

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Cargill, Michael (Mr.)

14 ACCOUNT # (Ethics Commission filers)
000000015 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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

2,963.98

EXPENDITURE
TOTALS

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

3,000.98

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

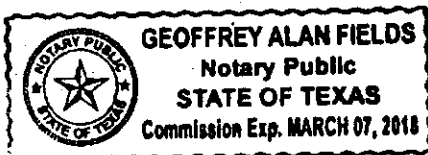
2,331.11

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

1,939.43

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael D. Cargill, this the 27th day
of October, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Geoffrey Fields
Print name of officer administering oath

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/4 Report: 4/16

2 FILER NAME Cargill, Michael (Mr.)

3 ACCOUNT # (Ethics Commission filers)

0000000

4 Date

10/18/20145 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mason, Mel6 Contributor address; City; State; Zip Code
4526 Highland Terrace
Austin, TX 787317 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Carpenter10 Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Matherne, Damien (Mr.)

10/02/2014

Contributor address; City; State; Zip Code
11727 Sterling Panorama
Austin, TX 78738Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Chief Financial OfficerEmployer (See Instructions)
Clean Scapes, LP

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
McClure, Gabriel

10/20/2014

Contributor address; City; State; Zip Code
7719 Kiva Dr
Austin, TX 78749Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Monken, Marvin (Mr.)

10/22/2014

Contributor address; City; State; Zip Code
2708 Benbrook Dr.
Austin, TX 78757-6953Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
None

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Morris, Robert (Mr.)

09/26/2014

Contributor address; City; State; Zip Code
7307 S Pleasant Valley Rd Unit A
Austin, TX 78744Amount of
contribution (\$)

\$217.98

In-kind contribution
description (if applicable)Pre-Printed Business
Cards(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
ManagerEmployer (See Instructions)
Greenstar Mechanical

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/4 Report: 5/16

2 FILER NAME Cargill, Michael (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000004 Date

09/29/20145 Full name of contributor ☐ out-of-state PAC (ID# _____)
Morris, Robert (Mr.)6 Contributor address; City; State; Zip Code
7307 S Pleasant Valley Rd Unit A
Austin, TX 787447 Amount of
contribution (\$) \$15.008 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Manager10 Employer (See Instructions)
Greenstar Mechanical

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Morris, Terry (Mr.)

09/29/2014

Contributor address; City; State; Zip Code
4402 S Congress 105
Austin, TX 78748Amount of
contribution (\$) \$100.00In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
MedicalEmployer (See Instructions)
Southwest Surgical Assistants

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Patterson, Linda (Mrs.)

09/30/2014

Contributor address; City; State; Zip Code
1015 E. Yager Lane #174
Austin, TX 78753Amount of
contribution (\$) \$200.00In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Self-employedEmployer (See Instructions)
BMSHLS

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pool, Trent (Mr.)

10/02/2014

Contributor address; City; State; Zip Code
506 W 15th St #201
Austin, TX 78701Amount of
contribution (\$) \$100.00In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Political ConsultantEmployer (See Instructions)
Benezet Consulting

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sawyer, Gerald (Mr.)

10/07/2014

Contributor address; City; State; Zip Code
1410 Briarcliff Blvd
Austin, TX 78723Amount of
contribution (\$) \$100.00In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
AutomotiveEmployer (See Instructions)
Swedish Auto Service

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/4 Report: 6/16

2 FILER NAME Cargill, Michael (Mr.)**3** ACCOUNT # (Ethics Commission filers)

0000000

4 Date

10/20/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Walker, Edwin (Mr.)

6 Contributor address; City; State; Zip Code
1020 Bay Area Blvd, Suite 220
Houston, TX 77058**7** Amount of
contribution (\$)

\$300.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)
Attorney**10** Employer (See Instructions)
Walker, Rice & Wisdom

Date

10/09/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Williamson, Dustin (Mr.)

Contributor address; City; State; Zip Code
8005 Cobblestone
Austin, TX 78735Amount of
contribution (\$)

\$11.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
CPAEmployer (See Instructions)
Self-employed

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 # (Ethics Commission filers)

0000000

4 TOTAL OF UNITEMIZED PLEDGES:

⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID# _____)

Delosh, Justin (Mr.)

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

(If travel outside of Texas, complete Schedule T) ☐**10** Principal occupation / Job title (See Instructions)
Manager**11** Employer (See Instructions)
Cutting Edge Builders

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 OwnerEmployer (See Instructions)
GDS

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 OwnerEmployer (See Instructions)
A Better View Glass Company

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 8/16	
2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 TOTAL OF UNITEMIZED LOANS: ⇌⇌⇌⇌⇌⇌		\$	
5 Date of loan 09/26/2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		9 Loan Amount (\$) \$250.00
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		10 Interest rate 0
			11 Maturity date
12 Principal occupation / Job title (See Instructions) Business Owner		13 Employer (See Instructions) Sporting Goods Store	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer	
Date of loan 09/27/2014	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		Loan Amount (\$) \$44.24
Is lender a financial Institution? No	Lender address; City; State; Zip Code 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		Interest rate 0
			Maturity date
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Sporting Goods Store	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 9/16	
2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 TOTAL OF UNITEMIZED LOANS: ⇌⇌⇌⇌⇌⇌		\$	
5 Date of loan 09/27/2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		9 Loan Amount (\$) \$348.07
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		10 Interest rate 0
			11 Maturity date
12 Principal occupation / Job title (See Instructions) Business Owner		13 Employer (See Instructions) Sporting Goods Store	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer	
Date of loan 10/02/2014	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cargill, Michael (Mr.)		Loan Amount (\$) \$26.00
Is lender a financial Institution? No	Lender address; City; State; Zip Code 321 W. Ben White Blvd. Suite 203 Austin, TX 78704		Interest rate 0
			Maturity date
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Sporting Goods Store	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 10/16	
2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄		\$	
5 Date of loan 10/06/2014	7 Name of lender Cargill, Michael (Mr.) <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) \$350.00	
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 321 W. Ben White Blvd. Suite 203 Austin, TX 78704	10 Interest rate 0	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) Business Owner		13 Employer (See Instructions) Sporting Goods Store	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation		21 Employer	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/5 Report: 11/16		2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (TEC filers) 0000000	
4 Date 10/06/2014	5 Payee name Austin Budget Signs				
6 Amount (\$) \$779.40	7 Payee address City; State; Zip Code 3904D Warehouse Row Austin, TX 78704				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/10/2014	Payee name Austin Budget Signs				
Amount (\$) \$1,488.44	Payee address City; State; Zip Code 3904D Warehouse Row Austin, TX 78704				
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 Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/06/2014	Payee name Conformal Systems LLC				
Amount (\$) \$1.00	Payee address City; State; Zip Code 500 North Michigan Avenue # 300 Chicago, IL 60611				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/06/2014	Payee name Oak Bank				
Amount (\$) \$15.00	Payee address City; State; Zip Code 1000 North Rush Street Chicago, IL 60611-0081				
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"/> Transaction Fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/5 Report: 12/16		2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (TEC filers) 0000000	
4 Date 09/27/2014		5 Payee name Office Max 1287			
6 Amount (\$) \$348.07		7 Payee address City: State: Zip Code 9600 S IH35 Service Road SB Austin, TX 78748			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/29/2014		Payee name PayPal			
Amount (\$) \$0.74		Payee address City: State: Zip Code 2211 North First Street San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/29/2014		Payee name PayPal			
Amount (\$) \$3.20		Payee address City: State: Zip Code 2211 North First Street San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/30/2014		Payee name PayPal			
Amount (\$) \$6.10		Payee address City: State: Zip Code 2211 North First Street San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 13/16		2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (TEC filers) 0000000	
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4 Date 10/02/2014	5 Payee name PayPal				
6 Amount (\$) \$10.45	7 Payee address City: State: Zip Code 2211 North First Street San Jose, CA 95131				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 10/08/2014	Payee name PayPal				
Amount (\$) \$10.45	Payee address City: State: Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 10/13/2014	Payee name PayPal				
Amount (\$) \$1.03	Payee address City: State: Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 10/18/2014	Payee name PayPal				
Amount (\$) \$1.75	Payee address City: State: Zip Code 2211 North First Street San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/5 Report: 14/16		2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (TEC filers) 0000000	
4 Date 10/20/2014		5 Payee name PayPal			
6 Amount (\$) \$0.88		7 Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/20/2014		Payee name PayPal			
Amount (\$) \$2.48		Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/22/2014		Payee name PayPal			
Amount (\$) \$1.75		Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/26/2014		Payee name The Liberty Beat			
Amount (\$) \$250.00		Payee address City; State; Zip Code 512 W Martin Luther King Jr Blvd #170 Austin, TX 78701			
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"/> Advertising Subscription - October <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/5 Report: 15/16		2 FILER NAME Cargill, Michael (Mr.)		3 ACCOUNT # (TEC filers) 0000000	
4 Date 10/02/2014		5 Payee name Travis County Clerk			
6 Amount (\$) \$26.00		7 Payee address City: State: Zip Code P.O. Box 149325 Austin, TX 78714-9325			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Filing Fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/02/2014		Payee name Wells Fargo Bank, N.A.			
Amount (\$) \$10.00		Payee address City: State: Zip Code 500 E. Ben White Blvd, Ste. C Austin, TX 78704			
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"/> Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/27/2014		Payee name Whataburger 84			
Amount (\$) \$44.24		Payee address City: State: Zip Code 6106 Cameron Rd Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 16/16**2 FILER NAME** Cargill, Michael (Mr.)**3 ACCOUNT #** (Ethics Commission filers)
0000000**4 Date**

10/03/2014

5 Name of person from whom amount is received
Wells Fargo Bank, N.A.**8 Amount**
(\$)

\$100.00

6 Address of person from whom amount is received; City; State; Zip Code500 E. Ben White Blvd, Ste. C
Austin, TX 78704**7 Purpose for which amount is received**
Bank Originated Credit