | | | ☐ Cř | neck if Austin, TX, | officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder n | ame | Office s | ought | Office held | |
| 4 | Date | 5 Payee name | | | | | |
| | 10/16/2014 | Kelly Graphics | | | | | |
| 6 | Amount \$1,323.70 | 7 Payee address: | City: | Sta | ate: | Zip Code | |
| | | 1409 Quaker Ridge Dr A | ustin, TX 78746-6215 | ٠ | | 1 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories Printing Expense | listed at the top of this schedule) | | escription (If tra paign Material | ivel outside of Texas, complete Schedule T | |
| _ | | ٠, | | | | officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder n | ame | Office s | ought | Office held . | |
| 4 | Date | 5 Payee name | | | | | |
| | 09/30/2014 | La Voz Newspaper | | | | | |
| 6 | Amount \$700.00 | 7 Payee address: | City: | - St | ate: | Zip Code | |
| | | PO Box 19457 Austin, TX | X 78760-9457 | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See categories Advertising Expense | listed at the top of this schedule) | (b) De | escription (If tra | evel outside of Texas, complete Schedule T | |
| | | | | | and if Austin TV | office halder living average | |

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Office sought

Candidate/Officeholder name

Office held

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F

| | EXPEN | IDITURE CATEGORIES | FOR BOX 8(a) | |
|--|--|---|---|--|
| Accounting/Banking Legal Consulting Expense Food Event Expense Polli | Awards/Memorials Expense al Services d/Beverage Expense ng Expense ing Expense | Salaries/Wages/Contract Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental E | xpense Transportatio Contributions Candidate/Of | nent/Reimbursement n Equipment & Related Expense /Donations Made By ficeholder/Political Committee er a category not listed above) |
| | The Instruction | on Guide explains how to | | <u> </u> |
| Total pages Schedule F: | 2. FILER NAME | | 3. ACCOUNT | # (Ethics Commission Filers) |
| 34 | Stephen Adler | | <u> </u> | · |
| 4 Date | 5 Payee name | | | |
| 09/30/2014 | Jessica Loyola | | | |
| 6 Amount \$729.15 | 7 Payee address: 2505B Teri Rd Austin, TX | City: 78744-2963 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories lis Salaries/Wages/Contract Labor | sted at the top of this schedule) | Salary | vel outside of Texas, complete Schedule |
| 9 Complete ONLY if direct | Candidate/Officeholder na | me | Office sought | Office held |
| expenditure to benefit C/OH | Garraidato/ Giriodilibriadi ina | | | |
| 4 Date 10/15/2014 | 5 Payee name Jessica Loyola | | <u> </u> | |
| 6 Amount \$729.15 | 7 Payee address: 2505B Teri Rd Austin, TX | City: 78744-2963 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category(See calegories lis | sted at the top of this schedule) | (b) Description (If tra | vel outside of Texas, complete Schedule |
| EXPENDITURE | Salaries/Wages/Contract Labor | | Salary | |
| | | | Check if Austin, TX, | officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | me | Office sought | Office held |
| 4 Date | 5 Payee name | | | • • • |
| 09/30/2014 | Patrick J McDonald | | | |
| 6 Amount \$942.11 | 7 Payee address: | City: | State: | Zip Code |
| | 507 Strawberry Cv Austin. | TX 78745-6425 | | |
| 8 PURPOSE OF | (a) Category(See categories lis Salaries/Wages/Contract Labor | sted at the top of this schedule) | 1, , | vel outside of Texas, complete Schedule |
| EXPENDITURE | THE PROPERTY OF THE PARTY OF TH | | Salary | officabalder living evenes |
| 9 Complete ONLY if direct | Candidate/Officeholder na | me. | Office sought | officeholder living expense Office held |
| expenditure to benefit C/OH | Candidate/Officenoider na | IIIC | Citio Sough | Onico neio |

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SCHEDULE F

| | | EXPE | NDITURE CATEGORIES | FOR BOX 8(a) | |
|---|--|--|--|--|---|
| | Accounting/Banking Legal Consulting Expense Food Event Expense Polling | Awards/Memorials Expense Il Services I/Beverage Expense ng Expense ing Expense | Salaries/Wages/Contract I Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental E | xpense Transporta Contributio Candidate. OTHER (e | nyment/Reimbursement Ition Equipment & Related Expense Ins/Donations Made By /Officeholder/Political Committee Inter a category not listed above) |
| 4 | . Total pages Schedule F: | The Instruct | ion Guide explains how to | | JT # (Ethics Commission Filers) |
| ' | 34 | Stephen Adler | • | 3. ACCOUN | # (Ethics Commission Filers), |
| 4 | Date | 5 Payee name | | | · |
| | 10/09/2014 | Patrick J McDonald | | • | |
| 6 | Amount \$25.00 | 7 Payee address: 507 Strawberry Cv Austin | City: 1, TX 78745-6425 | State: | Zip Code |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories I Travel In District | isted at the top of this schedule) | Advance for travel | travel outside of Texas, complete Schedule T) expenses X, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office sought | Office held |
| 4 | Date | 5 Payee name | | | |
| | 10/15/2014 | Patrick J McDonald | | | |
| 6 | Amount \$942.11 | 7 Payee address: 507 Strawberry Cv Austin | City: ₁, TX 78745-6425 | State: | Zip Code |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See categories I Salaries/Wages/Contract Labor | isted at the top of this schedule) | Salary | travel outside of Texas, complete Schedule T) X, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office sought | Office held |
| 4 | Date | 5 Payee name | | • | |
| | 10/01/2014 | James McKinney | | | |
| 6 | Amount \$375.00 | 7 Payee address: 6917 Langston Dr Austin | City: ,TX 78723-2219 | State: | Zip Code |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories I Consulting Expense | isted at the top of this schedule) | Community Outrea | travel outside of Texas, complete Schedule T) ch X, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder.na | ame | Office sought | Office held |

SCHEDULE F

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|---|---|--|
| Accounting/Banking Legal Consulting Expense Food Event Expense Pollin | wards/Memorials Expense Services Beverage Expense g Expense ng Expense | Salaries/Wages/Contract I Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex | срепѕе Transport Contributi Candidate | ayment/Reimbursement ation Equipment & Related Expense ons/Donations Made By s/Officeholder/Political Committee enter a category not listed above) |
| | | on Guide explains how to | | |
| Total pages Schedule F: | 2. FILER NAME | | 3. ACCOU | NT # (Ethics Commission Filers) |
| 34 | Stephen Adler | | | |
| 4 Date | 5 Payee name | | | • |
| 10/10/2014 | James McKinney | | | ···· |
| 6 Amount \$100.00 | 7. Payee address: 6917 Langston Dr Austin, | City: TX 78723-2219 | State: | . Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories li Consulting Expense | sted at the top of this schedule) | Community Outres | f travel outside of Texas, complete Schedule T) ach TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office sought | Office held |
| 4 Date | 5 Payee name | | | |
| 10/15/2014 | James McKinney | | | |
| 6 Amount \$275.00 | 7 Payee address: 6917 Langston Dr Austin, | City: | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories li Consulting Expense | isted at the top of this schedule) | Community Outrea | |
| 9 Complete ONLY if direct | Candidate/Officeholder na | | Office sought | TX, officeholder living expense Office held |
| expenditure to benefit C/OH | Candidate/Officerioider na | , | | 4 · |
| 4 Date | 5 Payee name | | | *• |
| 09/30/2014 | NGP VAN, INC | | | |
| 6 Amount \$150.00 | 7. Payee address: 1101 15th St NW Ste 500 | City: Washington, DC 20005-50 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category(See categories li Fees | isted at the top of this schedule) | (b) Description(I | f travel outside of Texas, complete Schedule T) ssing Fees TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office sought | Office held |

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

| rees Pr | Inting Expense Office Overnead/Rental E | OTHER (enter | r a category not listed above) |
|--|---|--|---|
| | The Instruction Guide explains how to | complete this form. | |
| 1. Total pages Schedule F: | 2. FILER NAME | 3. ACCOUNT; | # (Ethics Commission Filers) |
| 34 | Stephen Adler | | |
| 4 Date . | 5 Payee паme | | - |
| 10/02/2014 | NGP VAN, INC | | |
| 6 Amount \$4,179.54 | 7 Payee address: City: 1101 15th St NW Ste 500 Washington, DC 20005-50 | State: | Zip Code |
| | · · | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Fees | (b) Description (If trav Credit Card Processing | el outside of Texas, complete Schedule T) Fees |
| | | Check if Austin, TX, o | officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| 4 Date | 5 Payee name | | <u> </u> |
| 10/14/2014 | Nokoa The Observer | • | |
| 6 Amount \$630.00 | 7 Payee address: City: | State: | Zip Code |
| | 1154 Angelina St Austin, TX 78702-2057 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Advertising Expense | (b) Description (If trav Print Ad | rel outside of Texas, complete Schedule T) |
| | | Check if Austin, TX, o | officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name | Office sought | Office held |
| 4 Date | 5 Payee name | | |
| 10/13/2014 | Oliveira Public Communications | | |
| 6 Amount \$6,000.00 | 7 Payee address: City: | State: | Zip Code |
| | 4315 Guadalupe St Ste 303 Austin, TX 78751-3795 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Consulting Expense | (b) Description (If trav | rel outside of Texas, complete Schedule T) ulting services |
| | | Check if Austin, TX, o | officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

P.O. Box 12070

SCHEDULE F

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--|---|------------------------------------|--|--|--|--|
| Accounting/Banking Le Consulting Expense Fo Event Expense Po | Awards/Memorials Expense al Services Solicitation/Fundraising Expense d/Beverage Expense Travel In District Travel Out Of District Office Overhead/Rental Expense | | rpense Transportal Contribution Candidate/ | yment/Reimbursement tion Equipment & Related Expense ns/Donations Made By Officeholder/Political Committee nter a category not listed above) | | |
| · | The Instructi | ion Guide explains how to | complete this form. | | | |
| Total pages Schedule F: | 2. FILER NAME | | 3. ACCOUN | T # (Ethics Commission Filers) | | |
| 34 | Stephen Adler | | | | | |
| 4 Date | 5 Payee name | | - | | | |
| 10/01/2014 | Opinion Analysts, Inc. | | | | | |
| 6 Amount \$2,000.00 | 7 Payee address: 906 Rio Grande St Austin | City: . TX 78701-2222 | State: | Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories I Consulting Expense | isted at the top of this schedule) | Data analytics consu | ravel outside of Texas, complete Schedule T Ilting X, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder na | ame | Office sought | Office held | | |
| 4 Date | 5 Payee name | | | | | |
| 09/30/2014 | Marco A Orrantia | | | | | |
| 6 Amount \$1,584.00 | 7 Payee address: 7200 Easy Wind Dr Unit | City: 1029 Austin, TX 78752-000 | State: | Zip Code | | |
| 8 PURPOSE OF | (a) Category (See categories I | isted at the top of this schedule) | (b) Description(If t | ravel outside of Texas, complete Schedule T | | |
| EXPENDITURE | Salaries/Wages/Contract Labor | • | Salary | | | |
| | | , | Check if Austin, T | X, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder na | ame | Office sought | Office held | | |
| 4 Date | 5 Payee name | | | | | |
| 10/15/2014 | Marco A Orrantia | | | | | |
| 6 Amount \$1,584.00 | 7 Payee address: 7200 Easy Wind Dr Unit | City: 1029 Austin, TX 78752-000 | State: | Zip Code | | |
| | , | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories I Salaries/Wages/Contract Labor | isted at the top of this schedule) | Salary | ravel outside of Texas, complete Schedule T X, officeholder living expense | | |
| 9 Complete ONLY if direct | Candidate/Officeholder na | | Office sought | Office held | | |
| evnenditure to benefit C/OF | | anno | T.HOU GONGIN | Strong Hold | | |

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

5 Payee name

Chelsea E. Phelps

Candidate/Officeholder name

7 Payee address:

SCHEDULE F

| | Accounting/Banking Legal Consulting Expense Food Event Expense Pollin | Awards/Memorials Expense Il Services I/Beverage Expense ng Expense ing Expense | Salaries/Wages/Contract L Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex | pense pense | Transportation E Contributions/Do Candidate/Office OTHER (enter a | nt/Reimbursement Equipment & Related Expense conations Made By eholder/Political Committee a category not listed above) |
|----|---|--|---|----------------|--|---|
| | | | on Guide explains how to | | | |
| 1. | Total pages Schedule F: | 2. FILER NAME . | | 3 | . ACCOUNT# | (Ethics Commission Filers) |
| | 34 | Stephen Adler | | - | | |
| 1 | Date | 5 Payee name | | | | |
| | 09/30/2014 | Jovita Pardo | | | | |
| 3 | Amount \$1,049.37 | 7 Payee address: 404 W Milton St Austin, TX | City: X 78704-3020 | | ate: | Zip Code |
| 3 | PURPOSE OF EXPENDITURE | (a) Category (See categories list Salaries/Wages/Contract Labor | ted at the top of this schedule) | Salary | . | outside of Texas, complete Schedule ceholder living expense |
| 3 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder nar | ne | Office s | ought | Office held |
| 4 | Date | 5 Payee name | | | | |
| | 10/15/2014 | Jovita Pardo | | | | |
| 3 | Amount \$1,049.38 | 7 Payee address: 404 W Milton St Austin, TX | _ | | ate: | Zip Code |
| 3 | PURPOSE OF EXPENDITURE | (a) Category (See categories list Salaries/Wages/Contract Labor | ted at the top of this schedule) | Salary | <i>t</i> | outside of Texas, complete Schedule |
| | Complete ONI V if direct | O | <u> </u> | Office s | | ceholder living expense Office held |
| 1 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder nar | me | Onice s | ougnt | Office field |

| ATTACH ADDITIO | NAL COPIES OF | THIS SCHE | DULE AS NEEDE | D | |
|----------------|---------------|-----------|---------------|-------|--|
| | | | | | |

City:

7117 Wood Hollow Dr Apt 722 Austin, TX 78731-2551

(a) Category(See calegories listed at the top of this schedule) Salaries/Wages/Contract Labor

State:

Office sought

PURPOSE OF EXPENDITURE

expenditure to benefit C/OH

9 Complete ONLY if direct

4 Date

6 Amount

10/15/2014

\$775.56

Office held

Zip Code

(b) Description (If travel outside of Texas, complete Schedule T)

Check if Austin, TX, officeholder living expense

SCHEDULE F

| | | · · · · · · · · · · · · · · · · · · · | | | | _ |
|------------|---|---|---|--|---|----------|
| | · | EXPE | NDITURE CATEGORIES | S FOR BOX 8(a) | | |
| Acc Cor | counting/Banking nsulting Expense ent Expense | Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense | Salaries/Wages/Contract Solicitation/Fundraising E Travel In District Travel Out Of District Office Overhead/Rental E | xpense Transportati Contributior Candidate/C ixpense OTHER (en | yment/Reimbursement ion Equipment & Related Expense ns/Donations Made By Officeholder/Political Committee iter a category not listed above) | |
| 1 Tc | otal pages Schedule | | | | T # (Ethics Commission Filers) | - |
| 34 | Mai pages defledule | Stephen Adler | × . | 3. ACCOUN | T # (Ethics Commission Filers) | |
| 4 Da | | 5 Payee name | <u> </u> | <u> </u> | | |
| | 30/2014 | Rene A Prieto-Polymeris | | | • | |
| _ | nount * | 7 Payee address: | City: | State: | Zip Code | \dashv |
| | \$1,016.1 | 1 * | · | State: | · · | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories Salaries/Wages/Contract Labor | isted at the top of this schedule) | Salary | avel outside of Texas, complete Schedule | Τ): |
| · · | | | · | | (, officeholder living expense | _ |
| | omplete ONLY if direct penditure to benefit C/0 | | ame | Office sought | Office held | |
| 4 Da | | 5 Payee name | | | | _ |
| | 15/2014 | Rene A Prieto-Polymeris | | | | |
| | nount | 7 Payee address: | City: | State: | Zip Code | |
| | \$864.2 | 2215 Town Lake Cir Aus | tin, TX 78741-3079 | | | |
| В | PURPOSE OF EXPENDITURE | (a) Category(See categories Salaries/Wages/Contract Labor | isted at the top of this schedule) | Salary | ravel outside of Texas, complete Schedule | T) |
| | | | | | (, officeholder living expense | |
| | omplete ONLY if direct penditure to benefit C/ | | ame | Office sought | Office held | |
| 4 Da | ıte | 5 Payee name | · · · · · · · · · · · · · · · · · · · | | | |
| 09/ | 27/2014 | Progressive Waste Soluti | ons of TX, Inc. | | | |
| 6 An | nount (| 7 Payee address: | City: | State: | Zip Code | |
| | \$365.1 | 4 PO Box 17608 Austin, T. | X 78760-7608 | • | | |
| | : | | | | | |
| 8 | PURPOSE OF | (a) Category (See categories Office Overhead/Rental Expense | listed at the top of this schedule) | | ravel outside of Texas, complete Schedule | T) |
| | EXPENDITURE | Otrice Overneau/Keinai Expense | | Trash Removal Servi | | |
| | | 1 | | Check if Austin, TX | (, officeholder living expense | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate/Officeholder name

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F

| | | EXPEN | IDITURE CATEGORIES | FOR BOX | (8(a) | |
|----------|--|---|--|------------|--------------------------|--|
| | Accounting/Banking Legal Consulting Expense Food Event Expense Polling | Awards/Memorials Expense Il Services I/Beverage Expense Ing Expense Ing Expense | Labor 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 Cahadula Er | 2. FILER NAME | on Guide explains how to | | | Ethics Commission Filers) |
| ١. | Total pages Schedule F: 34 | Stephen Adler | | 3. / | 4CCOUNT # (| Ethics Commission Filers) |
| <u>.</u> | Date | 5 Payee name | | | | |
| 4 | 10/16/2014 | 1 ' | se of TV. Inc | | | • |
| | Amount | Progressive Waste Solution | City: | State | | Zip Code |
| o | \$233.83 | 7 Payee address: | Oity. | Otate | | Zip oode |
| | , 0223103 | PO Box 17608 Austin, TX | 78760-7608 | | | • |
| | | | | | ÷ | |
| R | PURPOSE OF | (a) Category (See categories lis | ted at the top of this schedule) | (h) Dogg | -intian (If travel o | outside of Texas, complete Schedule |
| , | EXPENDITURE | Office Overhead/Rental Expense | tod di tilo top ot tillo balloquilo, | | moval Services | , |
| | | | | 1_ | | eholder living expense |
| 9 | Complete ONLY if direct | Candidate/Officeholder nar | me | Office sou | | Office held |
| | expenditure to benefit C/OH | | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 10/07/2014 | Randalls | | | | |
| 6 | Amount | 7 Payee address: | City: | State | | Zip Code |
| | \$22.61 | | * | | | |
| | | 2025 W Ben White Blvd A | ustin, TX 78704-7518 | | | 4 |
| | | | | | | |
| 8 | PURPOSE OF | (a) Category (See categories lis | ted at the top of this schedule) | (b) Desc | ription (If travel o | outside of Texas, complete Schedule 1 |
| | EXPENDITURE | Évent Expense | • | Food/Be | verage | |
| | | | | | | eholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder nar | me | Office sou | ght | Office held |
| | • | | | | | · |
| 4 | | 5 Payee name | | | | |
| _ | 10/14/2014 | Randalls | | 01-1- | | 7'- 0-1- |
| 6 | Amount \$50.00 | 7 Payee address: | City: | State | : | Zip Code |
| | 350.00 | 2025 W Ben White Blvd A | uctin TX 78704-7518 | | | |
| | | 2025 II Dell II like DIVI A | MSM11, 17, 10104-1510 | | • | · |
| _ | BUDDOSE OF | (a) Category (See categories lis | ted at the top of this schedule) | (h) D- | uin ti n m / lf trauel / | outside of Texas, complete Schedule |
| 8 | PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | ico at the top of the schedule) | Office St | | satisfies of Loxast southiers actionis |
| | | | | I — | | eholder living expense |
| 9 | Complete ONLY if direct | Candidate/Officeholder na | me | Office sou | | Office held |
| | | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate/Officeholder name

9 Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F

| | EXPE | ENDITURE CATEGORIES | FOR BOX 8(a) | | |
|--|--|---|---|---|-----|
| Accounting/Banking Leg Consulting Expense Foo Event Expense Poll | Awards/Memorials Expense al Services d/Beverage Expense ing Expense ting Expense | Salaries/Wages/Contract L Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex | rense Transportation Contributions Candidate/O | ment/Reimbursement on Equipment & Related Expense s/Donations Made By fficeholder/Political Committee er a category not listed above) | |
| | | tion Guide explains how to | | | |
| Total pages Schedule F: | 2. FILER NAME | | 3. ACCOUNT | # (Ethics Commission Filers) | ` |
| 34 | Stephen Adler | | | | |
| 4 Date | 5 Payee name | | | | |
| 10/21/2014 | Randalls | | | | |
| 6 Amount , \$10.81 | 7 Payee address: | City: | State: | Zip Code | |
| , 310.01 | 2025 W Ben White Blvd | Austin, TX 78704-7518 | | | |
| PURPOSE OF EXPENDITURE | (a) Category(See categories Office Overhead/Rental Expense | listed at the top of this schedule) | (b) Description (If tra | evel outside of Texas, complete Schedul | e T |
| | | | _J | officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder n | ame | Office sought | Office held | |
| 4 Date | 5 Payee name | | | | _ |
| 09/26/2014 | Rindy & Associates | | | | |
| 6 Amount \$12,660.00 | 7 Payee address: | City: | State: | Zip Code | |
| | 2401 E 6th St Apt 1007 | Austin, TX 78702-3975 | | | |
| PURPOSE OF EXPENDITURE | (a) Category(See categories Advertising Expense | listed at the top of this schedule) | (b) Description (If travel outside of Texas, comple TV Ad Production | | e T |
| | | | Check if Austin, TX, | officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder r | ame | Office sought | Office held | |
| 4 Date | 5 Payee name | | | | |
| 09/27/2014. | Rindy & Associates | | | | |
| 6 Amount \$63,325.00 | 7 Payee address: | City: | State: | Zip Code | |
| • | 2401 E 6th St Apt 1007 | Austin, TX 78702-3975 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories Advertising Expense | listed at the top of this schedule) | (b) Description (lf tra Media Buy | evel outside of Texas, complete Schedul | e 1 |
| | | | Check if Austin, TX, | , officeholder living expense | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate/Officeholder name

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F

| | EXF | PENDITURE CATEGORIES FOI | R BOX 8(a) | | |
|--|---|---|--|--|--------|
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense | Salaries/Wages/Contract Labor Solicitation/Fundraising Expens Travel in District Travel Out Of District Office Overhead/Rental Expens | Transportation Contributions Candidate/O | ment/Reimbursement on Equipment & Related Expens s/Donations Made By officeholder/Political Committee ter a category not listed above) | e |
| | The Instru | ction Guide explains how to com | iplete this form. | | |
| Total pages Schedule 34 | F: 2. FILER NAME Stephen Adler | | 3. ACCOUNT | # (Ethics Commission Filers | ;) |
| Date 10/08/2014 | 5 Payee name Rindy & Associates | | | | |
| Amount \$10,000.0 | | City: 7 Austin, TX 78702-3975 | State: | Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See categorie Advertising Expense | M | dedia Buy | avel outside of Texas, complete Sched , officeholder living expense | ule T) |
| Complete ONLY if direct expenditure to benefit Co | | name Offic | ce sought | Office held | |
| Date 10/08/2014 | 5 Payee name Rindy & Associates | *** • | | | |

| | CAL CHOILDING | | zua zu, | · · · |
|---|---|--|-------------------------|---|
| | | | Check if Austin, TX, | officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| 4 | Date | 5 Payee name | 1. | |
| | 10/08/2014 | Rindy & Associates | | |
| 6 | Amount \$5,500.00 | 7 Payee address: City: | State: | Zip Code |
| | • | 2401 E 6th St Apt 1007 Austin, TX 78702-3975 | | • |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Advertising Expense | (b) Description (If tra | vel outside of Texas, complete Schedule |
| | * | The second secon | Check if Austin, TX, | officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| 4 | Date | 5 Payee name | . 1 | |
| | 10/09/2014 | Rindy & Associates | | |
| 6 | Amount | 7 Payee address: City: | State: | Zip Code |
| | | 2401 E 6th St Apt 1007 Austin, TX 78702-3975 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Advertising Expense | (b) Description (if tra | vel outside of Texas, complete Schedule 1 |
| | | | Check if Austin, TX, | officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

