

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)  
00000008

2 PAGE #  
1 of 36

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Amanda  
NICKNAME LAST SUFFIX  
Mandy Dealey

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
PO Box 300423  
Austin, TX 78703

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Gary  
NICKNAME LAST SUFFIX  
Valdez

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 685008  
Austin, TX 78768

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 537-5473

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
09/26/2014 THROUGH 10/25/2014

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
11/04/2014

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council, District 10

**OFFICE USE ONLY**

2014 OCT 27 PM 4:39

AUSTIN CITY CLERK RECEIVED

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

13 C/OH NAME Dealey, Amanda

14 ACCOUNT # (Ethics Commission filers)  
00000008

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

Sierra Club Political Committee of Texas

GENERAL

COMMITTEE ADDRESS

615 Willow  
San Antonio, TX 78202

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Gonzalez, Hector

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

615 Willow  
San Antonio, TX 78202

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	980.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	28,765.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	285.90
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4. TOTAL POLITICAL EXPENDITURES	\$	76,411.43
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CONTRIBUTION BALANCE

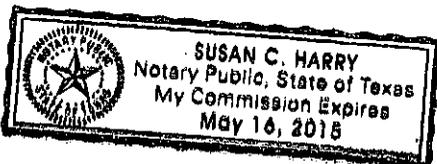
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	24,456.36
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	35,100.00
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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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Mandy Dealey*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Mandy Dealey, this the 27<sup>th</sup> day of October, 2014, to certify which, witness my hand and seal of office.

*Susan Harry*  
Signature of officer administering oath

Susan Harry  
Print name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/25 Report: 3/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 10/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abbott, Robin 6 Contributor address; City; State; Zip Code 5601 Blueridge Ct Austin, TX 78731-2637	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aldrete, Elma Contributor address; City; State; Zip Code 2501 Durwood St Austin, TX 78704-5496	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrus, Jon Contributor address; City; State; Zip Code 1611 Northwood Rd Austin, TX 78703-1945	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Austin Retail Partners			
Date 10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anton, Richard Contributor address; City; State; Zip Code PO Box 26797 Austin, TX 78755-0797	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armstrong, Joe Contributor address; City; State; Zip Code 11 W 81st St 9-a New York, NY 10024-6021	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/25 Report: 4/36	
<b>2</b> FILER NAME Dealey, Amanda		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000008	
<b>4</b> Date 10/16/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armstrong, Robert	<b>7</b> Amount of contribution (\$) \$350.00	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code 6204 Shadow Mountain Cv Austin, TX 78731-4110		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions) Retired		<b>10</b> Employer (See Instructions) Retired	
Date 10/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayres, Patricia	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5705 Scout Island Cv Austin, TX 78731-3386		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Ed	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1914 Riverview St Austin, TX 78702-5527		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Marketing Manager		Employer (See Instructions) Austin City Limits	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baldrige, Burton	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1518 Mohle Dr Austin, TX 78703-1936		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Architecture		Employer (See Instructions) Baldrige Architects	
Date 10/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bandlapalli, Muralidhar	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7300 Fabion Dr Austin, TX 78759-7760		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/25 Report: 5/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Jay  6 Contributor address; City; State; Zip Code 1108 W 7th St Austin, TX 78703-5306	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Architect		10 Employer (See Instructions) Barnes Gromatzky Kosarek Architects	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betts, Charlie  Contributor address; City; State; Zip Code 14741 Arrowhead Dr Volente, TX 78641-9122	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bible, Lori  Contributor address; City; State; Zip Code PO Box 648 Buda, TX 78610-0648	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonilla, Michelle  Contributor address; City; State; Zip Code 1905 W 37th St Austin, TX 78731-6012	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker	
Date  10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bristol, George  Contributor address; City; State; Zip Code 2717 Museum Way Fort Worth, TX 76107-3066	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 4/25 Report: 6/36	
<b>2 FILER NAME</b> Dealey, Amanda		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000008	
<b>4 Date</b>  10/17/2014	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Burton, Amon  <b>6 Contributor address; City; State; Zip Code</b> 98 San Jacinto Blvd Ste 1200 Austin, TX 78701-4082	<b>7 Amount of contribution (\$)</b>  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>8 In-kind contribution description (if applicable)</b>
<b>9 Principal occupation / Job title (See Instructions)</b> Attorney		<b>10 Employer (See Instructions)</b> Self Employed	
<b>Date</b>  10/15/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Byers, Julie  <b>Contributor address; City; State; Zip Code</b> 4516 Balcones Dr Austin, TX 78731-5220	<b>Amount of contribution (\$)</b>  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired	
<b>Date</b>  09/26/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Carr, Cassandra  <b>Contributor address; City; State; Zip Code</b> 4242 Broadway St Apt 2001 San Antonio, TX 78209-6474	<b>Amount of contribution (\$)</b>  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired	
<b>Date</b>  10/07/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Chernet, Tsegaye  <b>Contributor address; City; State; Zip Code</b> PO Box 144542 Austin, TX 78714-4542	<b>Amount of contribution (\$)</b>  \$200.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Driver		<b>Employer (See Instructions)</b> Lonestar Cab	
<b>Date</b>  10/15/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Clayton, Brenda  <b>Contributor address; City; State; Zip Code</b> 2003 Pequeno St Austin, TX 78757-3211	<b>Amount of contribution (\$)</b>  \$200.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Kelly Hart & Hallman LLP	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/25 Report: 7/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  09/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cocke, Mary  6 Contributor address; City; State; Zip Code 2418 Harris Blvd Austin, TX 78703-2406	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) none	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collier, Erin  Contributor address; City; State; Zip Code 1804 Woodland Ave Austin, TX 78741-3910	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowles, Katelena  Contributor address; City; State; Zip Code 2806 Robbs Run Austin, TX 78703-1637	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Artist/homemaker		Employer (See Instructions) Self	
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crane, Marie  Contributor address; City; State; Zip Code 1502 Marshall Ln Austin, TX 78703-3409	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) M. Crane & Associates, Inc.	
Date  10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cullick, Robert  Contributor address; City; State; Zip Code 3705 Laurel Ledge Ln Austin, TX 78731-4049	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/25 Report: 8/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cuppett, Tim  6 Contributor address; City; State; Zip Code 4300 Marathon Blvd Austin, TX 78756-3427	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Drew, Frank  Contributor address; City; State; Zip Code 2628 Eldridge Ln Waco, TX 76710-1091	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dunn, William  Contributor address; City; State; Zip Code 13308 Council Bluff Dr Austin, TX 78727-1701	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Product Development Consultant		Employer (See Instructions) Self	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edwards, Spencer  Contributor address; City; State; Zip Code 1804 Woodland Ave Austin, TX 78741-3910	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Stratus Properties	
Date  10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ejigu, Daniel  Contributor address; City; State; Zip Code 1522 Thibodeaux Dr Round Rock, TX 78664-7209	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Co Owner		Employer (See Instructions) Austin AA Limo LLC	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 7/25 Report: 9/36	
<b>2 FILER NAME</b> Dealey, Amanda		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000008	
<b>4 Date</b>  10/17/2014	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Fahs, Carol  <b>6 Contributor address; City; State; Zip Code</b> 5916 Savin Hill Ct Austin, TX 78739-1676	<b>7 Amount of contribution (\$)</b>  \$350.00	<b>8 In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b> Controller		<b>10 Employer (See Instructions)</b> Stratus Properties	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farace, Carolyn  Contributor address; City; State; Zip Code 4103 Arrow Wood Rd Cedar Park, TX 78613-4884	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) Farace Design Group Inc	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farace, Thomas  Contributor address; City; State; Zip Code 4103 Arrow Wood Rd Cedar Park, TX 78613-4884	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Farace Beverages	
Date  10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fellers, Stacey  Contributor address; City; State; Zip Code 5603 Caprice Dr Austin, TX 78731-4835	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fischer, Colleen  Contributor address; City; State; Zip Code 1700 Westmoor Dr Austin, TX 78723-3410	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) GM		Employer (See Instructions) ACL Live	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/25 Report: 10/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fischer, Timothy  6 Contributor address; City; State; Zip Code 1700 Westmoor Dr Austin, TX 78723-3410	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Coffee Company		10 Employer (See Instructions) Self Employed	
Date  10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Julian  Contributor address; City; State; Zip Code 407 E 45th St Apt 102 Austin, TX 78751-3801	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) City of Austin	
Date  10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Julian  Contributor address; City; State; Zip Code 407 E 45th St Apt 102 Austin, TX 78751-3801	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) City of Austin	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Quen  Contributor address; City; State; Zip Code 5904 Quernus Cv Austin, TX 78735-5402	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Writer/Editor		Employer (See Instructions) Self Employed	
Date  10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerald, Baum  Contributor address; City; State; Zip Code 8608 Tallwood Dr Austin, TX 78759-8127	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/25 Report: 11/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Getahun, Firew  6 Contributor address; City; State; Zip Code 2722 High Point Dr Round Rock, TX 78664-5790	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Accountant		10 Employer (See Instructions) Financial Freedom	
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbons, Heidi  Contributor address; City; State; Zip Code 613 Hearn St. Austin, TX 78703-4517	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffith, Susan  Contributor address; City; State; Zip Code 2415 Westlake Dr Austin, TX 78746-2948	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor Broker		Employer (See Instructions) Amelia Bullock Realtors	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guntakala, Chandu  Contributor address; City; State; Zip Code 10305 Dianella Ln Austin, TX 78759-3042	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guthikonda, Gopal  Contributor address; City; State; Zip Code PO Box 684942 Austin, TX 78768-4942	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Quality Power, LLC	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/25 Report: 12/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hailu, Hirut ..... 6 Contributor address; City; State; Zip Code 2722 High Point Dr Round Rock, TX 78664-5790	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harutunian, Anne ..... Contributor address; City; State; Zip Code PO Box W Austin, TX 78713-8923	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Harutunian Engineers	
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hersh, Stuart ..... Contributor address; City; State; Zip Code 1307 Kinney Ave. #117 Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hester, Felicia ..... Contributor address; City; State; Zip Code 1515 Resaca Blvd Apt 4 Austin, TX 78738-5511	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hester, I. Craig ..... Contributor address; City; State; Zip Code 1515 Resaca Blvd Apt 4 Austin, TX 78738-5511	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/25 Report: 13/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 10/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilfer, Jane  6 Contributor address; City; State; Zip Code 301 Addie Roy Rd Austin, TX 78746-4125	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilgers, Joan  Contributor address; City; State; Zip Code 701 Yaupon Valley Rd West Lake Hills, TX 78746-3545	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hoffman, Nancy  Contributor address; City; State; Zip Code 6311 Mesa Dr Austin, TX 78731-3731	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hoffman, Nancy  Contributor address; City; State; Zip Code 6311 Mesa Dr Austin, TX 78731-3731	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jamail, Tim  Contributor address; City; State; Zip Code 1006 Mopac Cr., Ste 101 Austin, TX 78746	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Broker/Developer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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: 12/25 Report: 14/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Robert  6 Contributor address; City; State; Zip Code 5508 Nelson Oaks Dr Austin, TX 78724-7237	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) director		10 Employer (See Instructions) environmental defense fund	
4 Date  09/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juen-Waltz, Elisabeth  6 Contributor address; City; State; Zip Code 1301 W 25th St Ste 510 Austin, TX 78705-4236	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Montfort Consulting	
4 Date  10/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kadison, Carol  6 Contributor address; City; State; Zip Code 8127 Chalk Knoll Dr Austin, TX 78735-1707	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
4 Date  10/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kassa, Solomon  6 Contributor address; City; State; Zip Code 2958 Donnell Dr Round Rock, TX 78664-5709	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Operator		10 Employer (See Instructions) Capital Metro	
4 Date  10/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kebede, Denberwa  6 Contributor address; City; State; Zip Code 17205 Tobermory Dr Pflugerville, TX 78660-1726	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Data Entry		10 Employer (See Instructions) DPS	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1 PAGE #</b> Schedule: 13/25 Report: 15/36	
<b>2 FILER NAME</b> Dealey, Amanda		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000008	
<b>4 Date</b>  10/23/2014	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Keel, Lara Laneri  <b>6 Contributor address; City; State; Zip Code</b> 2113 W 11th St Austin, TX 78703-3801	<b>7 Amount of contribution (\$)</b>  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>8 In-kind contribution description (if applicable)</b>
<b>9 Principal occupation / Job title (See Instructions)</b> Government Affairs Consultant		<b>10 Employer (See Instructions)</b> Texas Lobby Group	
<b>Date</b>  10/24/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Keil, Philip  <b>Contributor address; City; State; Zip Code</b> 912 Christopher St Austin, TX 78704-1620	<b>Amount of contribution (\$)</b>  \$200.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Architect		<b>Employer (See Instructions)</b> Furman + Keil Architects	
<b>Date</b>  10/21/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kemp, William F.  <b>Contributor address; City; State; Zip Code</b> 2909 Greenlee Dr Austin, TX 78703-1615	<b>Amount of contribution (\$)</b>  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Self Employed	
<b>Date</b>  10/07/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kincaid, Mark  <b>Contributor address; City; State; Zip Code</b> 3302 Glen Rose Dr Austin, TX 78731-5228	<b>Amount of contribution (\$)</b>  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> George Brothers Kincaid & Horton LLP	
<b>Date</b>  10/19/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Knaggs, Bart  <b>Contributor address; City; State; Zip Code</b> 3305 River Rd Austin, TX 78703-1028	<b>Amount of contribution (\$)</b>  \$350.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Partner		<b>Employer (See Instructions)</b> New Waterloo Partners	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/25 Report: 16/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kobayashi, Joan  6 Contributor address; City; State; Zip Code 4618 Crestway Dr Austin, TX 78731-5204	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CFO		10 Employer (See Instructions) Greater Public	
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lalk, Margaret  Contributor address; City; State; Zip Code 6309 Walebridge Ln Austin, TX 78739-1571	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAN-PAC  Contributor address; City; State; Zip Code 2925 Briarpark Dr F1 4 Houston, TX 77042-3720	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lava, Joan  Contributor address; City; State; Zip Code 4701 Ridge Oak Dr Austin, TX 78731-4723	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger, Dale  Contributor address; City; State; Zip Code 3 Niles Rd Austin, TX 78703-3137	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 15/25 Report: 17/36	
<b>2</b> FILER NAME Dealey, Amanda		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000008	
<b>4</b> Date 10/25/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linn, Emma  <b>6</b> Contributor address; City; State; Zip Code 2400 Vista Ln # B Austin, TX 78703-2344	<b>7</b> Amount of contribution (\$) \$200.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Psychologist		<b>10</b> Employer (See Instructions) St. Edward's University	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipscombe, John  Contributor address; City; State; Zip Code 6600 Mesa Dr Austin, TX 78731-2706	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Little, Emily  Contributor address; City; State; Zip Code 1001 E 8th St Austin, TX 78702-3248	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (contribution to be returned)
Principal occupation / Job title (See Instructions) architect		Employer (See Instructions) self	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenz, Sheridan  Contributor address; City; State; Zip Code 1311 E 6th St Ste A Austin, TX 78702-3368	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Hospitality Executive		Employer (See Instructions) Mitchell Family Properties	
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyon, Mark  Contributor address; City; State; Zip Code 7509 Parkview Cir Austin, TX 78731-1125	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retail Sales		Employer (See Instructions) Central Audio Systems, Inc.	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/25 Report: 18/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyon, Mark  6 Contributor address; City; State; Zip Code 7509 Parkview Cir Austin, TX 78731-1125	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retail Sales		10 Employer (See Instructions) Central Audio Systems, Inc.	
11 Date  10/15/2014	12 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacKinnon, Richard  13 Contributor address; City; State; Zip Code PO Box 4721 Austin, TX 78765-4721	14 Amount of contribution (\$)  \$200.00	15 In-kind contribution description (if applicable)
16 Principal occupation / Job title (See Instructions) Marketing		17 Employer (See Instructions) Less Networks	
18 Date  09/29/2014	19 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Carroll  20 Contributor address; City; State; Zip Code 3214 Park Hills Dr Austin, TX 78746-5573	21 Amount of contribution (\$)  \$100.00	22 In-kind contribution description (if applicable)
23 Principal occupation / Job title (See Instructions)		24 Employer (See Instructions)	
25 Date  09/27/2014	26 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathis, Mary Nell  27 Contributor address; City; State; Zip Code 6300 Mercedes Bnd Austin, TX 78759-6121	28 Amount of contribution (\$)  \$50.00	29 In-kind contribution description (if applicable)
30 Principal occupation / Job title (See Instructions)		31 Employer (See Instructions)	
32 Date  10/18/2014	33 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathis, Mary Nell  34 Contributor address; City; State; Zip Code 6300 Mercedes Bnd Austin, TX 78759-6121	35 Amount of contribution (\$)  \$50.00	36 In-kind contribution description (if applicable)
37 Principal occupation / Job title (See Instructions)		38 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 17/25 Report: 19/36	
<b>2</b> FILER NAME Dealey, Amanda		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000008	
<b>4</b> Date  10/17/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mauzy, Catherine  <b>6</b> Contributor address; City; State; Zip Code 5203 Shoal Creek Blvd Austin, TX 78756-1812	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions) Attorney		<b>10</b> Employer (See Instructions) Mauzy & Tucker PLLC	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maxson, Peter Flagg  Contributor address; City; State; Zip Code 4212 Avenue F Austin, TX 78751-3721	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKinnon, Mark  Contributor address; City; State; Zip Code 5804 Highland Hills Dr. Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions) Self	
Date  10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Medrano, John  Contributor address; City; State; Zip Code 2837 Airport Fwy Apt 1006 Bedford, TX 76021-7986	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melesse, Genet  Contributor address; City; State; Zip Code 1522 Thibodeaux Dr Round Rock, TX 78664-7209	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Co Owner		Employer (See Instructions) Austin AA Limo LLC	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 18/25 Report: 20/36	
<b>2</b> FILER NAME Dealey, Amanda		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000008	
<b>4</b> Date 10/07/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Abera  <b>6</b> Contributor address; City; State; Zip Code 9001 Briardale Dr Austin, TX 78758-6429	<b>7</b> Amount of contribution (\$)  \$300.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions) Driver		<b>10</b> Employer (See Instructions) Lonestar Cab	
Date 10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Zenaw  Contributor address; City; State; Zip Code 9001 Briardale Dr Austin, TX 78758-6429	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) Driver		Employer (See Instructions) Lonestar Cab	
Date 10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mikeska, Joan  Contributor address; City; State; Zip Code 4305 Briar Cliff Rd Temple, TX 76502-1539	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Business Owner/Real Estate Broker		Employer (See Instructions) Joan Mikeska Realty, Inc.	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nash, Robert  Contributor address; City; State; Zip Code 112 Skyline Dr West Lake Hills, TX 78746-3643	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Self	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ogden, Ron & Isabel Ross  Contributor address; City; State; Zip Code 1122 Colorado St Austin, TX 78701-2100	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/25 Report: 22/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 10/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ray, Beth Ann  6 Contributor address; City; State; Zip Code 11708 Running Brush Cv Austin, TX 78717-4894	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Romanczak, Marlene  Contributor address; City; State; Zip Code 11 Niles Rd Austin, TX 78703-3138	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roth, Daniel  Contributor address; City; State; Zip Code 1503 Wild Cat Holw West Lake Hills, TX 78746-3640	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roth, Stephen  Contributor address; City; State; Zip Code 4111 Tablerock Dr Austin, TX 78731-1339	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudy, Amy  Contributor address; City; State; Zip Code 3301 Bowman Ave Austin, TX 78703-1525	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Not employed	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/25 Report: 23/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 09/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudy, Kirk  6 Contributor address; City; State; Zip Code 3301 Bowman Ave Austin, TX 78703-1525	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CEO		10 Employer (See Instructions) Endeavor	
11 Date 10/20/2014	12 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruehlman, David  13 Contributor address; City; State; Zip Code 1605 Twilight Ridge Dr Austin, TX 78746-2213	14 Amount of contribution (\$)  \$350.00	15 In-kind contribution description (if applicable)
16 Principal occupation / Job title (See Instructions) Landscaping		17 Employer (See Instructions) Austin Eagle Management	
18 Date 10/20/2014	19 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruehlman, Laurie  20 Contributor address; City; State; Zip Code 1605 Twilight Ridge Dr Austin, TX 78746-2213	21 Amount of contribution (\$)  \$350.00	22 In-kind contribution description (if applicable)
23 Principal occupation / Job title (See Instructions) Homemaker		24 Employer (See Instructions) Homemaker	
25 Date 10/25/2014	26 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rutishauser, Robert  27 Contributor address; City; State; Zip Code 4200 Jackson Ave Apt 5015 Austin, TX 78731-6061	28 Amount of contribution (\$)  \$250.00	29 In-kind contribution description (if applicable)
30 Principal occupation / Job title (See Instructions) retired		31 Employer (See Instructions) none	
32 Date 10/16/2014	33 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scanlan, Wilson  34 Contributor address; City; State; Zip Code 219 E Marcy St Santa Fe, NM 87501-2020	35 Amount of contribution (\$)  \$350.00	36 In-kind contribution description (if applicable)
37 Principal occupation / Job title (See Instructions) Arts		38 Employer (See Instructions) Verve Gallery	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/25 Report: 24/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  10/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seifu, Yemane  6 Contributor address; City; State; Zip Code 1015 E Yager Ln Unit 92 Austin, TX 78753-7007	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  10/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spann, Sally  Contributor address; City; State; Zip Code 2514 Spring Ln Austin, TX 78703-1743	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Info Requested		Employer (See Instructions) Info Requested	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stuart, Carl  Contributor address; City; State; Zip Code 2502 Velasquez Dr Austin, TX 78703-1545	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swan, Laurie  Contributor address; City; State; Zip Code 1611 Northwood Rd Austin, TX 78703-1945	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Stratus Properties	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thibodeaux, Leroy  Contributor address; City; State; Zip Code 1908 W 38th St Austin, TX 78731-6015	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/25 Report: 25/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date  09/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Helen L  6 Contributor address; City; State; Zip Code PO Box 50291 Austin, TX 78763-0291	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turner, Mack  Contributor address; City; State; Zip Code 6312 Chesley Ln Dallas, TX 75214-2119	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valdez, Cindy  Contributor address; City; State; Zip Code 7126 Valburn Dr Austin, TX 78731-1819	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Home Re-make		Employer (See Instructions) Cynthia Valdez	
Date  10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waller, Barry  Contributor address; City; State; Zip Code 3605 Steck Ave Apt 2083 Austin, TX 78759-8834	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waller, Barry  Contributor address; City; State; Zip Code 3605 Steck Ave Apt 2083 Austin, TX 78759-8834	Amount of contribution (\$)  \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/25 Report: 26/36	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watkins, Sharon 6 Contributor address; City; State; Zip Code 4416 Ramsey Ave Austin, TX 78756-3209	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Service industry		10 Employer (See Instructions) Zenith cafe corp	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendler, Kenneth Contributor address; City; State; Zip Code 4303 Canyonside Trl Austin, TX 78731-2858	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woodburn, Megan Contributor address; City; State; Zip Code 401 W 15th St Ste 695 Austin, TX 78701-1665	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President of Strategic Association Management		Employer (See Instructions) Self	
Date 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yedeme, Tigabue Contributor address; City; State; Zip Code 405 Tom Kite Dr Round Rock, TX 78664-3984	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Lonestar Cab	
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Youman, J Dudley Contributor address; City; State; Zip Code 4007 Edgemont Dr Austin, TX 78731-5713	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 25/25 Report: 27/36

**2** FILER NAME Dealey, Amanda

**3** ACCOUNT # (Ethics Commission filers)

00000008

**4** Date

10/03/2014

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Youman, Sandy

**6** Contributor address; City; State; Zip Code  
4007 Edgemont Dr  
Austin, TX 78731-5713

**7** Amount of contribution (\$)

\$100.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)



**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/7 Report: 29/36		<b>2 FILER NAME</b> Dealey, Amanda		<b>3 ACCOUNT # (TEC filers)</b> 00000008	
<b>4 Date</b> 10/21/2014	<b>5 Payee name</b> Austin Chronicle				
<b>6 Amount (\$)</b> \$925.00	<b>7 Payee address</b> City; State; Zip Code PO Box 49066 Austin, TX 78765				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political print advertising		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/02/2014	<b>Payee name</b> Cashiola, Tyler				
<b>Amount (\$)</b> \$1,025.00	<b>Payee address</b> City; State; Zip Code 1773 Wells Branch Parkway #1103 Austin, TX 78728				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/16/2014	<b>Payee name</b> Cashiola, Tyler				
<b>Amount (\$)</b> \$1,060.00	<b>Payee address</b> City; State; Zip Code 1773 Wells Branch Parkway #1103 Austin, TX 78728				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/02/2014	<b>Payee name</b> Cooper, Lucy				
<b>Amount (\$)</b> \$435.00	<b>Payee address</b> City; State; Zip Code 8500 Red Willow #A Austin, TX 78736				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES** **SCHEDULE F**

<b>EXPENDITURE CATEGORIES</b>			
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)
<b>The INSTRUCTION GUIDE explains how to complete this form.</b>			

<b>1</b> PAGE # Schedule: 2/7 Report: 30/36	<b>2</b> FILER NAME Dealey, Amanda	<b>3</b> ACCOUNT # (TEC filers) 00000008
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<b>4</b> Date 10/16/2014	<b>5</b> Payee name Cooper, Lucy
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<b>6</b> Amount (\$) \$410.00	<b>7</b> Payee address City; State; Zip Code 8500 Red Willow #A Austin, TX 78736
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> 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 Dunning, Logan
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Amount (\$) \$1,125.00	Payee address City; State; Zip Code 8519 Cahill Dr. # 2505 Austin, TX 78729
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<b>PURPOSE OF EXPENDITURE</b>	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
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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 10/16/2014	Payee name Dunning, Logan
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Amount (\$) \$1,125.00	Payee address City; State; Zip Code 8519 Cahill Dr. # 2505 Austin, TX 78729
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<b>PURPOSE OF EXPENDITURE</b>	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
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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 10/03/2014	Payee name First Data
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Amount (\$) \$356.01	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees  <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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# 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)
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**The INSTRUCTION GUIDE explains how to complete this form.**

<b>1</b> PAGE # Schedule: 3/7 Report: 31/36	<b>2</b> FILER NAME Dealey, Amanda	<b>3</b> ACCOUNT # (TEC filers) 00000008
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<b>4</b> Date 10/03/2014	<b>5</b> Payee name First Data
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<b>6</b> Amount (\$) \$234.57	<b>7</b> Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/03/2014	Payee name First Data
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Amount (\$) \$33.40	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees  <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 10/01/2014	Payee name GNI Strategies, LLC
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Amount (\$) \$3,738.45	Payee address City; State; Zip Code P.O. Box 685008 Austin, TX 78768
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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, postage & mailing services  <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 10/08/2014	Payee name GNI Strategies, LLC
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Amount (\$) \$25,282.71	Payee address City; State; Zip Code P.O. Box 685008 Austin, TX 78768
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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, postage & mailing services  <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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POLITICAL EXPENDITURES	SCHEDULE F
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
The INSTRUCTION GUIDE explains how to complete this form.			

<b>1 PAGE #</b> Schedule: 4/7 Report: 32/36	<b>2 FILER NAME</b> Dealey, Amanda	<b>3 ACCOUNT # (TEC filers)</b> 00000008
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<b>4 Date</b> 10/14/2014	<b>5 Payee name</b> GNI Strategies, LLC
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<b>6 Amount (\$)</b> \$3,722.00	<b>7 Payee address</b> City; State; Zip Code P.O. Box 685008 Austin, TX 78768
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Consulting Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> General campaign management  <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 10/21/2014	Payee name GNI Strategies, LLC
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Amount (\$) \$1,233.34	Payee address      City; State; Zip Code P.O. Box 685008 Austin, TX 78768
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, mailing & postage services  <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 10/21/2014	Payee name GNI Strategies, LLC
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Amount (\$) \$18,000.00	Payee address      City; State; Zip Code P.O. Box 685008 Austin, TX 78768
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, mailing & postage services  <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 10/02/2014	Payee name Hardwick, Andrew
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Amount (\$) \$405.00	Payee address      City; State; Zip Code 417 Canterbury New Braunfels, TX 78132
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# 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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

**The INSTRUCTION GUIDE explains how to complete this form.**

<b>1</b> PAGE # Schedule: 5/7 Report: 33/36	<b>2</b> FILER NAME Dealey, Amanda	<b>3</b> ACCOUNT # (TEC filers) 00000008
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<b>4</b> Date 10/16/2014	<b>5</b> Payee name Hardwick, Andrew
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<b>6</b> Amount (\$) \$360.00	<b>7</b> Payee address City; State; Zip Code 417 Canterbury New Braunfels, TX 78132
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<b>8</b> 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) <input type="checkbox"/> contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/16/2014	Payee name In Focus Campaigns
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Amount (\$) \$441.51	Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114
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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"/> phone calls  <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 10/14/2014	Payee name Jewish Community Association of Austin
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Amount (\$) \$811.00	Payee address City; State; Zip Code 7300 Hart Lane Austin, TX 78731
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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"/> Political print advertising  <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 10/16/2014	Payee name Kelly Graphics
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Amount (\$) \$1,372.81	Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746
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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"/> yard signs  <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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POLITICAL EXPENDITURES	SCHEDULE F
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
The INSTRUCTION GUIDE explains how to complete this form.			

<b>1 PAGE #</b> Schedule: 6/7 Report: 34/36	<b>2 FILER NAME</b> Dealey, Amanda	<b>3 ACCOUNT # (TEC filers)</b> 00000008
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<b>4 Date</b> 10/14/2014	<b>5 Payee name</b> Lowe's
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<b>6 Amount (\$)</b> \$104.73	<b>7 Payee address</b> City; State; Zip Code 8000 Shoal Creek Blvd. Austin, TX 78757
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<b>8 PURPOSE OF EXPENDITURE</b>	(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"/> yard sign supplies  <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 10/14/2014	Payee name NGP Van, Inc.
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Amount (\$) \$500.00	Payee address      City; State; Zip Code 1101 15th Street, NW, Suite 500 Washington, DC 20005
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<b>PURPOSE OF EXPENDITURE</b>	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"/> database software  <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 10/22/2014	Payee name NGP Van, Inc.
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Amount (\$) \$70.00	Payee address      City; State; Zip Code 1101 15th Street, NW, Suite 500 Washington, DC 20005
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<b>PURPOSE OF EXPENDITURE</b>	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"/> database software  <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 10/10/2014	Payee name Susan Harry Consulting, LLC
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Amount (\$) \$1,400.00	Payee address      City; State; Zip Code P.O. Box 301074 Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising & compliance consulting  <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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POLITICAL EXPENDITURES	SCHEDULE F
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EXPENDITURE CATEGORIES			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
The INSTRUCTION GUIDE explains how to complete this form.			

<b>1 PAGE #</b> Schedule: 7/7 Report: 35/36	<b>2 FILER NAME</b> Dealey, Amanda	<b>3 ACCOUNT # (TEC filers)</b> 00000008
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<b>4 Date</b> 10/01/2014	<b>5 Payee name</b> Wallace, John
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<b>6 Amount (\$)</b> \$990.00	<b>7 Payee address</b> City; State; Zip Code 11316 Jollyville Rd. Austin, TX 78759
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 10/16/2014	<b>Payee name</b> Wallace, John
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<b>Amount (\$)</b> \$965.00	<b>Payee address</b> City; State; Zip Code 11316 Jollyville Rd. Austin, TX 78759
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

### 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: 1/1 Report: 36/36	2 FILER NAME Dealey, Amanda	3 ACCOUNT # (TEC filers) 00000008
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4 Date 09/28/2014	5 Payee name Planned Parenthood
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6 Amount (\$) \$10,000.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City: State: Zip Code 201 E. Ben White Blvd, Building B Austin, TX 78704
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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"/> performance at event by Jimmie Dale Gilmore (purchased at Planned Parenthood auction)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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## BUNDLING REPORT

Name of candidate/officeholder: **Amanda "Mandy" Dealey**

1. For each person/bundler who has solicited and obtained campaign contributions on your behalf of \$200 or more per person from five (5) or more individuals during the reporting period, provide the following information. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Name of Individual/Bundler	Address	Occupation	Employer	Total Amount Bundled
Laurie Swan	1611 Northwood Rd, Austin, TX 78703	Real Estate	Stratus Properties	\$4,900
Solomon Kassa	2958 Donnell Dr, Round Rock, TX 78664	Operator	Capital Metro	\$2,900

2. For each person identified above, enter the name and address of each individual contributor whose contribution was bundled by that individual. Attach additional sheets if necessary.

Contributor	Address	City	State	Zip	Occupation	Employer	Amount	Bundler
Laurie Swan	1611 Northwood Rd	Austin	TX	78703-1945	Real Estate	Stratus Properties	\$350.00	Laurie Swan
Ed Bailey	1914 Riverview St	Austin	TX	78702-5527	Marketing Manager	Austin City Limits	\$350.00	Laurie Swan
Spencer Edwards	1804 Woodland Ave	Austin	TX	78741-3910	Analyst	Stratus Properties	\$350.00	Laurie Swan
Erin Collier	1804 Woodland Ave	Austin	TX	78741-3910	Artist	Self Employed	\$350.00	Laurie Swan
Carol Fahs	5916 Savin Hill Ct	Austin	TX	78739-1676	Controller	Stratus Properties	\$350.00	Laurie Swan
Carolyn Farace	4103 Arrow Wood Rd	Cedar Park	TX	78613-4884	Graphic Designer	Farace Design Group Inc	\$350.00	Laurie Swan
Thomas Farace	4103 Arrow Wood Rd	Cedar Park	TX	78613-4884	Owner	Farace Beverages	\$350.00	Laurie Swan
Timothy Fischer	1700 Westmoor Dr	Austin	TX	78723-3410	Coffee Company	Self Employed	\$350.00	Laurie Swan
Colleen Fischer	1700 Westmoor Dr	Austin	TX	78723-3410	GM	ACL Live	\$350.00	Laurie Swan
Kenneth Pickens	1705 Datura Ct	Austin	TX	78733-5704	Real Estate	Stratus Properties	\$350.00	Laurie Swan
Erin Pickens	1705 Datura Ct	Austin	TX	78733-5704	CFO	Stratus Properties	\$350.00	Laurie Swan
David Ruhlman	1605 Twilight Ridge Dr	Austin	TX	78746-2213	Landscaping	Austin Eagle Management	\$350.00	Laurie Swan
Laurie Ruhlman	1605 Twilight Ridge Dr	Austin	TX	78746-2213	Homemaker	None	\$350.00	Laurie Swan
Jon Andrus	1611 Northwood Rd	Austin	TX	78703-1945	Real Estate	Austin Retail Partners	\$350.00	Laurie Swan

Contributor	Occupation	Employer	Address	City	State	Zip	Amount	Bundler
Yodit Tekle	Owner	Yasay Inc	2958 Donnell Dr	Round Rock	TX	78664-5709	\$50.00	Solomon Kassa
Meseret Woldegebriel	Housekeeping	Seton Hospital	405 Tom Kite Dr	Round Rock	TX	78664-3984	\$50.00	Solomon Kassa
Tsegaye Chernet	Driver	Lonestar Cab	PO Box 144542	Austin	TX	78714-4542	\$200.00	Solomon Kassa
Daniel Ejigu	Co Owner	Austin AA Limo LLC	1522 Thibodeaux Dr	Round Rock	TX	78664-7209	\$200.00	Solomon Kassa
Genet Melesse	Co Owner	Austin AA Limo LLC	1522 Thibodeaux Dr	Round Rock	TX	78664-7209	\$200.00	Solomon Kassa
Zenaw Mersha	Driver	Lonestar Cab	9001 Briardale Dr	Austin	TX	78758-6429	\$250.00	Solomon Kassa
Denberwa Kebede	Data Entry	DPS	17205 Tobermory Dr	Pflugerville	TX	78660-1726	\$300.00	Solomon Kassa
Abera Mersha	Driver	Lonestar Cab	9001 Briardale Dr	Austin	TX	78758-6429	\$300.00	Solomon Kassa
Yemane Seifu	Retired	Retired	1015 E Yager Ln, Unit 92	Austin	TX	78753-7007	\$300.00	Solomon Kassa
Solomon Kassa	Operator	Capital Metro	2958 Donnell Dr	Round Rock	TX	78664-5709	\$350.00	Solomon Kassa
Firew Getahun	Accountant	Financial Freedom	2722 High Point Dr	Round Rock	TX	78664-5790	\$350.00	Solomon Kassa
Tigabue Yedeme	Driver	Lonestar Cab	405 Tom Kite Dr	Round Rock	TX	78664-3984	\$350.00	Solomon Kassa
Chandu Guntakala	Technology employee	Anuta Networks	10305 Dianella Lane	Austin	TX	78759	\$100	Solomon Kassa

3. Identify each person registered or required to be register under City Code, Chapter 4-8 (Regulation of Lobbyists) employed by, or compensated to lobby by: (1) any Bundler identified in Section 1 above, (2) a business association through which the Bundler does business, or (3) the Bundler's employer.

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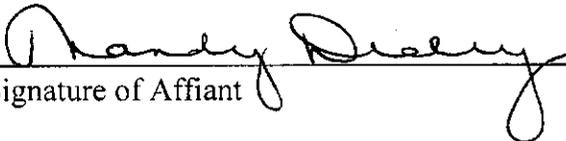
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*Note: It is important to remember that contributions to you are from the **actual donor, not** from the individual who solicited the donations on your behalf. Therefore, on form C/OH you must identify the actual donor as the contributor.*

**STATE OF TEXAS  
VERIFICATION**

I certify that the total amount bundled on my behalf in the campaign period by all partners, shareholders, principals, employees, and persons who conduct business through a business association that is subject to City Code, Section 2-2-22(E), when added together, does not exceed ten (10) times the contribution limit set by City Charter, Article III, Section 8(A)(1) for the entire business association.

  
Signature of Affiant