

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

13 C/OH NAME Troxclair, Ellen (Mrs.)

14 ACCOUNT # (Ethics Commission filers)
00000001

15 NOTICE FROM POLITICAL COMMITTEE(S)

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

| | |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

additional pages

16 CONTRIBUTION TOTALS

| | |
|---|---------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
|---|---------|

| | |
|--|-------------|
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 8,008.00 |
|--|-------------|

EXPENDITURE TOTALS

| | |
|---|---------|
| 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
|---|---------|

| | |
|---------------------------------|--------------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ 23,039.05 |
|---------------------------------|--------------|

CONTRIBUTION BALANCE

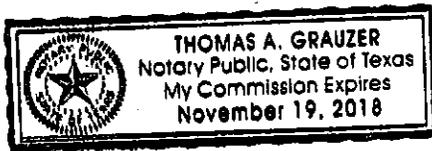
| | |
|--|--------------|
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 69,613.00 |
|--|--------------|

OUTSTANDING LOAN TOTALS

| | |
|---|--------------|
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 55,000.00 |
|---|--------------|

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Ellen Troxclair
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ellen gale troxclair, this the 27th day of October, 2014, to certify which, witness my hand and seal of office.

Thomas A. Grauzer Thomas A. Grauzer notary public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/11 Report: 4/30 | |
| 2 FILER NAME Troxclair, Ellen (Mrs.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/27/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowen, Scott 6 Contributor address; City; State; Zip Code 4323 Towering Oak Court Houston, TX 77059 | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Chemical Engineer | | 10 Employer (See Instructions) None | |
| Date 10/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cantella, Richard (Mr.) Contributor address; City; State; Zip Code 7501 Shadowridge Run, Unit 163 Austin, TX 78749 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Financial Advisor | | Employer (See Instructions) Retired | |
| Date 10/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cartwright, Linda Contributor address; City; State; Zip Code 8205 Forest Heights Ln Austin, TX 78749 | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Medical Billing | | Employer (See Instructions) Self | |
| Date 10/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davidson, Greg Contributor address; City; State; Zip Code 12325 Aralia Ridge Drive Austin, TX 78739 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Clerk | | Employer (See Instructions) State of Texas | |
| Date 09/26/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dominguez, Ernie Contributor address; City; State; Zip Code 9519 Anchusa Trail Austin, TX 78736 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Healthcare | | Employer (See Instructions) MedAssets | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/11 Report: 5/30 | |
| 2 FILER NAME Troxclair, Ellen (Mrs.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 10/25/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fowler, Nancy (Ms.) 6 Contributor address: City: State: Zip Code 6429 Old Harbor Lane Austin, TX 78739 | 7 Amount of contribution (\$) \$20.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Retired | | 10 Employer (See Instructions) Retired | |
| 11 Date 10/25/2014 | 12 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Simon & Liz 13 Contributor address: City: State: Zip Code 5913 Savin Hill Ct. Austin, TX 78739 | 14 Amount of contribution (\$) \$100.00 | 15 In-kind contribution description (if applicable) |
| 16 Principal occupation / Job title (See Instructions) Instructor | | 17 Employer (See Instructions) ACC | |
| 18 Date 10/01/2014 | 19 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbs, John 20 Contributor address: City: State: Zip Code 5901 B Paseo Del Toro Austin, TX 78731 | 21 Amount of contribution (\$) \$50.00 | 22 In-kind contribution description (if applicable) |
| 23 Principal occupation / Job title (See Instructions) Legislative Staff | | 24 Employer (See Instructions) Texas Legislature | |
| 25 Date 10/19/2014 | 26 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gramlich Jr., Martin 27 Contributor address: City: State: Zip Code 10701 Redmond Rd. Austin, TX 78739 | 28 Amount of contribution (\$) \$100.00 | 29 In-kind contribution description (if applicable) |
| 30 Principal occupation / Job title (See Instructions) Consultant | | 31 Employer (See Instructions) TX Technology Consulting Group, LLC | |