SCHEDULE F

(512) 463-5800

| _ | | | | | |
|--|---|---|---|------------------------------------|--|
| | | EXPENDITURE CATEGORIES | FOR BO | OX 8(a) | |
| Accounting/Banking Legal Consulting Expense Fool Event Expense Polli | | Awards/Memorials Expense I Services Solicitation/Fundraising Expense General Expense Salaries/Wages/Contract Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense The Instruction Guide explains how to | 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 | | | T # (Ethics Commission Filers) |
| ľ | 34 | Stephen Adler | 0. | 7.000011 | The (Edinos Sonamosism Cherry) |
| 4 | Date | 5 Payee name | | | |
| 7 | 10/14/2014 | Riverside Chevron | | | |
| _ | Amount | 7 Payee address: City: | Sta | te [.] | Zip Code |
| | \$6.45 | .400 S Congress Ave Austin, TX 78704-1730 | - | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Food/Beverage Expense | Ice for | Event | avel outside of Texas, complete Schedule T |
| Ĺ | 0 11 0000777 | | | | (, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office so | ougnt | Office held |
| 4 | Date | 5 Payee name | | | |
| | 10/07/2014 | Royal Blue Grocery | | | |
| 6 | Amount \$172.12 | 7 Payee address: City: 247 W 3rd St Austin, TX 78701-3879 | Sta | te: | Zip Code |
| 8 | PURPOSE OF | (a) Category(See categories listed at the top of this schedule) | (b) De | scription (If tr | ravel outside of Texas, complete Schedule T |
| | EXPENDITURE | Event Expense | Food for Meet & Greet | | |
| | | | Che | eck if Austin, TX | C, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Çandidate/Officeholder name | Office so | ought | Office held |
| 4 | Date | 5 Payee name | | · | |
| | 10/14/2014 | Royal Blue Grocery | | | |
| 6 | Amount \$56.76 | 7 Payee address: City: | Sta | te | Zip Code |
| · | , | 247 W 3rd St Austin, TX 78701-3879 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Event Expense | | scription (If to for Meet & Gre | ravel outside of Texas, complete Schedule 1 cet |
| | | | Che | eck if Austin, TX | K, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office so | ought | Office held |

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

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

(512) 463-5800

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 | o complete this form. |
|---|---|--|
| Total pages Schedule F: | 2. FILER NAME | 3. ACCOUNT # (Ethics Commission Filers) |
| 34 | Stephen Adler | |
| 4 Date | 5 Payee name | |
| 10/14/2014 | Royal Blue Grocery | <u> </u> |
| 6 Amount \$172.12 | 7 Payee address: City: | State: Zip Code |
| | 247 W 3rd St Austin, TX 78701-3879 | |
| 8 PURPOSE OF (a) Category (See categories listed at the top of this schedule) Event Expense | | (b) Description(If travel outside of Texas, complete Schedule T) Food for Meet & Greet |
| | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name 🗸 | Office sought Office held |
| 4 Date | 5 Payee name | |
| 09/30/2014 | Erik A Salinas | |
| 6 Amount \$754.15 | 7 Payee address: City: | State: Zip Code |
| | 5008 Hauna Ln Dickinson, TX 77539-5491 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) Salary |
| | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| 4 Date | 5 Payee name | |
| 10/15/2014 | Erik A Salinas | |
| 6 Amount | 7 Payee address: City: | State: Zip Code |
| \$754.15 | 5008 Hauna Ln Dickinson, TX 77539-5491 | |
| | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) Salary |
| | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

P.O. Box 12070

SCHEDULE F

(512) 463-5800

| | | EXPE | NDITURE CATEGORIES | FOR | 3OX 8(a) | |
|------------------------|--|--|---|---|---|--|
| | Accounting/Banking Legal Consulting Expense Food Event Expense Polling | Awards/Memorials Expense Il Services I/Beverage Expense ng Expense ing Expense | Salaries/Wages/Contract L Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex | pense | Transportation Contribution Candidate/C | ment/Reimbursement on Equipment & Related Expense s/Donations Made By officeholder/Political Committee er a category not listed above) |
| | | · · · · · · · · · · · · · · · · · · · | on Guide explains how to | | | · · · |
| 1. | . Total pages Schedule F: | 2. FILER NAME | | | 3. ACCOUNT | # (Ethics Commission Filers) |
| | 34 | Stephen Adler | | | - | |
| 4 | Date- | 5 Payee name | | | | |
| | 09/30/2014 | Christian P Smith | | | | |
| 6 | Amount \$991.11 | 7 Payee address: | City: | S | tate: | Zip Code |
| | \$771.111 | 2810 Salado St Apt 129 A | ustin, TX 78705-3629 | | | |
| 3 | PURPOSE OF EXPENDITURE | (a) Category(See categories lit Salaries/Wages/Contract Labor | sted at the top of this schedule) | Sala | ry | avel outside of Texas, complete Schedule 1 |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | nme | | sought | Office held |
| 4 | Date | 5 Payee name | | | | 4.00 - 2.00 |
| | 10/09/2014 | Christian P Smith | | | | |
| 3 | Amount | 7 Payee address: | City: | S | tate: | Zip Code |
| | \$55.00 | 2810 Salado St Apt 129 A | ustin, TX 78705-3629 | | s. | |
| PURPOSE OF EXPENDITURE | | a) Category (See categories listed at the top of this schedule) ravel In District | | (b) Description (If travel outside of Texas, complete Schedi Advance for travel expenses | | |
| | | | | | | , officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ime | Office | sought | Office held |
| 4 | Date | 5 Payee name | , | | | |
| | 10/15/2014 | Christian P Smith | | | | |
| 6 | Amount | 7. Payee address: | City: | S | tate: | Zip Code |
| | \$991.11 | 2810 Salado St Apt 129 A | ustin, TX 78705-3629 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories li Salaries/Wages/Contract Labor | sted at the top of this schedule) | (b) C | | avel outside of Texas, complete Schedule 1 |
| | | <u> </u> | | | Check if Austin, TX | , officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office | sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--|---|---|---|--|--|
| Accounting/Banking Lega Consulting Expense Food Event Expense Pollin | wards/Memorials Expense I Services /Beverage Expense Ig Expense Ing Expense | Salaries/Wages/Contract L Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex | pense Transporta Contributio Candidate/ | yment/Reimbursement tion Equipment & Related Expense ns/Donations Made By Officeholder/Political Committee nter a category not listed above) | |
| | The Instruction | on Guide explains how to | complete this form | · · · · · | |
| Total pages Schedule F: | 2. FILER NAME | | 3. ACCOUN | T # (Ethics Commission Filers) | |
| 34 | Stephen Adler | | | | |
| 4 Date | 5 Payee name | | • | | |
| 10/08/2014 | Square, Inc. | | | | |
| 6 Amount \$23.20 | 7 Payee address: 1455 Market St Ste 600 Sai | City: n Francisco, CA 94103-133 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories list Fees | ted at the top of this schedule) | Credit Card Process | ravel outside of Texas, complete Schedule T) ing Fees X, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidaté/Officeholder nar | me | Office sought | Office held | |
| 4 Date 10/14/2014 | 5 Payee name Square, Inc. | | | | |
| 6 Amount \$2.75 | 7 Payee address: 1455 Market St Ste 600 Sar | City: n Francisco, CA 94103-133 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category ^{(See categories list} Fees | ted at the top of this schedule) | (b) Description (If travel outside of Texas, complete Credit Card Processing Fees | | |
| | | | Check if Austin, T. | X, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder nai | me | Office sought | Office held | |
| 4 Date | 5 Payee name | | | | |
| 10/07/2014 | Starbuck's | | | | |
| 6 Amount \$16.18 | 7 Payee address: 501 W 15th St Austin, TX | City: 78701-1516 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories lis Event Expense | ted at the top of this schedule) | Food & beverages | ravel outside of Texas, complete Schedule T | |
| 9 Complete ONLY if direct | Candidate/Officeholder nar | me | Office sought | Office held | |

SCHEDULE F

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|-------------------------------------|---|---|---|---|---|
| A C | ccounting/Banking | Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense | Salaries/Wages/Contract Solicitation/Fundraising E Travel In District Travel Out Of District Office Overhead/Rental E | xpense Transportation Contributions Candidate/O | ment/Reimbursement on Equipment & Related Expense s/Donations Made By fficeholder/Political Committee er a category not listed above) |
| <u></u> | | | ion Guide explains how to | | |
| | Total pages Schedule | } | • | 3. ACCOUNT | # (Ethics Commission Filers) |
| 3 | | Stephen Adler | | | |
| l ' | Date | 5 Payee name | | | • |
| | 9/30/2014 | Jason S Stinnett | | | |
| 6 A | Amount \$793.1 | 7 Payee address: | City: | State: | Zip Code |
| | | 1907 1/2 E 16th Street Au | ustin, TX 78702-1217 | •, | |
| 8, | PURPOSE OF EXPENDITURE | (a) Category(See categories Salaries/Wages/Contract Labor | listed at the top of this schedule) | Salary | vel outside of Texas, complete Schedule 1 officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/ | | ame | Office sought | Office held |
| 4 [| Date | 5 Payee name | | | 11 TO |
| 1 | 0/09/2014 | Jason S Stinnett | | | • |
| 6 / | Amount \$25.0 | 7 Payee address: 00 1907 1/2 E 16th Street At | City: ustin, TX 78702-1217 | State: | Zip Code |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories Travel In District | listed at the top of this schedule) | Advance for travel ex | ovel outside of Texas, complete Schedule 1 penses officeholder living expense |
| | Complete ONLY if direc expenditure to benefit C/ | | ame | Office sought | Office held |
| | Date 0/15/2014 | 5 Payee name Jason S Stinnett | | | |
| 6 / | Amount \$793.1 | 7 Payee address: 15 1907 1/2 E 16th Street At | City: ustin, TX 78702-1217 | State: | Zip Code |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories Salaries/Wages/Contract Labor | listed at the top of this schedule) | Salary | evel outside of Texas, complete Schedule 1 |
| | Complete ONLY if direct expenditure to benefit Ca | | ame | Office sought | Office held |

| | · · | 1 |
|-------------------|-----------------------|---------------|
| ATTACH ADDITIONAL | COPIES OF THIS SCHEDU | I E AQ NEEDED |

SCHEDULE F

| | EXPE | NDITURE CATEGORIES | FOR BOX 8(a) | |
|---|--|---|--|---|
| Accounting/Banking Leg Consulting Expense Foo Event Expense Poll | Awards/Memorials Expense al Services d/Beverage Expense ing Expense ting Expense | Salaries/Wages/Contract Solicitation/Fundraising E Travel In District Travel Out Of District Office Overhead/Rental E | xpense Transporta Contributio Candidate/ | lyment/Reimbursement tion Equipment & Related Expense ins/Donations Made By Officeholder/Political Committee inter a category not listed above) |
| | The Instruction | on Guide explains how to | complete this form | • |
| Total pages Schedule F: | 2. FILER NAME | | 3. ACCOUN | IT # (Ethics Commission Filers) |
| 34 | Stephen Adler | | | |
| 4 Date | 5 Payee name | | | |
| 10/21/2014 | Target | | | |
| 5 Amount . \$49.40 | 7 Payee address: | City: | State: | Zip Code |
| · · | | | | |
| PURPOSE OF EXPENDITURE | (a) Category(See categories lit Office Overhead/Rental Expense | sted at the top of this schedule) | Office Supplies | travel outside of Texas, complete Schedule T) X, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ime | Office sought | Office held |
| 4 Date | 5 Payee name | | , | / |
| 10/13/2014 | The Austin Chronicle | | | • |
| 6 Amount \$1,845.00 ; | 7 Payee address: 4000 N Interstate 35 Austi | City: n, TX 78751-4801 | State: | Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category(See categories lit Advertising Expense | sted at the top of this schedule) | (b) Description (If Print Ad | travel outside of Texas, complete Schedule T |
| | | | | X, officeholder living expense |
| O Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ıme | Office sought | Office held |
| 4 Date | 5 Payee name | | | |
| 10/21/2014 | The Austin Chronicle | | | |
| 6 .Amount \(\simes \\$1,845.00 | 7 Payee address: 4000 N Interstate 35 Austi | City: .n, TX 78751-4801 | State: | Zip Code |
| | | | | · |
| PURPOSE OF EXPENDITURE | (a) Category(See categories lic Advertising Expense | sted at the top of this schedule) | Print Ad | travel outside of Texas, complete Schedule T |
| Complete ONLY if direct | Candidate (Office helder - | | Office sought | X, officeholder living expense Office held |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ime | onice sought | Office field. |

P.O. Box 12070

SCHEDULE F

(512) 463-5800

| | EXPE | NDITURE CATEGORIES | FOR BOX 8(a) | | |
|---|---|---|---|--|------|
| Accounting/Banking Lec Consulting Expense Foo Event Expense Pol | t/Awards/Memorials Expense gal Services gol/Beverage Expense ling Expense nting Expense | Salaries/Wages/Contract L Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex | rense Transportat Contribution Candidate/Contribution | yment/Reimbursement tion Equipment & Related Expense ns/Donations Made By Officeholder/Political Committee hter a category not listed above) | |
| | The Instruct | ion Guide explains how to | complete this form. | • | |
| 1. Total pages Schedule F: | 2. FILER NAME | | 3. ACCOUN | T# (Ethics Commission Filers) | |
| 34 | Stephen Adler | | | | |
| 4 Date | 5 Payee name | | | | |
| 10/14/2014 | The Austin Villager | | | | |
| 6 Amount \$504.00 | 7 Payee address: | City: | State: | Zip Code | |
| | 4132 E 12th St Austin, T2 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories Advertising Expense | listed at the top of this schedule) | Print Ad | ravel outside of Texas, complete Schedul | e T) |
| O O lake ONLY if disease | 0 | | Office sought | Cofficeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Onice sought | Office held | |
| 4 Date | 5 Payee name | | | | |
| 09/30/2014 | The Tyson Organization, | | · | | |
| 6 Amount \$922.88 | 7 Payee address: 1351 Mistletoe Dr Fort W | City: /orth, TX 76110-1022 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories Polling Expense | listed at the top of this schedule) | (b) Description (If to Automated Calls | ravel outside of Texas, complete Schedu | e T) |
| | | | | K, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder n | ame 、 | Office sought | Office held | |
| 4 Date | 5 Payee name | | | | |
| 10/05/2014 | Threadgill's World Heade | | | | |
| 6 Amount \$376.26 | 7 Payee address: 301 W Riverside Dr Aust | City: .in, TX 78704-1226 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories Food/Beverage Expense | listed at the top of this schedule) | Food for Team Meet | ravel outside of Texas, complete Schedu ting X, officeholder living expense | e T) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder n | ame . | Office sought | Office held | |
| P 1 | | • | | | |

SCHEDULE F

| | | EXPE | NDITURE CATEGORIES | FOR BO | X 8(a) | | |
|--|---|--|---|--------------|---|---|------|
| Accounting/Banking Legal Service Consulting Expense Food/Bevere Event Expense Polling Expe | | /Beverage Expense | Salaries/Wages/Contract I Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental E. | kpense | Transportation Contributions/ Candidate/Off | nent/Reimbursement n Equipment & Related Expense Donations Made By iceholder/Political Committee r a category not listed above) | |
| _ | | | on Guide explains how to | | | | |
| 1 | . Total pages Schedule F: | 2. FILER NAME | | 3. | ACCOUNT # | # (Ethics Commission Filers) | |
| | 34 | Stephen Adler | | | | | |
| 4 | Date | 5 Payee name | | | ` | i | |
| | 10/07/2014 | Tiff's Treats | | | | | |
| 6 | Amount | 7 Payee address: | City: | Stat | e: ' ' | Zip Code | |
| | \$24.00 | | | | | | |
| | | 1806 Nueces St Austin, TZ | X 78701-1141 | | | | |
| | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories li Event Expense | sted at the top of this schedule) | Food fo | or meeting | el outside of Texas, complete Schedul | e T |
| _ | O LE ONINCE POUR | 0 11 1 10 11 | | | | officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ime | Office so | ugnt | Office held | |
| 4 | Date | 5 Payee name | | | | | |
| | 10/16/2014 | TODO Austin | | | | | |
| 6 | Amount \$290.00 | 7 Payee address: 1400 Corona Dr Austin, T | City: X 78723-2516 | Stat | e: _, | Zip Code | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories li Advertising Expense | sted at the top of this schedule) | (b) Des | | el outside of Texas, complete Schedul | le T |
| | • | , | | Che | ck if Austin, TX, o | officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ıme | Office so | ught | Office held | |
| 4 | Date | 5 Payee name | | | | | |
| | 09/30/2014 | Travis County Appraisal I | District | | | | |
| 6 | . Amount \$50.00 | 7 Payee address: | City: | Stat | e: | Zip Code | |
| | , | 8314 Cross Park Dr Austin | n, TX 78754-5121 | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories li Office Overhead/Rental Expense | sted at the top of this schedule) | Propert | y Tax Report | el outside of Texas, complete Schedul | ie T |
| | | | · | | | officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office so | ught | Office held | |

SCHEDULE F

| | | EXPE | NUITURE CATEGORIES | S FOR BUX | . 8(a) | | | |
|-------------|---|---|---|-------------------------|--|---|----|--|
| | Accounting/Banking Le Consulting Expense For Event Expense Po | off/Awards/Memorials Expense ogal Services ood/Beverage Expense olling Expense inting Expense | Salaries/Wages/Contract Solicitation/Fundraising E Travel In District Travel Out Of District Office Overhead/Rental E | xpense T C xpense | ransportation Contributions Candidate/Of | nent/Reimbursement n Equipment & Related Expense //Donations Made By ficeholder/Political Committee er a category not listed above) | | |
| | | The Instruct | ion Guide explains how to | complete | this form. | | | |
| 1. | . Total pages Schedule F | : 2. FILER NAME | | 3. A | CCOUNT | # (Ethics Commission Filers) | | |
| _ | 34 | Stephen Adler | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 10/15/2014 | United States Treasury | , | | | · · · · · · · · · · · · · · · · · · · | | |
| 6 | Amount | 7 Payee address: | City: | State | | Zip Code | | |
| \$10,195.58 | | Eftps 1111 Constitution A | Eftps 1111 Constitution Ave Washington, DC 20224-0001 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category(See categories I Salaries/Wages/Contract Lubor | isted at the top of this schedule) | Payroll T | axes | vel outside of Texas, complete Schedule officeholder living expense | T | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder na | ame | Office sou | | Office held | _ | |
| 4 | Date | 5 Payee name | | | | | | |
| | 09/30/2014 | Nicholas L Van Zandt | • | | | | | |
| 6 | Amount | 7 Payee address: | City: | State | , | Zip Code | | |
| | \$1,242.25 | 3001 Bonnie Rd Austin, T | TX 78703-2807 | | - | , ") | | |
| В | PURPOSE OF EXPENDITURE | (a) Category(See categories I Salaries/Wages/Contract Labor | isted at the top of this schedule) | Salary | | vel outside of Texas, complete Schedule | T; | |
| _ | | | | | | officeholder living expense | _ | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder na | ame | Office sou | gnt | Office held | | |
| 4 | Date | 5 Payee name | | | |) | | |
| | 10/15/2014 | Nicholas L Van Zandt | | | <u> </u> | <u> </u> | | |
| 6 | Amount \$1,242.25 | 7 Payee address: | City: | State | | Zip Code | | |
| | | 3001 Bonnie Rd Austin, T | TX 78703-2807 | | | · | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See categories I Salaries/Wages/Contract Labor | isted at the top of this schedule) | Salary | | vel outside of Texas, complete Schedule | T | |
| | Complete ONLY if dire-4 | Opendial and Office Inc. 197 | | | | officeholder living expense | _ | |
| J | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder na | ame | Office sou | âur | Office held | | |

P.O. Box 12070

SCHEDULE F

| | | EXPE | NDITURE CATEGORIES | FOR | BOX 8(a) | |
|----------|--|---|------------------------------------|--|-------------------|--|
| • | | | , | | 2 0 % 0(u, | |
| | Accounting/Banking Legal Consulting Expense Food Event Expense Polling | Awards/Memorials Expense al Services Solicitation/Fundraising Exd/Beverage Expense Travel In District Travel Out Of District Office Overhead/Rental Expense | | xpense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee | | |
| | | The Instruct | ion Guide explains how to | compl | ete this forr | n. |
| 1. | Total pages Schedule F: | 2. FILER NAME | | | 3. ACCOU | INT # (Ethics Commission Filers) |
| | 34 | Stephen Adler | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 09/30/2014 | Jim A Wick | | | | - |
| 6 | Amount . | 7 Payee address: | Cíty: | S | tate: | Zip Code |
| | \$2,822.25 | 2611 Ektom Dr Apt D Au | | | | |
| В | PURPOSE OF EXPENDITURE | (a) Category(See categories I Salaries/Wages/Contract Labor | isted at the top of this schedule) | Sala | ry | If travel outside of Texas, complete Schedule 1 TX, officeholder living expense |
| <u>-</u> | Complete ONLY if direct | Candidate/Officeholder na | ama | | sought | Office held |
| , | expenditure to benefit C/OH | Candidate/Officeriolder in | ame . | 011100 | Jougin | 011100 11010 |
| 4 | Date | 5 Payee name | | | | |
| | 10/15/2014 | Jim A Wick | | | | |
| 6 | Amount \$2,822.25 | 7 Payee address: | . City: | S | state: | Zip Code |
| | | 2611 Ektom Dr Apt D Au | stin, TX 78745-2629 | | | |
| В | PURPOSE OF | (a) Category (See categories to | isted at the top of this schedule) | (b) [| Description (| If travel outside of Texas, complete Schedule |
| | EXPENDITURE | Salaries/Wages/Contract Labor | | Sala | гу | : |
| | , | | | | | TX, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office | sought | Office held |
| 4 | Date | 5 Payee name | • | | | |
| | 09/29/2014 | Williamson Central Appra | aisal District | | | |
| 6 | Amount \$10.10 | 7 Payee address: | City: | S | State: | Zip Code |
| | | 625 Fm 1460 Georgetown | n, TX 78626-8050 | | | |
| 8 | PURPOSE OF | (a) Category (See categories I | isted at the top of this schedule) | (b) C | Description (| If travel outside of Texas, complete Schedule |
| | EXPENDITURE | Office Overhead/Rental Expense | | | Data | |
| | | | • | | Check if Austin, | TX, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder na | ame | Office | sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense | | Salaries/Wages/Contract L Solicitation/Fundraising Ex Fravel In District Fravel Out Of District Office Overhead/Rental Ex | Transportation Contributions Candidate/O | 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. | | | |
| Total pages Schedule F: | 2. FILER NAME | | 3. ACCOUNT | # (Ethics Commission Filers) | | |
| 34 | Stephen Adler 5 | | | | | |
| 4 Date | 5 Payee name | • | | | | |
| 09/30/2014 | Michelle S Willoughby | | | * | | |
| 6 Amount \$942.11 | 7 Payee address: | City: | State: | Zip Code | | |
| | 2704 Rio Grande St Apt 617 | Austin, TX 78705-4282 | | • | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories lister Salaries/Wages/Contract Labor | d at the top of this schedule) | Salary | rvel outside of Texas, complete Schedule T | | |
| | | | | officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | e | Office sought | Office held | | |
| 4 Date | 5 Payee name | | | | | |
| 10/09/2014 | Michelle S Willoughby | | | | | |
| 6 Amount \$15.00 | 7 Payee address: | City: | State: | Zip Code | | |
| | 2704 Rio Grande St Apt 617 | Austin, TX 78705-4282 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (Seë categories lister Travel In District | d at the top of this schedule) | (b) Description (If tra Advance for travel ex | ivel outside of Texas, complete Schedule T penses | | |
| • | | • | Check if Austin, TX, | officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | e ` | Office sought | Office held | | |
| 4 Date | 5 Payee name | | 1 | | | |
| 10/15/2014 | Michelle S Willoughby | | | | | |
| 6 Amount \$942.11 | 7 Payee address: | City: | State: | Zip Code | | |
| | 2704 Rio Grande St Apt 617 | Austin, TX 78705-4282 | | | | |
| | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories lister Salaries/Wages/Contract Labor | d at the top of this schedule) | Salary | evel outside of Texas, complete Schedule T | | |
| | 1 | | L. I. Chock if Auctin TY | officabaldor lívina ovnanca | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate/Officeholder name

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O. Box 12070

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)

(512) 463-5800

| | The Instruction Guide explains how to | a complete this form | | |
|--|--|--|--|--|
| Total pages Schedule F: | 2. FILER NAME | 3. ACCOUNT # (Ethics Commission Filers) | | |
| 34 | Stephen Adler | J. ACCOUNT # (Ethics Continussion Filets) | | |
| 4 Date | 5 Payee name | | | |
| 09/27/2014 | Worley Printing | • | | |
| 6 Amount \$408.10 | 7 Payee address: City: | State: Zip Code | | |
| | 3217 N Interstate 35 Austin, TX 78722-2203 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Printing Expense | (b) Description (If travel outside of Texas, complete Schedule T) Printing Envelopes | | |
| | | Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | |
| 4 Date | 5 Payee name | | | |
| 09/30/2014 | Calvin R Wright | | | |
| 6 Amount | 7 Payee address: City: | State: Zip Code | | |
| \$729.15 | 1919 Willow Creek Dr Austin, TX 78741-4440 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) Salary | | |
| | | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | |
| 4 Date | 5 Payee name | , | | |
| 10/15/2014 | Calvin R Wright | · | | |
| 6 Amount \$729.15 | 7 Payee address: City: | State: Zip Code | | |
| | 1919 Willow Creek Dr Austin, TX 78741-4440 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category(See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) Salary | | |
| | | Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | |