CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

					<u> </u>
The C/OH Instruction Guil	DE explains how to complete this form	1 ACCOU	NT # ommission filers)	2 PAGE#	
	,	00000	•	1 of 16	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Michael NICKNAME LAST Cargill		MI	Date Received	AUSTIN REC
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; P.O. Box 82303 Austin, TX 78708-2303	спу;	STATE; ZIP CODE		RECEIVED OF Date Postmarked Amount
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. David NICKNAME LAST Adcock		MI	Date Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (NO PO BOX PLEASE); 11628 Loweswater Lane Austin, TX 78754	APT / SUITE #,	CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 788-6998		EXTENSION		
8 REPORT TYPE	January 15 30th day be	efore election	Runoff Exceeded \$500 limit	appointment (o	campaign treasurer fficeholder only) tach C/OH - FR)
9 PERIOD COVERED	Month Day Year 09/26/2014	THROUGH	Month Day 10/25/20	Year 14	
10 ELECTION	ELECTION DATE ELE- Month Day Year 11/04/2014	CTION TYPE	Runoff X	General	Special
11 OFFICE	OFFICE HELD (if any)		OFFICE SOUGHT (If known City Council, City of District 1		
	G	O TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

· · · · · · · · · · · · · · · · · · ·				
13 C/OH NAME Cargi	ll, Michael (Mr.)		14 ACCOU! 000000	
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to suppose the candidate's or officeholder's knowledge or consent y receive notice of such expenditures		
POLITICAL COMMITTEE(S)				
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		· · · · · · · · · · · · · · · · · · ·
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITE		\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	s)	\$ 2,963.98
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS		\$ 0.00
	4. TOTAL F	POLITICAL EXPENDITURES		\$ 3,000.98
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	,	\$ 2,331.11
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS Y OF THE REPORTING PERIOD		\$ 1,939.43
17 AFFIDAVIT				
GEOF ST	FREY ALAN FIELDS Notary Public TATE OF TEXAS SSION EXP. MARCH 07, 201	is true and correct and me under Title 15, Elec	includes all information	at the accompanying report in required to be reported by fficeholder
AFFIX NOTARY S	STAMP / SEAL ABOV	E		·
_		ne said <u>Michael D. Cargil</u>		e <u>27th</u> day
of <u>October</u> ,2	$20\underline{14}$, to cer	tify which, witness my hand and seal of office	. .	,
Souther ?	an	- Geoffrey Fields	Notar	y Public
Signature of officer admi	inistering oath	Print name of officer administering oath	Title of office	er administering oath

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O.Box 12070

The Instruction Guide explains how to complete this form.	1 PAGE# Schedule: 1/4 Report: 3/16				
2 FILER NAME Cargill, Michael (Mr.)	3 ACCOUNT # (Ethics Commission filers) 0000000				
4 Date 5 Full name of contributor ☐ out-of-state PAC (I Banu, Cristian	D#) 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)				
10/13/2014 6 Contributor address; City, State; Zip Cod 127 Shadow Wood Trl CEDAR CREEK, TX 78612	\$25.00 				
	(If travel outside of Texas, complete Schedule T)				
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)				
Date Full name of contributor Out-of-state PAC (I Byington, Michele (Mrs.)	D#) Amount of In-kind contribution contribution (\$) description (if applicable)				
10/23/2014 Contributor address; City; State; Zip Cod 1020 Bay Area Blvd #200 Houston, TX 77058	\$300.00 				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Walker, Rice & Wisdom				
Date Full name of contributor ☐ out-of-state PAC (I DuBois, Douglas Jr. (Mr.)	D#) Amount of In-kind contribution contribution (\$) description (if applicable)				
10/20/2014 Contributor address; City; State; Zip Cod 2304 Vassal Dr. Austin, TX 78748	\$75.00				
	(if travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Association Executive	Employer (See Instructions) Texas State Rifle Assoc.				
Date Full name of contributor ☐ out-of-state PAC (I Gore, Debra (Mrs.)	D#) Amount of In-kind contribution contribution (\$) description (if applicable)				
10/08/2014 Contributor address; City; State; Zip Cod 4825 Eagle Feather Dr Austin, TX 78735	\$350.00 I				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Regents School				
Date Full name of contributor out-of-state PAC (I Jones, William and Amy	D#) Amount of In-kind contribution contribution (\$) description (if applicable)				
10/10/2014 Contributor address; City; State; Zip Cod 1804 Cedar Ridge Dr Austin, TX 78741	\$700.00				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Principal	Employer (See Instructions) WDJ HOLDINGS 2010 LLC				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O.Box 12070

				_
			_	
SCI	-	11 11		- 23

	The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 2/4	4 Report: 4/16
2	FILER NAME	Cargill, Michael (Mr.)			3 ACCOUNT# 0000000	(Ethics Commission filers)
4	Date	5 Full name of contributor Mason, Mel	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/18/2014	6 Contributor address, 4526 Highland Terrace Austin, TX 78731	City; State; Zip Code		\$50.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Carpenter	ation / Job title (See Instruction	ns)	10 Employer (See In Self	structions)	
	Date	Full name of contributor Matherne, Damien (Mr.)	out-of-state PAC (ID#	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/02/2014	Contributor address; 11727 Sterling Panorama Austin, TX 78738	City; State; Zip Code		\$350.00	[[
		Additi, TA 10730	•		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Chief Financi			Clean Scapes,		
	Date	Full name of contributor McClure, Gabriel	□ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/20/2014	7719 Kiva Dr	City; State; Zip Code		\$20.00	[.]
		Austin, TX 78749			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Monken, Marvin (Mr.)	out-of-state PAC (ID#	<u>‡</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
!	10/22/2014	Contributor address; 2708 Benbrook Dr. Austin, TX 78757-6953	City; State; Zip Code		\$50.00	
					If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instruction	ns)	Employer (See In None	'	
	Date	Full name of contributor Morris, Robert (Mr.)	out-of-state PAC (ID)	·	Amount of contribution (\$)	In-kind contribution description (if applicable) Pre-Printed Business Cards
	09/26/2014	Contributor address; 7307 S Pleasant Valley Rd U Austin, TX 78744	City; State; Zip Code nit A		\$217.98	
	1				(If travel outside of	Texas, complete Schedule T)
	Principal accum	ation / Job title (See Instruction	ne)	Employer (See In	<u></u>	
	Manager	auon / Job tibe (Gee mstruction	i <i>oj</i> .	Greenstar Med		

Austin, Texas 78711-2070 (512)463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

Date S Full name of contributor Out-of-state PAC (ID#		,				
Date S Full name of contributor Out-of-state PAC (ID# Out-of-state PAC		The Instruction	on Guide explains how to complete this form.		Į.	4 Report: 5/16
Morris, Robert (Mr.) Contribution (\$) description (if application of application of a contribution (\$) description (if application of a contribution (\$)	2	FILER NAME	Cargill, Michael (Mr.)		Ī	(Ethics Commission filers)
307 S Pleasant Valley Rd Unit A Austin, TX 78744 (If travel outside of Texas, complete Schedule 1 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Greenstar Mechanical	4	Date	•			8
9 Principal occupation / Job title (See Instructions) Manager 10 Employer (See Instructions) Greenstar Mechanical Date		09/29/2014	7307 S Pleasant Valley Rd Unit A			
Morris, Terry (Mr.) Contribution (\$) description (if applical description / Job title (See Instructions) Date Full name of contributor address; 1015 E. Vager Lane #174 Austin, TX 78753 City; State; Zip Code \$200.00 Contributor address; 1015 E. Vager Lane #174 Austin, TX 78753 Employer (See Instructions) Employer (See Instructions) In-kind contribution (s) description (if applical descriptio	9		ation / Job title (See Instructions)		structions)	
A402 S Congress 105 Austin, TX 78748 Principal occupation / Job title (See Instructions) Medical Principal occupation / Job title (See Instructions) Date Full name of contributor Patterson, Linda (Mrs.) O9/30/2014 Contributor address; 1015 E. Yager Lane #174 Austin, TX 78753 Principal occupation / Job title (See Instructions) Self-employed Date Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) BMSHLS Date Full name of contributor Pool, Trent (Mr.) Contributor address; City; State; Zip Code Solo W 15th St #201 Austin, TX 78701 Contributor address; City; State; Zip Code Solo W 15th St #201 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	•)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Medical Date Full name of contributor Patterson, Linda (Mrs.) O9/30/2014 Contributor address; City; State; Zip Code 1015 E. Yager Lane #174 Austin, TX 78753 Date Principal occupation / Job title (See Instructions) Self-employed Full name of contributor BMSHLS Employer (See Instructions) Employer (See Instructions) (If travel outside of Texas, complete Schedule on Texas, complete Sch		09/29/2014	4402 S Congress 105		\$100.00	
Date					(if travel outside of	Texas, complete Schedule T)
Patterson, Linda (Mrs.) O9/30/2014 Contributor address; City; State; Zip Code \$200.00 (If travel outside of Texas, complete Schedule of Te			vation / Job title (See Instructions)			
1015 E. Yager Lane #174 Austin, TX 78753 (If travel outside of Texas, complete Schedule 1 Principal occupation / Job title (See Instructions) Self-employed Date Full name of contributor Pool, Trent (Mr.) Contributor address: 506 W 15th St #201 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) description (if application for applica		Date	,)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-employed Date Full name of contributor Pool, Trent (Mr.) Contributor address; City; State; Zip Code 506 W 15th St #201 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) description (if applications) \$100.00\$ (If travel outside of Texas, complete Schedule 1)		09/30/2014	1015 E. Yager Lane #174		\$200.00	
Self-employed Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) description (if application of application o					(If travel outside of	Texas, complete Schedule T)
Pool, Trent (Mr.) Contributor address; City; State; Zip Code \$100.00 Contributor address; City; State; Zip Code \$100.00 State: Tip Code					structions)	
506 W 15th St #201 Austin, TX 78701 (If travel outside of Texas, complete Schedule 1) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	•	<u>'</u>	,	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		10/02/2014	506 W 15th St #201		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
		Date	· ·	:)		In-kind contribution description (if applicable)
10/07/2014 Contributor address; City; State; Zip Code \$100.00 1410 Briarcliff Blvd Austin, TX 78723		10/07/2014	1410 Briarcliff Blvd		\$100.00	1 .
(If travel outside of Texas, complete Schedule					(If travel outside of	Texas, complete Schedule Ti
Principal occupation / Job title (See Instructions) Automotive Employer (See Instructions) Swedish Auto Service			pation / Job title (See Instructions)		structions)	, , , , , , , , , , , , , , , , , , , ,

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

					,
	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 4/4	1 Report: 6/16
2	FILER NAME	Cargill, Michael (Mr.)		3 ACCOUNT# 0000000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Walker, Edwin (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/20/2014	6 Contributor address; City; State; Zip Code 1020 Bay Area Blvd, Suite 220 Houston, TX 77058	• • • • • • • • • • • • • • • • • • • •	\$300.00	
	j			(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Walker, Rice &		
	Date	Full name of contributor	<u>*</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/09/2014	Contributor address; City; State; Zip Code 8005 Cobblestone		\$11.00	 - -
		Austin, TX 78735			_
					Texas, complete Schedule T)
	CPA	ation / Job title (See Instructions)	Employer (See In Self-employed	structions)	
					
			•		
					•
		·			
		•			
	•				
					:
				1	

PLEDGED CONTRIBUTIONS		SCHEDULE B
The Instruction Guide explains how to complete this form.	1 PAGE# Schedule: 1/1	Report: 7/16
2 FILER NAME Cargill, Michael (Mr.)	3 ACCOUNT# 0000000	(Ethics Commission filers)
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒	a	\$
5 Date 6 Full name of pledgor	8 Amount of pledge (\$)	9 In-kind description (if applicable)
09/26/2014 7 Pledgor address; City, State; Zip Code 207 Woods Lane Cedar Park, TX 78613	\$350.00	
		Texas, complete Schedule T)
10 Principal occupation / Job title (See Instructions) Manager 11 Employer (See In Cutting Edge Bi		
Date Full name of pledgor □ out-of-state PAC (ID#) Swank, Gerald (Mr.)	Amount of pledge (\$)	In-kind description (if applicable)
09/26/2014 Pledgor address; City; State; Zip Code 321 W Ben White #202 Austin, TX 78704	\$350.00	
	(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) GDS	structions)	
Date Full name of pledgor Out-of-state PAC (ID#) Villasana, Ray (Mr.)	Amount of pledge (\$)	In-kind description (if applicable)
09/26/2014 Pledgor address; City; State; Zip Code 4402 South Congress #106 Austin, TX 78745	\$350.00	
	(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Business Owner Employer (See In A Better View G	structions) Glass Company	
	•	
		•
		-

Texas Ethics Commission LOANS SCHEDULE E 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 1/3 Report: 8/16 3 ACCOUNT # (Ethics Commission filers) Cargill, Michael (Mr.) 2 FILER NAME 0000000 4 TOTAL OF UNITEMIZED LOANS: ひりりりりり 9 Loan Amount (\$) 5 Date of loan Name of lender ut-of-state PAC (ID# Cargill, Michael (Mr.) \$250.00 09/26/2014 6 Is lender a Lender address; City; State: Zip Code 10 Interest rate financial Institution? 321 W. Ben White Blvd. Suite 203 Austin, TX 78704 11 Maturity date No 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) **Business Owner** Sporting Goods Store 14 Description of Collateral 15 Check if personal funds were deposited into political account X none 19 Amount Guaranteed (\$) 17 Name of guarantor **16 GUARANTOR** INFORMATION 18 Guarantor address; City; State Zip Code X not applicable 20 Principal Occupation 21 Employer Loan Amount (\$) Date of loan Name of lender ut-of-state PAC (ID#_ Cargill, Michael (Mr.) \$44.24 09/27/2014 Interest rate Is lender a Lender address; City; State: Zip Code financial Institution? 321 W. Ben White Blvd. Suite 203 Austin, TX 78704 Maturity date No Employer (See Instructions) Principal occupation / Job title (See Instructions) **Business Owner** Sporting Goods Store **Description of Collateral** Check if personal funds were deposited into political account Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; State: Zip Code X not applicable **Principal Occupation Employer**

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 LOANS SCHEDULE E 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 2/3 Report: 9/16 Cargill, Michael (Mr.) 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 0000000 4 TOTAL OF UNITEMIZED LOANS: **\$\$\$\$\$\$** 9 Loan Amount (\$) 5 Date of loan Name of lender ☐ out-of-state PAC (ID#_ Carqill, Michael (Mr.) \$348.07 09/27/2014 6 Is lender a Lender address; City; State; Zip Code 10 Interest rate financial Institution? 321 W. Ben White Blvd, Suite 203 Austin, TX 78704 11 Maturity date No 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) **Business Owner Sporting Goods Store** 14 Description of Collateral 15 Check if personal funds were deposited into political account X none 19 Amount Guaranteed (\$) 17 Name of guarantor **16 GUARANTOR** INFORMATION 18 Guarantor address; City; State: Zip Code X not applicable 20 Principal Occupation 21 Employer Loan Amount (\$) Date of loan Name of lender ut-of-state PAC (ID#__ Cargill, Michael (Mr.) \$26.00 10/02/2014 Interest rate Is lender a Lender address; City; State: Zip Code financial Institution? 321 W. Ben White Blvd. Suite 203 Austin, TX 78704 Maturity date No Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** Sporting Goods Store **Description of Collateral** Check if personal funds were deposited into political account X X none **GUARANTOR** Name of quarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State: Zip Code ▼ not applicable Employer Principal Occupation

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 LOANS SCHEDULE E 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 3/3 Report: 10/16 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Cargill, Michael (Mr.) 0000000 4 **TOTAL OF UNITEMIZED LOANS:** ひむむりりり 9 Loan Amount (\$) 5 Date of loan 7 Name of lender ut-of-state PAC (ID#_ Cargill, Michael (Mr.) \$350.00 10/06/2014 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest rate financial Institution? 321 W. Ben White Blvd. Suite 203 Austin, TX 78704 11 Maturity date No 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) **Sporting Goods Store Business Owner** 15 Check if personal funds were deposited into political account 14 Description of Collateral X X none 19 Amount Guaranteed (\$) 17 Name of guarantor **16 GUARANTOR** INFORMATION 18 Guarantor address; City; State: Zip Code x not applicable 20 Principal Occupation 21 Employer

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Consulting Expense Event Expense Transportation Equipment & Related Expense Legal Services Contributions/Donations Made By Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) 2 Cargill, Michael (Mr.) 0000000 Schedule: 1/5 Report: 11/16 Date 5 Payee name 10/06/2014 Austin Budget Signs Amount (\$) Payee address City: State Zip Code 3904D Warehouse Row \$779.40 Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Austin Budget Signs 10/10/2014 Amount (\$) Pavee address Citv: State: Zip Code 3904D Warehouse Row \$1,488.44 Austin, TX 78704 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE Printing Expense Printing Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Conformal Systems LLC 10/06/2014 Payee address Zip Code Amount (\$) City: State: 500 North Michigan Avenue # 300 \$1.00 Chicago, IL 60611 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Transaction Fee Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held: Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name 10/06/2014 Oak Bank Amount (\$) Payee address City; State; Zip Code 1000 North Rush Street \$15.00 Chicago, IL 60611-0081 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Transaction Fee Accounting/Banking **OF EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Fees

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense 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 he	ow to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/5 Re	port: 12/16	Cargill, Michael (Mr.)		0000000
4 Date	5 Payee name			
09/27/2014	Office Max 1	287		
6 Amount (\$)	7 Payee addres	s City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
\$348.07		Service Road SB		
φ340.U7	Austin, TX 7			1
	,			
8	(a) Category (See	c Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Printing Exp		Printing Expense	of rexas; complete schedule 1)
OF	1 mining Exp	51136		
EXPENDITURE			Charlis Annie 78 asserbate	
9 Complete ONLY if	Candidate / O	fficeholder name	Check if Austin, TX, officehold	Office held:
direct expenditure	Candidate / O	moenoider name	Office sought.	Office field.
to benefit C/OH		·		· · · · · · · · · · · · · · · · · · ·
Date	Payee name			
09/29/2014	PayPal			
Amount (\$)	Payee addres	s City; State; Zip Code		
	,	, ,		
\$0.74	2211 North F San Jose, C		•	·
<u> </u>	Catagoni (Ca	Control in the day of the control of the	Description (4) have least side	of Texas, complete Schedule T)
PURPOSE	' '	e Categories listed at the top of this schedule)	Description (If travel outside Transaction Fee	or rexas, complete scriedule 1)
OF	Fees	•	112000000000000000000000000000000000000	
EXPENDITURE			<u> </u>	
0 11 011125	0	Contact and a second	Check if Austin, TX, officehold	
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH	•			
Date	Payee name	-		
09/29/2014	PayPal			
Amount (\$)	Payee addres	s City; State; Zip Code		
	2211 North F			·
\$3.20	San Jose, C			
· · · · ·	Cetogogy (Co.	Cotonolina fictard at the transfer as the contraction	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Fees	e Categories listed at the top of this schedule)	Transaction Fee	of rexas, complete scriedule 1)
OF	rees			
EXPENDITURE			ln	
Complete ONLY F	Condidate / O	fficeholder name	Check if Austin, TX, officehold	or living expense Office held:
Complete ONLY if direct expenditure	Candidate / O	menous name	Office sought:	Office field.
to benefit C/OH				
Date	Payee name			
09/30/2014	PayPal			
Amount (\$)	Payee addres	s City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·
\$6.10	2211 North F			j
⊅0.1U	San Jose, C			
				}
	Category (Soc	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Fees	s categories listed at the top of this schedule)	Transaction Fee	or rexas, complete scriedule 1)
OF	reco			
EXPENDITURE			D 01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	41.4
Complete ONLY if	Candidate / O	fficeholder name	Check if Austin, TX, officehold	Office held:
direct expenditure	Cangidate / C	mocholder harrie	Office Sought.	Office field.
to benefit C/OH				

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

EXPENDITURE CATEGORIES 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 G	UIDE explains how	to complete this form.	
1 PAGE#		2 FILER NAME			3 ACCOUNT # (TEC filers)
Schedule: 3/5 Re	port: 13/16	Cargill, Michael (Mr.))		0000000
4 Date	5 Payee name				1
10/02/2014	PayPal				
6 Amount (\$)	7 Payee addres	s City; State;	Zip Code		
\$10.45	2211 North I				
	San Jose, C	A 95131		•	
	(-) (0.1	A	0.1	Las Describer and	
8 PURPOSE	(a) Category (See Fees	e Categories listed at the top of	this schedule)	(b) Description (If travel out Transaction Fee	side of Texas, complete Schedule T)
OF	rees				;
EXPENDITURE				Check if Austin, TX, officeh	older living expense
9 Complete ONLY if	Candidate / O	fficeholder name	· · · · · · · · · · · · · · · · · · ·	Office sought:	Office held:
direct expenditure to benefit C/OH	_			·	
Date	Payee name				
10/08/2014	PayPal		Zin Code		·
Amount (\$)	Payee addres	•	Zip Code		1
\$10.45	2211 North I San Jose, C				i
<u> </u>	Category (Se	e Categories listed at the top of	this schedule)	Description (If travel out	side of Texas, complete Schedule T)
PURPOSE	Fees	under a trick to the or	,	Transaction Fee	
OF EXPENDITURE	· · · - -				
				Check if Austin, TX, officer	nolder living expense
Complete ONLY if	Candidate / O	fficeholder name		Office sought:	Office held:
direct expenditure to benefit C/OH					•
Date	Payee name				
10/13/2014	PayPal				
Amount (\$)	Payee addres	s City; State;	Zip Code		
\$1.03	2211 North i	· ·	_ ,		
Ψ1.00	San Jose, C				
			·		
DUDGGG	Category (Se	e Categories listed at the top of	this schedule)		side of Texas, complete Schedule T)
PURPOSE OF	Fees			Transaction Fee	
EXPENDITURE					
One-state mate as 2	Condidate	ffice holder nows		Check if Austin, TX, officer	
Complete ONLY if direct expenditure	Candidate / O	fficeholder name		Office sought:	Office held:
to benefit C/OH		<u> </u>			
Date	Payee name				
10/18/2014	PayPal				
Amount (\$)	Payee addres	s City; State;	Zip Code		1
\$1.75	2211 North				
	San Jose, C	A 9513T			
	0.4-			December 11	
PURPOSE	Category (Se Fees	e Categories listed at the top of	this schedule)	Description (If travel out Transaction Fee	side of Texas, complete Schedule T)
OF	CC3		_		
EXPENDITURE				Check if Austin, TX, officer	oolder Ilving expense
Complete ONLY if	Candidate / O	fficeholder name		Office sought:	Office held:
direct expenditure to benefit C/OH				- 	
to beliefft C/On	<u> </u>				Electronic Filing Vargion 3.4.6

direct expenditure to benefit C/OH

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense **Legal Services** Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Event Expense Polling Expense Travel Out Of District OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Cargill, Michael (Mr.) 0000000 Schedule: 4/5 Report: 14/16 5 Payee name Date PayPal 10/20/2014 Payee address City: State Zip Code 6 Amount (\$) 2211 North First Street \$0.88 San Jose, CA 95131 (b) Description (If travel outside of Texas, complete Schedule T) 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Transaction Fee Fees **OF EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 10/20/2014 PavPal Payee address City; State; Zip Code Amount (\$) 2211 North First Street \$2,48 San Jose, CA 95131 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Transaction Fee Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name PayPal 10/22/2014 Payee address City; State; Amount (\$) Zip Code 2211 North First Street \$1.75 San Jose, CA 95131 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Transaction Fee Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/26/2014 The Liberty Beat Amount (\$) Payee address City; State; Zip Code 512 W Martin Luther King Jr Blvd #170 \$250.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Subscription - October Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Consulting Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Polling Expense Travel Out Of District OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. PAGE # FILER NAME 3 ACCOUNT # (TEC filers) Cargill, Michael (Mr.) 0000000 Schedule: 5/5 Report: 15/16 Date Payee name **Travis County Clerk** 10/02/2014 Amount (\$) Pavee address City: State; Zip Code P.O. Box 149325 \$26.00 Austin, TX 78714-9325 (b) Description (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Filing Fees Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Wells Fargo Bank, N.A. 10/02/2014 Amount (\$) Payee address City: State; Zip Code 500 E. Ben White Blvd, Ste. C \$10.00 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fee Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Whataburger 84 09/27/2014 Amount (\$) Payee address City; State; Zip Code 6106 Cameron Rd \$44.24 Austin, TX 78723 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Food Expense Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH

Texas Ethics Commission

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

ER EÖ MAME	·	Schedule: 1/1	Report: 16/16
FILER NAME	Cargill, Michael (Mr.)	3 ACCOUNT# 0000000	(Ethics Commission filers)
Date	5 Name of person from whom amount is received Wells Fargo Bank, N.A.		8 Amount (\$)
10/03/2014	6 Address of person from whom amount is received; City; State; Zip Code 500 E. Ben White Blvd, Ste. C Austin, TX 78704		\$100.00
	7 Purpose for which amount is received Bank Originated Credit		<u> </u>
			÷
·			
		·	
		•	
		١	
•			