| 32 Date 10/17/2014 | 33 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartman, Douglas & Julie 34 Contributor address: City: State: Zip Code 6501 Soter Pkwy Austin, TX 78735 | 35 Amount of contribution (\$) \$700.00 | 36 In-kind contribution description (if applicable) |
| 37 Principal occupation / Job title (See Instructions) Retired | | 38 Employer (See Instructions) Retired | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 4/11 Report: 6/30 | |
| 2 FILER NAME Troxclair, Ellen (Mrs.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 10/24/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hebert, Dede 6 Contributor address: City: State: Zip Code 4821 Chesney Ridge Austin, TX 78749 | 7 Amount of contribution (\$) \$25.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Homemaker | | 10 Employer (See Instructions) Self | |
| 10/14/2014 | Heckler, Jeff Contributor address: City: State: Zip Code 11006 Sierra Verde Trail Austin, TX 78759 | \$150.00 | |
| Principal occupation / Job title (See Instructions) Lobbyist | | Employer (See Instructions) GovBiz Partners | |
| 10/13/2014 | Herrington, Rebecca Contributor address: City: State: Zip Code 5000 Mission Oaks Blvd #13 Austin, TX 78735 | \$150.00 | |
| Principal occupation / Job title (See Instructions) Volunteer | | Employer (See Instructions) Self | |
| 10/16/2014 | Hersey, Paul E Contributor address: City: State: Zip Code PO Box 160784 Austin, TX 78716 | \$100.00 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| 10/02/2014 | Herzog, Greg & Amy Contributor address: City: State: Zip Code 7212 Mitra Drive Austin, TX 78739 | \$50.00 | |
| Principal occupation / Job title (See Instructions) Gov Affairs | | Employer (See Instructions) Capelo Law Firm | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 5/11 Report: 7/30 | |
| 2 FILER NAME Troxclair, Ellen (Mrs.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 10/10/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hock, Stacy & Joel 6 Contributor address; City; State; Zip Code 3331 Westlake Drive Austin, TX 78746 | 7 Amount of contribution (\$) \$700.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) Philanthropist | | 10 Employer (See Instructions) Self | |
| Date 10/21/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurst, Michaelanne Contributor address; City; State; Zip Code 8302 Moccasin Path Austin, TX 78736 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Director of Advancement | | Employer (See Instructions) City School | |
| Date 10/24/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jamail, Tim Contributor address; City; State; Zip Code 8509 Southwest Parkway Austin, TX 78735 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Real Estate Broker/Developer | | Employer (See Instructions) Self | |
| Date 09/26/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jimenez, David Contributor address; City; State; Zip Code 6800 W Gate Blvd #101 Austin, TX 78745 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 10/10/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, James Contributor address; City; State; Zip Code 3700 Thompson St. Austin, TX 78702 | Amount of contribution (\$) \$155.00 | In-kind contribution description (if applicable) Event expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Entrepreneur | | Employer (See Instructions) Self employed | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 6/11 Report: 8/30 | |
| 2 FILER NAME Troxclair, Ellen (Mrs.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 10/24/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Bruce 6 Contributor address; City; State; Zip Code 4001 Tecate Trl. Austin, TX 78739 | 7 Amount of contribution (\$) \$25.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Insurance Sales | | 10 Employer (See Instructions) Self | |
| Date 09/30/2014 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klaes, Leo Contributor address; City; State; Zip Code 3624 Aspen Creek Pkwy Austin, TX 78749 | |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) AMD | |
| Date 10/14/2014 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klenzendorf, Brandon Contributor address; City; State; Zip Code 2907 Glenview Ave Austin, TX 78703 | |
| Principal occupation / Job title (See Instructions) Civil Engineer | | Employer (See Instructions) Geosyntec | |
| Date 10/25/2014 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Latham, Eileen (Ms.) Contributor address; City; State; Zip Code 5912 Savin Hill Ct. Austin, TX 78739 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 10/10/2014 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leger, Jared Contributor address; City; State; Zip Code 121 Monarch Lane Austin, TX 78737 | |
| Principal occupation / Job title (See Instructions) CEO/Owner | | Employer (See Instructions) Arise Healthcare | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 7/11 Report: 9/30 | |
| 2 FILER NAME Troxclair, Ellen (Mrs.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 10/06/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lupton, Angus 6 Contributor address; City; State; Zip Code 8700 Fritsch Drive Austin, TX 78717 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Legislative Director | | 10 Employer (See Instructions) Texas Senate | |
| 11 Date 10/02/2014 | 12 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matherne, Damien 13 Contributor address; City; State; Zip Code 11727 Sterling Panorama Austin, TX 78738 | 14 Amount of contribution (\$) \$350.00 | 15 In-kind contribution description (if applicable) |
| 16 Principal occupation / Job title (See Instructions) Finance | | 17 Employer (See Instructions) Clean Scapes, LP | |
| 18 Date 10/17/2014 | 19 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matz, Laura 20 Contributor address; City; State; Zip Code 1708 Palma Plz Austin, TX 78703 | 21 Amount of contribution (\$) \$133.00 | 22 In-kind contribution description (if applicable) |
| 23 Principal occupation / Job title (See Instructions) Gov Affairs | | 24 Employer (See Instructions) Self | |
| 25 Date 10/07/2014 | 26 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKay, Tom & Kathleen 27 Contributor address; City; State; Zip Code 11339 Taylor Draper Lane Austin, TX 78759 | 28 Amount of contribution (\$) \$700.00 | 29 In-kind contribution description (if applicable) |
| 30 Principal occupation / Job title (See Instructions) Inventor | | 31 Employer (See Instructions) Self | |
| 32 Date 09/27/2014 | 33 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNutt, Thomas 34 Contributor address; City; State; Zip Code 1555 Princeton Drive Corsicana, TX 75110 | 35 Amount of contribution (\$) \$50.00 | 36 In-kind contribution description (if applicable) |
| 37 Principal occupation / Job title (See Instructions) Manager | | 38 Employer (See Instructions) Collin Street Bakery | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 8/11 Report: 10/30 | |
| 2 FILER NAME Troxclair, Ellen (Mrs.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 10/20/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Gene 6 Contributor address; City; State; Zip Code 6205 Tanak Cove Austin, TX 78749 | 7 Amount of contribution (\$) \$25.00 | 8 In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| 4 Date 10/08/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moffett, Lauree 6 Contributor address; City; State; Zip Code 7849 Escala Drive Austin, TX 78735 | 7 Amount of contribution (\$) \$350.00 | 8 In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Investments | | Employer (See Instructions) Self | |
| 4 Date 10/10/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Gates 6 Contributor address; City; State; Zip Code 7706 Vail Valley Dr Austin, TX 78749 | 7 Amount of contribution (\$) \$25.00 | 8 In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Bus Driver | | Employer (See Instructions) Willie Nelson | |
| 4 Date 10/21/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Gates 6 Contributor address; City; State; Zip Code 7706 Vail Valley Dr Austin, TX 78749 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Bus Driver | | Employer (See Instructions) Willie Nelson | |
| 4 Date 10/02/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Timothy & Christina 6 Contributor address; City; State; Zip Code 6632 Ruxton Lane Austin, TX 78749 | 7 Amount of contribution (\$) \$150.00 | 8 In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) Drake Industries | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 9/11 Report: 11/30 | |
| 2 FILER NAME Troxclair, Ellen (Mrs.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 10/08/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Naughton, Philip 6 Contributor address; City; State; Zip Code 9312 Lightwood loop Austin, TX 78748 | 7 Amount of contribution (\$) \$350.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Engineer | | 10 Employer (See Instructions) Applied Materials | |
| 4 Date 10/22/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Persinger, Michael 6 Contributor address; City; State; Zip Code 1804 Intervall Austin, TX 78746 | 7 Amount of contribution (\$) \$150.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Son & Kitao LLC | | 10 Employer (See Instructions) Self | |
| 4 Date 10/24/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pomeroy, Cory 6 Contributor address; City; State; Zip Code 1415 Westover Road Austin, TX 78703 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Attorney | | 10 Employer (See Instructions) TXOGA | |
| 4 Date 10/14/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Riland, Patty & Tom 6 Contributor address; City; State; Zip Code 6706 Convict Hill Road Austin, TX 78749 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) General Lines Agent | | 10 Employer (See Instructions) Stateside Insurance Services | |
| 4 Date 10/10/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Luis 6 Contributor address; City; State; Zip Code 10058 Circleview Dr. Austin, TX 78735 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Business owner | | 10 Employer (See Instructions) Self | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 11/11 Report: 13/30 | |
| 2 FILER NAME Troxclair, Ellen (Mrs.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 09/28/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Randy 6 Contributor address; City; State; Zip Code 200 Congress Avenue #27EG Austin, TX 78701 | 7 Amount of contribution (\$) \$225.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) President/CEO | | 10 Employer (See Instructions) Pinnergy | |
| Date 10/10/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Twining, Trenton G. Contributor address; City; State; Zip Code 5302 Summerset Trail Austin, TX 78749 | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Computer Programmer | | Employer (See Instructions) QUIC Inc | |
| Date 09/28/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vaughan, Susanne Contributor address; City; State; Zip Code 1211 Dusky Thrush Trail Austin, TX 78746 | Amount of contribution (\$) \$75.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 10/03/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Womack, Daniel Contributor address; City; State; Zip Code 6904 Barstow Court Austin, TX 78749 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Gov Affairs | | Employer (See Instructions) Dow Chemical | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 PAGE # Schedule: 1/17 Report: 14/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 10/07/2014 | | 5 Payee name Conviction Digital | | | |
| 6 Amount (\$) \$609.97 | | 7 Payee address City; State; Zip Code 401 Little Texas Lane #1731 Austin, TX 78745 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> digital media <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/08/2014 | | Payee name Conviction Digital | | | |
| Amount (\$) \$210.21 | | Payee address City; State; Zip Code 401 Little Texas Lane #1731 Austin, TX 78745 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> digital media <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/26/2014 | | Payee name CVS | | | |
| Amount (\$) \$5.39 | | Payee address City; State; Zip Code 2101 S. Lamar Blvd. Austin, TX 78704 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/25/2014 | | Payee name Jersey Mike's | | | |
| Amount (\$) \$33.15 | | Payee address City; State; Zip Code 4404 William Cannon Austin, TX 78740 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|---|--|--|--|---|--|
| 1 PAGE # Schedule: 2/17 Report: 15/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 10/06/2014 | | 5 Payee name LVS | | | |
| 6 Amount (\$) \$450.00 | | 7 Payee address City: State: Zip Code 3700 Thompson St. Austin, TX 78702 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> data services <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/06/2014 | | Payee name LVS | | | |
| Amount (\$) \$450.00 | | Payee address City: State: Zip Code 3700 Thompson St. Austin, TX 78702 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> data services <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/11/2014 | | Payee name Mailchimp | | | |
| Amount (\$) \$75.00 | | Payee address City: State: Zip Code 512 Means St NW #404 Atlanta, GA 30318 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> email marketing <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/30/2014 | | Payee name McGee, Chelsey | | | |
| Amount (\$) \$1,500.00 | | Payee address City: State: Zip Code 3816 S Lamar Blvd Austin, TX 78704 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff pay <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|---|---|---|
| 1 PAGE # Schedule: 3/17 Report: 16/30 | 2 FILER NAME Troclair, Ellen (Mrs.) | 3 ACCOUNT # (TEC filers) 00000001 |
|---|---|---|

| | |
|-----------------------------|---|
| 4 Date 09/30/2014 | 5 Payee name Paragon Printing |
|-----------------------------|---|

| | |
|------------------------------------|---|
| 6 Amount (\$) \$1,491.72 | 7 Payee address City: State: Zip Code 10423 McKalla Place Austin, TX 78758 |
|------------------------------------|---|

| | | |
|---------------------------------|---|--|
| 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) <input type="checkbox"/> printing campaign materials |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

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|--------------------|--------------------------------|
| Date 10/06/2014 | Payee name Paragon Printing |
|--------------------|--------------------------------|

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|---------------------------|--|
| Amount (\$) \$1,491.72 | Payee address City: State: Zip Code 10423 McKalla Place Austin, TX 78758 |
|---------------------------|--|

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|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|--------------------------------|
| Date 10/16/2014 | Payee name Paragon Printing |
|--------------------|--------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,206.90 | Payee address City: State: Zip Code 10423 McKalla Place Austin, TX 78758 |
|---------------------------|--|

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|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|--------------------------------|
| Date 10/17/2014 | Payee name Paragon Printing |
|--------------------|--------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,845.65 | Payee address City: State: Zip Code 10423 McKalla Place Austin, TX 78758 |
|---------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 4/17 Report: 17/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 09/26/2014 | | 5 Payee name Piryx | | | |
| 6 Amount (\$) \$11.50 | | 7 Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/27/2014 | | Payee name Piryx | | | |
| Amount (\$) \$2.88 | | Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/27/2014 | | Payee name Piryx | | | |
| Amount (\$) \$2.88 | | Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/28/2014 | | Payee name Piryx | | | |
| Amount (\$) \$12.94 | | Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 5/17 Report: 18/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 09/28/2014 | | 5 Payee name Piryx | | | |
| 6 Amount (\$) \$12.94 | | 7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/30/2014 | | Payee name Piryx | | | |
| Amount (\$) \$5.75 | | Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/30/2014 | | Payee name Piryx | | | |
| Amount (\$) \$2.88 | | Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/30/2014 | | Payee name Piryx | | | |
| Amount (\$) \$2.88 | | Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 6/17 Report: 19/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 10/02/2014 | | 5 Payee name Piryx | | | |
| 6 Amount (\$) \$2.88 | | 7 Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/02/2014 | | Payee name Piryx | | | |
| Amount (\$) \$20.13 | | Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/03/2014 | | Payee name Piryx | | | |
| Amount (\$) \$5.75 | | Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/06/2014 | | Payee name Piryx | | | |
| Amount (\$) \$5.75 | | Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 7/17 Report: 20/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 10/07/2014 | | 5 Payee name Piryx | | | |
| 6 Amount (\$) \$40.25 | | 7 Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/08/2014 | | Payee name Piryx | | | |
| Amount (\$) \$20.13 | | Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/08/2014 | | Payee name Piryx | | | |
| Amount (\$) \$20.13 | | Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/10/2014 | | Payee name Piryx | | | |
| Amount (\$) \$1.44 | | Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 8/17 Report: 21/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 0000001 | |
| 4 Date 10/10/2014 | | 5 Payee name Piryx | | | |
| 6 Amount (\$) \$20.13 | | 7 Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/10/2014 | | Payee name Piryx | | | |
| Amount (\$) \$1.44 | | Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/13/2014 | | Payee name Piryx | | | |
| Amount (\$) \$8.63 | | Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/14/2014 | | Payee name Piryx | | | |
| Amount (\$) \$5.75 | | Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 PAGE # Schedule: 9/17 Report: 22/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 10/14/2014 | | 5 Payee name Piryx | | | |
| 6 Amount (\$) \$1.44 | | 7 Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) credit card processing fee <input type="checkbox"/> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/14/2014 | | Payee name Piryx | | | |
| Amount (\$) \$8.63 | | Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) credit card processing fee <input type="checkbox"/> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/15/2014 | | Payee name Piryx | | | |
| Amount (\$) \$1.44 | | Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) credit card processing fee <input type="checkbox"/> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/16/2014 | | Payee name Piryx | | | |
| Amount (\$) \$5.75 | | Payee address City: State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) credit card processing fee <input type="checkbox"/> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 10/17 Report: 23/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 0000001 | |
| 4 Date 10/17/2014 | | 5 Payee name Piryx | | | |
| 6 Amount (\$) \$5.75 | | 7 Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/19/2014 | | Payee name Piryx | | | |
| Amount (\$) \$5.75 | | Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/20/2014 | | Payee name Piryx | | | |
| Amount (\$) \$1.44 | | Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/21/2014 | | Payee name Piryx | | | |
| Amount (\$) \$5.75 | | Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 PAGE # Schedule: 11/17 Report: 24/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 10/21/2014 | | 5 Payee name Piryx | | | |
| 6 Amount (\$) \$2.88 | | 7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/22/2014 | | Payee name Piryx | | | |
| Amount (\$) \$8.63 | | Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/24/2014 | | Payee name Piryx | | | |
| Amount (\$) \$1.44 | | Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/24/2014 | | Payee name Piryx | | | |
| Amount (\$) \$1.44 | | Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 PAGE # Schedule: 12/17 Report: 25/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 10/24/2014 | | 5 Payee name Piryx | | | |
| 6 Amount (\$) \$5.75 | | 7 Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) credit card processing fee <input type="checkbox"/> | |
| <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | Candidate / Officeholder name | | Office sought: Office held: | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date 10/24/2014 | | Payee name Piryx | | | |
| Amount (\$) \$1.44 | | Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) credit card processing fee <input type="checkbox"/> | |
| <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | Candidate / Officeholder name | | Office sought: Office held: | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date 10/24/2014 | | Payee name Piryx | | | |
| Amount (\$) \$2.88 | | Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) credit card processing fee <input type="checkbox"/> | |
| <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | Candidate / Officeholder name | | Office sought: Office held: | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date 10/24/2014 | | Payee name Piryx | | | |
| Amount (\$) \$14.38 | | Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) credit card processing fee <input type="checkbox"/> | |
| <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | Candidate / Officeholder name | | Office sought: Office held: | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

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|--|--|--|--|--|--|
| 1 PAGE # Schedule: 13/17 Report: 26/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 10/24/2014 | | 5 Payee name Pirya | | | |
| 6 Amount (\$) \$1.44 | | 7 Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/26/2014 | | Payee name Pizza Hut | | | |
| Amount (\$) \$45.97 | | Payee address City; State; Zip Code 2919 Manchaca Road Austin, TX 78704 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/01/2014 | | Payee name Pizza Hut | | | |
| Amount (\$) \$43.05 | | Payee address City; State; Zip Code 2919 Manchaca Road Austin, TX 78704 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/25/2014 | | Payee name Randall's | | | |
| Amount (\$) \$5.40 | | Payee address City; State; Zip Code 6600 S. Mopac Austin, TX 78749 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Water for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|---|---|---|---|--|
| 1 PAGE # Schedule: 14/17 Report: 27/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 10/24/2014 | 5 Payee name Square | | | | |
| 6 Amount (\$) \$2.75 | 7 Payee address City; State; Zip Code 1455 Market St San Francisco, CA 90103 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 10/07/2014 | Payee name Target | | | | |
| Amount (\$) \$29.22 | Payee address City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printer ink | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 09/30/2014 | Payee name Thomas Graphics | | | | |
| Amount (\$) \$2,045.93 | Payee address City; State; Zip Code PO Box 142226 Austin, TX 78714 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 10/17/2014 | Payee name Thomas Graphics | | | | |
| Amount (\$) \$1,580.45 | Payee address City; State; Zip Code PO Box 142226 Austin, TX 78714 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|--|---|---|
| 1 PAGE # Schedule: 15/17 Report: 28/30 | 2 FILER NAME Troclair, Ellen (Mrs.) | 3 ACCOUNT # (TEC filers) 00000001 |
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| 4 Date 10/17/2014 | 5 Payee name Thomas Graphics |
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|----------------------------------|---|
| 6 Amount (\$) \$313.11 | 7 Payee address City; State; Zip Code PO Box 142226 Austin, TX 78714 |
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| 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) <input type="checkbox"/> printing campaign materials |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

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| Date 10/17/2014 | Payee name Thomas Graphics |
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|---------------------------|--|
| Amount (\$) \$1,299.00 | Payee address City; State; Zip Code PO Box 142226 Austin, TX 78714 |
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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

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| Date 09/26/2014 | Payee name USPS |
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|------------------------|--|
| Amount (\$) \$88.20 | Payee address City; State; Zip Code 6104 Old Fredricksburg Road Austin, TX 78749 |
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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

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|--------------------|--------------------|
| Date 09/30/2014 | Payee name USPS |
|--------------------|--------------------|

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|---------------------------|---|
| Amount (\$) \$2,236.35 | Payee address City; State; Zip Code 8225 Cross Park Dr Austin, TX 78710 |
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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|---|---|----------------|---|--|
| 1 PAGE # Schedule: 16/17 Report: 29/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 10/06/2014 | 5 Payee name USPS | | | | |
| 6 Amount (\$) \$2,236.35 | 7 Payee address City: State; Zip Code 8225 Cross Park Dr Austin, TX 78710 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 10/16/2014 | Payee name USPS | | | | |
| Amount (\$) \$835.02 | Payee address City: State; Zip Code 8225 Cross Park Dr. Austin, TX 78710 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 10/21/2014 | Payee name USPS | | | | |
| Amount (\$) \$2,239.82 | Payee address City: State; Zip Code 8225 Cross Park Dr. Austin, TX 78710 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 10/14/2014 | Payee name Vera, Bobby | | | | |
| Amount (\$) \$375.00 | Payee address City: State; Zip Code 818 Craters of the Moon Blvd. Pflugerville, TX 78660 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 17/17 Report: 30/30 | | 2 FILER NAME Troclair, Ellen (Mrs.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 09/26/2014 | | 5 Payee name Walgreens | | | |
| 6 Amount (\$) \$10.43 | | 7 Payee address City: State: Zip Code 2501 S. Lamar Blvd. Austin, TX 78704 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |