

FORM C/OH
COVER SHEET PG 1

AUSTIN CITY CLERK

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****13 C/OH NAME** Troxclair, Ellen (Mrs.)**14 ACCOUNT #** (Ethics Commission filers)
00000001**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

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

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC**

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**16 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

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

\$ 53,805.38

**EXPENDITURE
TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

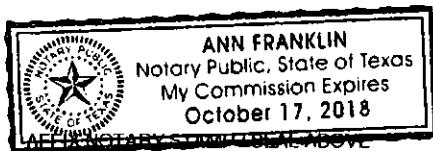
\$ 37,415.51

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 80,908.93

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 55,000.00

17 AFFIDAVITI 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 of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ellen Troxclair this the 8th day
of December, 2014, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Ann Franklin
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: 1/41 Report: 3/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abbott, Sean 6 Contributor address; City; State; Zip Code 5935 Lomita Verde Circle Austin, TX 78749	7 Amount of contribution (\$) \$200.00	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) Attorney		10 Employer (See Instructions) Allen Boone Humphries Robinson LLP	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abell, Charlotte Contributor address; City; State; Zip Code 10933 Bexley Lane Austin, TX 78739	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adam Haynes, Kerri Rowland Contributor address; City; State; Zip Code 2800 Silverleaf Circle Austin, TX 78757	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) Consultant		Employer (See Instructions) Self	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AFA PAC Contributor address; City; State; Zip Code 7537 Cameron Road Austin, TX 78752	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)		Employer (See Instructions)	
Date 11/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Apartment Association Contributor address; City; State; Zip Code 8620 Burnet Rd., Ste. 475 Austin, TX 78757	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)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/41 Report: 4/81

2 FILER NAME Troxclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

12/04/2014

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

6 Contributor address; City; State; Zip Code
4106 Medical Parkway
Austin, TX 78756

7 Amount of
contribution (\$)

\$350.00

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)

Date

11/09/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barth, Ruth & Richard

Contributor address; City; State; Zip Code
2910 Thousand Oaks Drive
Austin, TX 78746

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
retired

Date

11/19/2014

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

Contributor address; City; State; Zip Code
2711 Bartons Bluff Lane
Austin, TX 78746

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
retired

Date

11/05/2014

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

Contributor address; City; State; Zip Code
6640 Ruxton Lane
Austin, TX 78749

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
retired

Date

11/25/2014

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

Contributor address; City; State; Zip Code
6102 Open Range Trail
Austin, TX 78749

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
retired

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/41 Report: 5/81

2 FILER NAME Troclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Blackridge6 Contributor address; City; State; Zip Code
919 Congress Avenue Ste 950
Austin, TX 787017 Amount of
contribution (\$)

\$350.00

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)

Date

11/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bohls, RyanContributor address; City; State; Zip Code
1800 Bay Hill Drive
Austin, TX 78705Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Commercial Real EstateEmployer (See Instructions)
Jones Lang LaSalle

Date

11/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bohls, Vicki & KirkContributor address; City; State; Zip Code
1800 Bay Hill Drive
Austin, TX 78746Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
ColumnistEmployer (See Instructions)
Austin American Statesman

Date

11/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bonham, JeffContributor address; City; State; Zip Code
6900 Indica Cove
Austin, TX 78759Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Government RelationsEmployer (See Instructions)
CenterPoint Energy

Date

11/07/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Borgelt, RogerContributor address; City; State; Zip Code
106 Laurel Lane
Austin, TX 78705Amount of
contribution (\$)

\$350.00

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/41 Report: 6/81

2 FILER NAME Troxclair, Ellen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/16/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Bowen, Jeffery**6** Contributor address; City; State; Zip Code
8404 Caspian Drive
Austin, TX 78749**7** 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)
Contractor**10** Employer (See Instructions)
Jeffery L Bowen & Associates

Date

11/18/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brown, SabrinaContributor address; City; State; Zip Code
2603 Wooldridge
Austin, TX 78703Amount of
contribution (\$)

\$350.00

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

Date

11/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bruzzzone, JoeContributor address; City; State; Zip Code
6209 Turtle Point Drive
Austin, TX 78746Amount 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)
retired

Date

12/05/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Burton, Joseph HowellContributor address; City; State; Zip Code
2113 Zach Scott Street
Austin, TX 78723Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Senior Project ManagerEmployer (See Instructions)
Jones Lang LaSalle

Date

11/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bury, PaulContributor address; City; State; Zip Code
221 West 6th Street Ste 600
Austin, TX 78701Amount of
contribution (\$)

\$350.00

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/41 Report: 7/81

2 FILER NAME Troclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Caldwell, Kathryn6 Contributor address; City; State; Zip Code
2219 Tarlton Cove
Austin, TX 787467 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Political10 Employer (See Instructions)
Self

Date

11/05/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cannon, ThureContributor address; City; State; Zip Code
7711 Ponoma Trail
Austin, TX 78749Amount of
contribution (\$)

\$350.00

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

Date

11/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cantella, RichardContributor address; City; State; Zip Code
7501 Shadowridge Run Unit 163
Austin, TX 78749Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Merrill Lynch Financial AdvisorEmployer (See Instructions)
Retired

Date

11/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Carr, Mindy & SnapperContributor address; City; State; Zip Code
4380 River Garden Trail
Austin, TX 78746Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
General CounselEmployer (See Instructions)
Focused Advocacy

Date

11/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Carter, TeddyContributor address; City; State; Zip Code
4494 Heritage Well Lane
Round Rock, TX 78005Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Gov AffairsEmployer (See Instructions)
Devon Energy

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/41 Report: 8/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cartwright, Linda 6 Contributor address; City; State; Zip Code 8205 Forest Heights Ln Austin, TX 78749	7 Amount of contribution (\$) \$40.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Medical Billing		10 Employer (See Instructions) Self	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casteel, William Contributor address; City; State; Zip Code PO Box 1153 Austin, TX 78767	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) FourOneThree Communications	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chamberlin, Anastasia Contributor address; City; State; Zip Code 21 N 2nd Street 401 Campbell, CA 95008	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chastain, Steve Contributor address; City; State; Zip Code 3501 Peregrine Falcon Drive Austin, TX 78746	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired Austin Fire Captain	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chastain, Steve Contributor address; City; State; Zip Code 3501 Peregrine Falcon Dr. Austin, TX 78746	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired Austin Fire Captain		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/41 Report: 9/81	
2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christian, Kevin 6 Contributor address; City; State; Zip Code 356 Timber Ridge Lane Coppell, TX 75019	7 Amount of contribution (\$) \$50.00	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) President		10 Employer (See Instructions) Stewardship Resources	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cloud, Michael Contributor address; City; State; Zip Code 6016 Bel Fay Lane Austin, TX 78749	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) NTT Data	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coleman, Aan & Charles Contributor address; City; State; Zip Code 9890 Silver Mountain Drive Austin, TX 78737	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) Manager		Employer (See Instructions) Coleman Lube	
Date 11/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Committee to Elect Jason Isaac Contributor address; City; State; Zip Code 100 Commons Road Box 7-125 Dripping Springs, TX 78620	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)		Employer (See Instructions)	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corcoran, Nancy & Jim Contributor address; City; State; Zip Code 3606 Saddlestring Trail Austin, TX 78739	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) Teacher		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/41 Report: 10/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dalglish, David & Sarah 6 Contributor address; City; State; Zip Code 6400 Sprucewood Drive Austin, TX 78731	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Dalglish Construction	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daugherty, Gerald Contributor address; City; State; Zip Code 1403 Club Ridge Cove 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) County Commissioner		Employer (See Instructions) Travis County	
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daywood, Carl Contributor address; City; State; Zip Code 11231 Tracton Lane Suite 200 Austin, TX 78739	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) Realtor		Employer (See Instructions) self	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dickey, James Contributor address; City; State; Zip Code 5213 Green Thread Trail Spicewood, TX 78669	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) Marketing		Employer (See Instructions) iMGA	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dieter, Robert Contributor address; City; State; Zip Code 8204 Navidad Drive Austin, TX 78735	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/41 Report: 11/81

2 FILER NAME Troxclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Doner Kate, Craig Chick6 Contributor address; City; State; Zip Code
815 Brazos Street Ste 701
Austin, TX 787037 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)
Self10 Employer (See Instructions)
Doner Fundraising

Date

11/18/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dow, Melanie & JamesContributor address; City; State; Zip Code
2523 Exposition Boulevard
Austin, TX 78703Amount of
contribution (\$)

\$350.00

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

Date

11/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Durham, AlexContributor address; City; State; Zip Code
915 A Beaver Trail
Austin, TX 78746Amount of
contribution (\$)

\$350.00

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

Date

11/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dwyer, JamesContributor address; City; State; Zip Code
4100 Gochman Street
Austin, TX 78723Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
EngineerEmployer (See Instructions)
CH2M HILL

Date

12/04/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Edwards, RosemaryContributor address; City; State; Zip Code
6528 Heron Dr
Austin, TX 78759Amount of
contribution (\$)

\$25.00

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/41 Report: 12/31	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elliott, Ellen & John 6 Contributor address; City; State; Zip Code 1036 Liberty Park Drive Apt 35 Austin, TX 78746	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Partner		10 Employer (See Instructions) Smith, Robertson, Elliott & Douglas, L.L.P.	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis, Amy & Christopher Contributor address; City; State; Zip Code 4408 Long Champ #10 Austin, TX 78746	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) Founding Principal		Employer (See Instructions) Endeavor Real Estate Group	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellmer, Mindy Contributor address; City; State; Zip Code 200 Congress Ave. #40FF Austin, TX 78701	Amount of contribution (\$) \$104.83	In-kind contribution description (if applicable) Event supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date 12/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellmer, Mindy Contributor address; City; State; Zip Code 200 Congress Ave. #40FF Austin, TX 78701	Amount of contribution (\$) \$245.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Espinosa, Carlos Contributor address; City; State; Zip Code 2800 Barton's Bluff Lane Apt 1604 Austin, TX 78746	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) Staff		Employer (See Instructions) Railroad Commission of TX	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/41 Report: 13/81

2 FILER NAME Troxclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/17/2014

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

6 Contributor address; City; State; Zip Code
309 Lake Cliff Trail
Austin, TX 78746

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
President

10 Employer (See Instructions)
Heritage Title Company of Austin, Inc

Date

11/06/2014

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

Contributor address; City; State; Zip Code
7601 Rialto Blvd #1524
Austin, TX 78735

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Accountant

Employer (See Instructions)
Sachem, Inc.

Date

12/03/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Follett, Brian & Bernice

Contributor address; City; State; Zip Code
5600 Craggy Point
Austin, TX 78731

Amount of
contribution (\$)

\$700.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

12/03/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Foster, Col. James

Contributor address; City; State; Zip Code
8006 El Dorado Drive
Austin, TX 78737

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Civil Engineer

Employer (See Instructions)
Self

Date

11/05/2014

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

Contributor address; City; State; Zip Code
700 Shady Lane Court
Highland Village, TX 75077

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Pharmacist

Employer (See Instructions)
Texas Health Resources

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/41 Report: 14/81

2 FILER NAME Troxclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/05/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Gale, Susan & Rex

6 Contributor address; City; State; Zip Code
2 Otter Road
Hilton Head Island, SC 29928

7 Amount of
contribution (\$)

\$700.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Healthcare Consultant

10 Employer (See Instructions)
Blue Cross Blue Shield SC

Date

12/02/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Garza, Melissa & Silver

Contributor address; City; State; Zip Code
8101 Ravello Ridge Cove
Austin, TX 78735

Amount of
contribution (\$)

\$700.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Business Manager

Employer (See Instructions)
Self

Date

11/06/2014

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

Contributor address; City; State; Zip Code
4400 Twisted Tree Drive
Austin, TX 78735

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired USAF and State Govt

Employer (See Instructions)
Retired USAF and State Govt

Date

11/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gold, Mira & Bradley

Contributor address; City; State; Zip Code
7908 Adelaide Drive
Austin, TX 78739

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
n/a

Employer (See Instructions)
n/a

Date

11/17/2014

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

Contributor address; City; State; Zip Code
1901 Hill Oaks Court
Austin, TX 78703

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Capitol Partners Consulting

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/41 Report: 15/81

2 FILER NAME Troxclair, Ellen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Goldman, Jenn**6** Contributor address; City; State; Zip Code
1901 Hill Oaks Court
Austin, TX 78703**7** Amount of
contribution (\$)

\$25.00

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)
Malish & Cowan

Date

12/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Grant, KathrynContributor address; City; State; Zip Code
915 W Johanna Street
Austin, TX 78704Amount of
contribution (\$)

\$200.00

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

Date

11/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Grimes, Jennifer & MichaelContributor address; City; State; Zip Code
2009 Real Catorce
Austin, TX 78746Amount of
contribution (\$)

\$146.12

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

Date

10/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gross, L.COL Donald W.Contributor address; City; State; Zip Code
4509 Grider Pass
Austin, TX 78749Amount of
contribution (\$)

\$100.00

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

Date

12/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gross, L.COL Donald W.Contributor address; City; State; Zip Code
4509 Grider Pass
Austin, TX 78749Amount of
contribution (\$)

\$100.00

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/41 Report: 16/81

2 FILER NAME Troxclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/23/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Guenthner, David6 Contributor address; City; State; Zip Code
6114 Gardenridge Hollow
Austin, TX 787507 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)
Senior Director for Public Affairs10 Employer (See Instructions)
TPPF

Date

11/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hackney, Susan & ClintContributor address; City; State; Zip Code
PO Box 163164
Austin, TX 78716Amount of
contribution (\$)

\$700.00

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

Date

12/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hale, JustinContributor address; City; State; Zip Code
1411 Devonshire
Tyler, TX 75703Amount of
contribution (\$)

\$150.00

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

Date

11/13/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harker, SteveContributor address; City; State; Zip Code
1052 Overlook Road
Berkeley, CA 94708Amount of
contribution (\$)

\$350.00

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

Date

11/05/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harris, VincentContributor address; City; State; Zip Code
708 East Monroe
Austin, TX 78704Amount of
contribution (\$)

\$25.00

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/41 Report: 17/81

2 FILER NAME Troxclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/05/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Harry, Martin6 Contributor address; City; State; Zip Code
5804 Magee Bend
Austin, TX 787497 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)
Attorney10 Employer (See Instructions)
Self

Date

11/11/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
HBA Home PACContributor address; City; State; Zip Code
8140 Exchange Drive
Austin, TX 78754Amount of
contribution (\$)

\$350.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Heckler, JeffreyContributor address; City; State; Zip Code
1301 Nueces Street Ste 200
Austin, TX 78701Amount of
contribution (\$)

\$150.00

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

Date

10/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hedgecock, BrandonContributor address; City; State; Zip Code
6628 Estana Lane
Austin, TX 78739Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
DentistEmployer (See Instructions)
Hedgecock Dental, PLLC

Date

11/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Herring, Pat & GregContributor address; City; State; Zip Code
6502 Tom Kite Circle
Austin, TX 78746Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
OwnerEmployer (See Instructions)
The Herring Group

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/41 Report: 18/81

2 FILER NAME Troxclair, Ellen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

12/05/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Hersey, Paul E6 Contributor address; City; State; Zip Code
405 Brady Lane
Austin, TX 787467 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)
Retired10 Employer (See Instructions)
Retired

Date

11/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Heydinger, CharleneContributor address; City; State; Zip Code
40 Pascal Lane
Austin, TX 78746Amount of
contribution (\$)

\$200.00

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

Date

11/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Higgins Jr., RichardContributor address; City; State; Zip Code
7403 Mifflin Kennedy Terrace
Austin, TX 78749Amount of
contribution (\$)

\$300.00

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

Date

11/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hindman, GeorgeContributor address; City; State; Zip Code
2100 Greenwood Avenue
Austin, TX 78723Amount of
contribution (\$)

\$350.00

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

Date

11/19/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hock, Stacy & JoelContributor address; City; State; Zip Code
3331 Westlake Drive
Austin, TX 78746Amount of
contribution (\$)

\$700.00

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 17/41 Report: 19/81

2 FILER NAME Troxclair, Ellen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/05/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Holt, William & Sandra**6** Contributor address: City: State: Zip Code
5000 Mission Oaks Blvd #17
Austin, TX 78735**7** Amount of
contribution (\$)

\$250.00

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

Date

11/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Holt, William & SandraContributor address: City: State: Zip Code
5000 Mission Oaks Blvd #17
Austin, TX 78735Amount of
contribution (\$)

\$350.00

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

Date

11/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Holzhauser, SteveContributor address: City: State: Zip Code
3200 Grandview Street #16
Austin, TX 78705Amount of
contribution (\$)

\$350.00

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

Date

12/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hopper, Jackson BartContributor address: City: State: Zip Code
229 Kingston Avenue
Charlotte, NC 28203Amount of
contribution (\$)

\$350.00

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

Date

11/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hosek, Chandra & ChrisContributor address: City: State: Zip Code
1401 Bay Hill Drive
Austin, TX 78746Amount of
contribution (\$)

\$700.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
PrincipalEmployer (See Instructions)
H2 Strategic Communications

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/41 Report: 20/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hosek, Curtis 6 Contributor address; City; State; Zip Code 511 Lockland Lane League City, TX 77573	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) Event supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Teacher		10 Employer (See Instructions) Clear Creek ISD	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hosek, Trudy Contributor address; City; State; Zip Code 162 County Road 340 Gonzales, TX 78629	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) Retired		Employer (See Instructions) Retired	
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Anne Contributor address; City; State; Zip Code 4504 Dusik Lane Austin, TX 78746	Amount of contribution (\$) \$146.12	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a	
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Jay Contributor address; City; State; Zip Code 823 Congress Avenue Ste 900 Austin, TX 78701	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) Consultant		Employer (See Instructions) HillCo	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurst, Bradley Contributor address; City; State; Zip Code 8302 Moccasin Path Austin, TX 78736	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Nuclear Physicist		Employer (See Instructions) Bridgeport Instruments	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/41 Report: 21/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurst, Michaelanne 6 Contributor address; City; State; Zip Code 8302 Moccasin Path Austin, TX 78736	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) Director of Advancement		10 Employer (See Instructions) City School	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hutchens, Mia Contributor address; City; State; Zip Code 1500 Woodlawn Boulevard #9 Austin, TX 78703	Amount of contribution (\$) \$298.36	In-kind contribution description (if applicable) Event supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Scheduler		Employer (See Instructions) Office of the Governor	
Date 11/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Isaac, Jason Contributor address; City; State; Zip Code 280 Manchester Lane Austin, TX 78737	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) Consultant		Employer (See Instructions) Self	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jamail, Tim Contributor address; City; State; Zip Code 8509 Southwest Parkway Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self	
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Allison Contributor address; City; State; Zip Code 4612 Dusik Lane Austin, TX 78746	Amount of contribution (\$) \$146.12	In-kind contribution description (if applicable) Event supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/41 Report: 22/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, David 6 Contributor address; City; State; Zip Code 8921 Lanna Bluff Loop Austin, TX 78749	7 Amount of contribution (\$) \$350.00	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) Executive Director		10 Employer (See Instructions) Centex Independent Electrical Contractors Association	
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Robert A. Contributor address; City; State; Zip Code 4612 Dusik Lane Austin, TX 78746	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) Consultant		Employer (See Instructions) Self	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnston, David Contributor address; City; State; Zip Code 116 Birnam Wood Court Austin, TX 78746	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) Community Supporter		Employer (See Instructions) Self	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jordan, Emily Contributor address; City; State; Zip Code 4438 E Hove Loop Austin, TX 78749	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) Optometrist		Employer (See Instructions) Master Eye	
Date 12/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph, John Contributor address; City; State; Zip Code 4231 Westlake Austin, TX 78746	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Coats Rose	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/41 Report: 23/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kastner, Charles 6 Contributor address; City; State; Zip Code 1805 Frazier Austin, TX 78704	7 Amount of contribution (\$) \$19.00	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) Retired		10 Employer (See Instructions) Retired	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kearns, Dennis Contributor address; City; State; Zip Code 1001 Congress Avenue Ste 450 Austin, TX 78701	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) General Counsel		Employer (See Instructions) TX Railroad Association	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keathley, Trina & Ryan Contributor address; City; State; Zip Code 417 Honeycomb Ridge Austin, TX 78746	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) Senior VP		Employer (See Instructions) Southwest at IndCor Properties, Inc	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelley, Casey Contributor address; City; State; Zip Code PO Box 2430 Austin, TX 78768	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) Manager		Employer (See Instructions) Exelon Corporation	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kemptner, Sara Contributor address; City; State; Zip Code 2101 W 10th Street Austin, TX 78703	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) Consultant		Employer (See Instructions) Blackridge	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/41 Report: 24/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kernan, Michael 6 Contributor address; City; State; Zip Code 2316 Sully Creek Dr Austin, TX 78748	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Security Specialist		10 Employer (See Instructions) Homeland Security Solutions	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kever, Andrew Contributor address; City; State; Zip Code 6105 Highland Hills Drive Austin, TX 78731	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Enoch Kever PLLC	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kinghorn, Austin Contributor address; City; State; Zip Code 12323 Limerick Avenue Austin, TX 78758	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Staff Attorney		Employer (See Instructions) Supreme Court of Texas	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kinney, Eugene Contributor address; City; State; Zip Code 1034 Hidden Hills Drive Dripping Springs, TX 78620	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date 11/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kooker, Kay & Steve Contributor address; City; State; Zip Code 3961 Sendero Drive Austin, TX 78735	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/41 Report: 25/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kuykendall, Brant 6 Contributor address; City; State; Zip Code 3908 Danli Lane Austin, TX 78749	7 Amount of contribution (\$) \$50.00	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) Consultant		10 Employer (See Instructions) VMWare, Inc	
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lamm, Jennifer Contributor address; City; State; Zip Code 6502 Lost Cove Austin, TX 78746	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) Property Manager		Employer (See Instructions) Bell Southwest Austin	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawson, Richard Contributor address; City; State; Zip Code 1106 Canyon Maple Road Pflugerville, TX 78660	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) Retired		Employer (See Instructions) Retired	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LeBlanc, Emily & Steve Contributor address; City; State; Zip Code 823 Congress Ave. Suite 1111 Austin, TX 78701	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) Musician		Employer (See Instructions) Self	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, John Contributor address; City; State; Zip Code 3839 Bee Cave Road Ste 204 Austin, TX 78746	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) Self		Employer (See Instructions) John Lewis Company	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/41 Report: 26/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lrette, Albert 6 Contributor address; City; State; Zip Code 3903 Kandy Drive Austin, TX 78749	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) Building Engineer		10 Employer (See Instructions) Retired	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Locke Lord LLP Contributor address; City; State; Zip Code 600 Congress Ave., Ste. 2200 Austin, TX 78701	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)		Employer (See Instructions)	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Loonam, Timothy Contributor address; City; State; Zip Code 2001 S Mopac Expy #2524 Austin, TX 78746	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) Insurance Administration		Employer (See Instructions) TCGT Agency Inc.	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lucero, Homero Contributor address; City; State; Zip Code 7513 Espina Dr Austin, TX 78739	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) SR VP		Employer (See Instructions) Texas Travel Industry Association	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Macias, Luke Contributor address; City; State; Zip Code 31540 Smithson Valley Road Bulverde, TX 78163	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) Consultant		Employer (See Instructions) Self	

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2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Macksood, Gregory 6 Contributor address; City; State; Zip Code 5805 Bull Creek Rd Austin, TX 78756	7 Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Government Relations		10 Employer (See Instructions) Chesapeake Energy	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mahadev, Anil Contributor address; City; State; Zip Code 3201 Esperanza Crossing #247 Austin, TX 78758	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Solutions Architect		Employer (See Instructions) Embarcadero Technologies	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mahn, David Contributor address; City; State; Zip Code 6204 Salcon Cliff Drive Austin, TX 78749	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Benchmark Development	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maier, Richard N Contributor address; City; State; Zip Code 704 East 45th 1/2 Street Austin, TX 78751	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homebuilder		Employer (See Instructions) DR Horton	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marsh, Chad Contributor address; City; State; Zip Code 2408 Windsor Road Austin, TX 78703	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Managing Principal		Employer (See Instructions) Endeavor Real Estate Group	

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2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Massingill, Gavin 6 Contributor address; City; State; Zip Code PO Box 1583 Austin, TX 78767	7 Amount of contribution (\$) \$350.00	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) Consultant		10 Employer (See Instructions) Self	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Massingill, Holly Contributor address; City; State; Zip Code 4907 South Crest Dr. Austin, TX 78746	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) Reator		Employer (See Instructions) Self	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matz and Company, LLC Contributor address; City; State; Zip Code 1001 Congress Avenue Ste 450 Austin, TX 78701	Amount of contribution (\$) \$104.83	In-kind contribution description (if applicable) Event supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mauldin, Ryan Contributor address; City; State; Zip Code 816 Big Woods Road Longview, TX 75605	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) Consultant		Employer (See Instructions) Self	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClam, Janie Contributor address; City; State; Zip Code 7113 Doswell Lane Austin, TX 78739	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) Retired		Employer (See Instructions) Retired	

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2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClellan, Darcy & George 6 Contributor address; City; State; Zip Code 510 Hunt Field Road Richmond, VA 23103	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Business Owner		10 Employer (See Instructions) Self	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGarrah, Carol Contributor address; City; State; Zip Code 6201 Skahan Lane Austin, TX 78739	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) Consultant		Employer (See Instructions) Blackridge	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGuinness, Patrick Contributor address; City; State; Zip Code 9310 Old Lampasas Trail Austin, TX 78750	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) CEO		Employer (See Instructions) Self	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Brian Contributor address; City; State; Zip Code 2509 Quarry Road A Austin, TX 78703	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Legislative Staff		Employer (See Instructions) Office of Rep. Workman	
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mock, Margaret & Ralph Contributor address; City; State; Zip Code 6606 Beckett Road Austin, TX 78749	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	

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2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Gates 6 Contributor address; City; State; Zip Code 7706 Vail Valley Drive Austin, TX 78749	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) Bus Driver		10 Employer (See Instructions) Willie Nelson	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Gates Contributor address; City; State; Zip Code 7706 Vail Valley Drive Austin, TX 78749	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) Bus Driver		Employer (See Instructions) Willie Nelson	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moran, Deborah & John Contributor address; City; State; Zip Code 8610 Verona Trail Austin, TX 78749	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) n/a		Employer (See Instructions) n/a	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Chet Contributor address; City; State; Zip Code 12906 Park Drive Austin, TX 78732	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) Consultant		Employer (See Instructions) Morrison & Head, LP	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Rick Contributor address; City; State; Zip Code 6408 Magenta Lane Austin, TX 78739	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) Attorney		Employer (See Instructions) Rash Chapman Schreiber Leaverton & Morrison LLP	

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2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Niedert, Wolfgang 6 Contributor address; City; State; Zip Code 1216 Tamranæe Court Austin, TX 78746	7 Amount of contribution (\$) \$350.00	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) Managing Partner		10 Employer (See Instructions) Cielo Private Equity	
Date 11/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Noell, John R Contributor address; City; State; Zip Code 3660 Stoneridge E101 Austin, TX 78746	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) Engineer		Employer (See Instructions) UDG	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norman Jr., Scott Contributor address; City; State; Zip Code 3605 Edgemont Drive 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) Executive Director		Employer (See Instructions) TX Association of Builders	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nugent, Betty & Patrick Contributor address; City; State; Zip Code 6 Sundown Parkway Austin, TX 78746	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) Associate		Employer (See Instructions) Texas Pipeline Association	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oswald, J William Contributor address; City; State; Zip Code 8201 Scenic Ridge Cove 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) Consultant		Employer (See Instructions) Self	

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2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pardue, Jason 6 Contributor address; City; State; Zip Code 7115 Tanaqua Lane Austin, TX 78739	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) CPA		10 Employer (See Instructions) Samuels Jewelers	
Date 11/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pastor, Andrew & Linda Contributor address; City; State; Zip Code 2908 Sparkling Brook Ln Austin, TX 78746	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) Real Estate		Employer (See Instructions) Endeavor Real Estate Group	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pate, Gardner Contributor address; City; State; Zip Code 1413 Bay Hill Drive Austin, TX 78746	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) Attorney		Employer (See Instructions) Locke Lord, LLP	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perkins, Rick Contributor address; City; State; Zip Code 8503 El Rey Blvd Austin, TX 78737	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) Chemical Engineer		Employer (See Instructions) Chemical Logic Inc	
Date 11/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Denise & Randy Contributor address; City; State; Zip Code 8901 W Highway 71 Austin, TX 78735	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) Minister		Employer (See Instructions) Life Austin	

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2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Rebecca 6 Contributor address; City; State; Zip Code 3504 Hampton Road Austin, TX 78705	7 Amount of contribution (\$) \$350.00	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) Retired		10 Employer (See Instructions) Retired	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pitts Jr., John R Contributor address; City; State; Zip Code 1703 Mohle Drive Austin, TX 78703	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) Consultant		Employer (See Instructions) Self	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pool, Trent Contributor address; City; State; Zip Code 3800 Creek Road Dripping Springs, TX 78720	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) Consultant		Employer (See Instructions) Benezet Consulting	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reese, Nancy Contributor address; City; State; Zip Code 4902 Canyon Crest Court Austin, TX 78735	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) Former Executive Assistant		Employer (See Instructions) Retired	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renner, Kimberly & Dan Contributor address; City; State; Zip Code PO Box 13366 Austin, TX 78711	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) Owner		Employer (See Instructions) The Renner Project	

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2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rigsbee, Sharon & Ken 6 Contributor address; City; State; Zip Code 6406 Old Harbor Lane Austin, TX 78739	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) professional engineer		10 Employer (See Instructions) retired	
Date 10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rivero, Hector Contributor address; City; State; Zip Code 4036 Enclave Mesa Circle Austin, TX 78731	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Texas Chemical Council	
Date 12/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberts, Scott & Susan Contributor address; City; State; Zip Code PO Box 311 Driftwood, TX 78619	Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self	
Date 12/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberts-Loring, Katharine & Brian Contributor address; City; State; Zip Code 1604 Nickerson Street Austin, TX 78704	Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self	
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roche, David Contributor address; City; State; Zip Code 1600 Mount Larson Road Austin, TX 78746	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Founding Principal		Employer (See Instructions) Endeavor Real Estate Group	

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2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Mike 6 Contributor address; City; State; Zip Code 10218 Braemar Drive Austin, TX 78747	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Military Officer (retired)		10 Employer (See Instructions) USAF	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross, James T. Contributor address; City; State; Zip Code 8947 Bee Cave Road Ste 101 Austin, TX 78746	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Talisman Group, Inc.	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruckel, Maricella & Grant Contributor address; City; State; Zip Code 1506 E 11th Street Austin, TX 78702	Amount of contribution (\$) \$300.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) Energy Transfer	
Date 12/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sager, Susan & Alan Contributor address; City; State; Zip Code 4205 Greystone Austin, TX 78752	Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sayers, Clint Contributor address; City; State; Zip Code 3103 Bee Cave Road, Suite 238 Austin, TX 78746	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Brokerage and Appraisal		Employer (See Instructions) Sayers & Associates, Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/41 Report: 36/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schissler, James 6 Contributor address; City; State; Zip Code 1701 Directors Blvd Ste 400 Austin, TX 78744	7 Amount of contribution (\$) \$350.00	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) Vice President		10 Employer (See Instructions) Jones & Carter, Inc.	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seidlits, Melody & Curtis Contributor address; City; State; Zip Code 823 Congress Avenue Ste 1200 Austin, TX 78701	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) CEO		Employer (See Instructions) Focused Advocacy	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sellers, Araminta & Tom Contributor address; City; State; Zip Code 2102 Woodmont Avenue Austin, TX 78703	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) Gov Affairs		Employer (See Instructions) ConocoPhillips	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shackelford, Lynn Contributor address; City; State; Zip Code 3614 Crosswind Drive Spicewood, TX 78669	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) VP Development		Employer (See Instructions) Touchstone Golf	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shafford, Bill Contributor address; City; State; Zip Code 8507 Tyhurst Drive Austin, TX 78749	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) Engineer		Employer (See Instructions) TCEQ	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/41 Report: 37/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skaggs, Betty & James 6 Contributor address; City; State; Zip Code 4700 Toreador Drive Austin, TX 78746	7 Amount of contribution (\$) \$700.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) n/a		10 Employer (See Instructions) n/a	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skinner, Lindsey Contributor address; City; State; Zip Code 5011 Westfield Drive Austin, TX 78731	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 Affairs		Employer (See Instructions) TIPRO	
Date 10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Burleson Contributor address; City; State; Zip Code 660 9th Street SW Washington, DC 20024	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) Account Executive		Employer (See Instructions) Allbritton Communications	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Desiree Contributor address; City; State; Zip Code 10050 Great Hills Trail Apt 822 Austin, TX 78759	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) Legislative Staff		Employer (See Instructions) TX House of Representatives	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Gordon Contributor address; City; State; Zip Code 3001 Copper Mount Cove Austin, TX 78746	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cirrus Logic	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 36/41 Report: 38/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Hank 6 Contributor address; City; State; Zip Code 2801 Bear Springs Trail Austin, TX 78748	7 Amount of contribution (\$) \$250.00	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) Engineer		10 Employer (See Instructions) Texas Engineering Solutions	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Robert E. Contributor address; City; State; Zip Code 4831 Cathoun Canyon Loop Austin, TX 78735	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stewart, Lisa & Michael Contributor address; City; State; Zip Code 10204 Rhett Butler Drive Austin, TX 78739	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) Partner		Employer (See Instructions) Longbow Partners	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stratton, John Robert Contributor address; City; State; Zip Code PO Box 2232 Austin, TX 78768	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) Attorney		Employer (See Instructions) Putonti Escovar & Rossick	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suehs, Thomas Contributor address; City; State; Zip Code 1800 West 29th Street Austin, TX 78703	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) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/41 Report: 39/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TCRP 6 Contributor address; City; State; Zip Code 7901 Cameron Road Ste 3-202 Austin, TX 78754	7 Amount of contribution (\$) \$350.00	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 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terkel, Tom & Taylor Contributor address; City; State; Zip Code 3105 Bowman Avenue Austin, TX 78703	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) Real Estate Investments		Employer (See Instructions) FourT Realty	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thigpin, Robin Contributor address; City; State; Zip Code 4300 Tambre Bend Austin, TX 78738	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) Commercial Banker		Employer (See Instructions) Wells Fargo Bank	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Timmermann, Steven Contributor address; City; State; Zip Code 7800 Wykeham Drive Austin, TX 78749	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Toomey, Stacy & Michael Contributor address; City; State; Zip Code 919 Congress Avenue Ste 1500 Austin, TX 78701	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) Consultant		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: 38/41 Report: 40/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tucker, Steve 6 Contributor address; City; State; Zip Code 3717 Allegro Lugar Austin, TX 78749	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) Real Estate		10 Employer (See Instructions) Self	
Date 11/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turner, Holly & Chris Contributor address; City; State; Zip Code 7701 Hialto Blvd 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) Consultant		Employer (See Instructions) Stampede Consulting	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vane, Mark Contributor address; City; State; Zip Code 6809 Via Correto Austin, TX 78749	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) Lawyer		Employer (See Instructions) Gardere	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vogt, Peggy Contributor address; City; State; Zip Code 6708 Back Bay Lane Austin, TX 78739	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Non Profit Volunteer		Employer (See Instructions) none	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walters, Warren Contributor address; City; State; Zip Code 2918 RR 620 N Apt 166 Austin, TX 78734	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Real Estate Investment		Employer (See Instructions) Simmons Vedder Partners	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/41 Report: 41/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ward, Leslie & Don 6 Contributor address; City; State; Zip Code 1201 Quaker Ridge Drive Austin, TX 78746	7 Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) External Affairs		10 Employer (See Instructions) AT&T	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Welch, Steven Contributor address; City; State; Zip Code 14708 Flat Top Ranch Road Austin, TX 78732	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) DreamIt	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Welp, Mark Contributor address; City; State; Zip Code 7108 Barefoot Cove Austin, TX 78730	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) self employed	
Date 11/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Leslie Contributor address; City; State; Zip Code 6550 Needham Lane Austin, TX 78739	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) retired	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Liz & David Contributor address; City; State; Zip Code 7000 Chuck Wagon Trail Austin, TX 78749	Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		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: 40/41 Report: 42/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitfield, Gail 6 Contributor address; City; State; Zip Code 901 S Mopac Ste. 1-160 Austin, TX 78746	7 Amount of contribution (\$) \$350.00	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) Real Estate Broker		10 Employer (See Instructions) Self	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wiley, Jay Contributor address; City; State; Zip Code 4221 Canoas Drive Austin, TX 78730	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) Attorney		Employer (See Instructions) Self	
Date 11/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Willis, Andrea & Eric Contributor address; City; State; Zip Code 1104 Lafayette Lane Pflugerville, TX 78660	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) Real Estate		Employer (See Instructions) Natural Development	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Margaret Contributor address; City; State; Zip Code 2005 Arthur Lane Austin, TX 78704	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) Professor		Employer (See Instructions) IC2-UT Austin	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WJM Interiors Contributor address; City; State; Zip Code 12309 Galling Gun Lane Austin, TX 78739	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: 41/41 Report: 43/81	
2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Womack, Daniel 6 Contributor address; City; State; Zip Code 6904 Barstow Court Austin, TX 78749	7 Amount of contribution (\$) \$150.00	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) Government Affairs		10 Employer (See Instructions) Dow Chemical	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woomer, Eric Contributor address; City; State; Zip Code 4008 Berkman Drive Austin, TX 78723	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) Principal		Employer (See Instructions) Policy Solutions	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wurzel, Robin Contributor address; City; State; Zip Code 11317 Pebble Garden Lane Austin, TX 78739	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) Business Owner		Employer (See Instructions) Wurzel Builders, 1st plumbing & AC Services	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yokubaitis, C.M. & R.B. Contributor address; City; State; Zip Code 1044 Liberty Park Dr. Austin, TX 78746	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) CEO		Employer (See Instructions) Data Foundry	
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zuniga, Diana Contributor address; City; State; Zip Code 300 Bowie Street #100A Austin, TX 78703	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 & President		Employer (See Instructions) Investors Alliance, Inc	

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: 1/38 Report: 44/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/24/2014		5 Payee name Coffee Bean & Tea Leaf			
6 Amount (\$) \$13.53		7 Payee address City: State: Zip Code 5701 W. Slaughter Austin, TX 78749			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> coffee for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/24/2014		Payee name Coffee Bean & Tea Leaf			
Amount (\$) \$12.67		Payee address City: State: Zip Code 5701 W. Slaughter Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> coffee for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/15/2014		Payee name Conviction Digital			
Amount (\$) \$712.50		Payee address City: State: Zip Code 401 Little Texas Lane #1731 Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> digital media <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 10/29/2014		Payee name Jersey Mike's			
Amount (\$) \$7.61		Payee address City: State: Zip Code 4404 West William Cannon Drive Suite K Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for volunteer <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: 2/38 Report: 45/81		2 FILER NAME Troxcclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/04/2014		5 Payee name Jersey Mike's			
6 Amount (\$) \$14.16		7 Payee address City: State: Zip Code 4404 West William Cannon Drive Suite K Austin, TX 78749			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 10/28/2014		Payee name Mackie, Gaye			
Amount (\$) \$450.00		Payee address City: State: Zip Code 812 Post Oak Drive Dripping Springs, TX 78620			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> financial reports <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 10/30/2014		Payee name McGee, Chelsey			
Amount (\$) \$1,500.00		Payee address City: State: Zip Code 3816 S Lamar Blvd Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff pay <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/17/2014		Payee name McGee, Chelsey			
Amount (\$) \$1,000.00		Payee address City: State: Zip Code 3816 S Lamar Blvd Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff pay <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/38 Report: 46/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 12/02/2014		5 Payee name McGee, Chelsey			
6 Amount (\$) \$1,500.00		7 Payee address City: State: Zip Code 3816 S Lamar Blvd Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff pay <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 12/04/2014		Payee name Office Depot			
Amount (\$) \$27.04		Payee address City: State: Zip Code 5300 Mopac Expy S #101 Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/20/2014		Payee name Papa Johns			
Amount (\$) \$42.70		Payee address City: State: Zip Code 8106 Brodie Lane Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 10/30/2014		Payee name Paperless Post			
Amount (\$) \$51.00		Payee address City: State: Zip Code 115 Broadway Suite 1803 Suite 1803 NY 10006			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> invitations to event <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: 4/38 Report: 47/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/28/2014		5 Payee name Paragon Printing			
6 Amount (\$) \$1,421.89		7 Payee address City: State: Zip Code 10423 McKalla Place Austin, TX 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/14/2014		Payee name Paragon Printing			
Amount (\$) \$1,881.87		Payee address City: State: Zip Code 10423 McKalla Place Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/21/2014		Payee name Paragon Printing			
Amount (\$) \$2,430.78		Payee address City: State: Zip Code 10423 McKalla Place Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials & postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/29/2014		Payee name Paragon Printing			
Amount (\$) \$2,276.04		Payee address City: State: Zip Code 10423 McKalla Place Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/38 Report: 48/81		2 FILER NAME Troxcclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
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4 Date 10/26/2014	5 Payee name Piryx
6 Amount (\$) \$2.88	7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees <div style="float: right;"> (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ <div style="display: flex; justify-content: space-between;"> Office sought: _____ Office held: _____ </div>

Date 10/27/2014	Payee name Piryx
Amount (\$) \$8.63	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees <div style="float: right;"> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ <div style="display: flex; justify-content: space-between;"> Office sought: _____ Office held: _____ </div>

Date 10/29/2014	Payee name Piryx
Amount (\$) \$8.63	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees <div style="float: right;"> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ <div style="display: flex; justify-content: space-between;"> Office sought: _____ Office held: _____ </div>

Date 10/29/2014	Payee name Piryx
Amount (\$) \$5.75	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees <div style="float: right;"> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ <div style="display: flex; justify-content: space-between;"> Office sought: _____ Office held: _____ </div>

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/38 Report: 49/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/31/2014		5 Payee name Pirya			
6 Amount (\$) \$14.38		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name Office sought: Office held:			
Date 11/04/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$8.63		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/38 Report: 50/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/05/2014		5 Payee name Pirya			
6 Amount (\$) \$2.88		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$1.44		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/38 Report: 51/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/05/2014		5 Payee name Pirya			
6 Amount (\$) \$20.13		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$14.38		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$14.38		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/38 Report: 52/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/05/2014		5 Payee name Pirya			
6 Amount (\$) \$1.44		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/38 Report: 53/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/05/2014		5 Payee name Pirya			
6 Amount (\$) \$40.25		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$11.50		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/38 Report: 54/81		2 FILER NAME Troxcclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/05/2014		5 Payee name Pirya			
6 Amount (\$) \$40.25		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$1.44		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/05/2014		Payee name Pirya			
Amount (\$) \$8.63		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/06/2014		Payee name Pirya			
Amount (\$) \$11.50		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 12/38 Report: 55/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/06/2014	5 Payee name Pirya				
6 Amount (\$) \$1.44	7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/06/2014	Payee name Pirya				
Amount (\$) \$2.88	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/06/2014	Payee name Pirya				
Amount (\$) \$20.13	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/06/2014	Payee name Pirya				
Amount (\$) \$20.13	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 13/38 Report: 56/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/06/2014		5 Payee name Pirya			
6 Amount (\$) \$5.75		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/06/2014		Payee name Pirya			
Amount (\$) \$40.25		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/06/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/06/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 14/38 Report: 57/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/06/2014		5 Payee name Pirya			
6 Amount (\$) \$40.25		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/06/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/07/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/07/2014		Payee name Pirya			
Amount (\$) \$8.63		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 15/38 Report: 58/81		2 FILER NAME Troxciair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/08/2014		5 Payee name Pirya			
6 Amount (\$) \$40.25		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/09/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/10/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/10/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 16/38 Report: 59/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/10/2014		5 Payee name Pirya			
6 Amount (\$) \$14.38		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/11/2014		Payee name Pirya			
Amount (\$) \$40.25		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/13/2014		Payee name Pirya			
Amount (\$) \$11.50		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/13/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 17/38 Report: 60/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/13/2014		5 Payee name Pirya			
6 Amount (\$) \$20.13		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/14/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/14/2014		Payee name Pirya			
Amount (\$) \$14.38		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/14/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 18/38 Report: 61/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/14/2014		5 Payee name Pirya			
6 Amount (\$) \$8.63		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/14/2014		Payee name Pirya			
Amount (\$) \$1.15		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/15/2014		Payee name Pirya			
Amount (\$) \$11.50		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/16/2014		Payee name Pirya			
Amount (\$) \$40.25		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 19/38 Report: 62/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/16/2014		5 Payee name Pirya			
6 Amount (\$) \$5.75		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/16/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/16/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/16/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 20/38 Report: 63/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/16/2014		5 Payee name Pirya			
6 Amount (\$) \$5.75		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/17/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/17/2014		Payee name Pirya			
Amount (\$) \$14.38		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/17/2014		Payee name Pirya			
Amount (\$) \$2.88		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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: 21/38 Report: 64/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/17/2014		5 Payee name Pirya			
6 Amount (\$) \$1.44		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/17/2014		Payee name Pirya			
Amount (\$) \$1.44		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/17/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/17/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 22/38 Report: 65/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/17/2014		5 Payee name Pirya			
6 Amount (\$) \$14.38		7 Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/18/2014		Payee name Pirya			
Amount (\$) \$14.38		Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/18/2014		Payee name Pirya			
Amount (\$) \$0.58		Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/18/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 23/38 Report: 66/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/18/2014		5 Payee name Pirya			
6 Amount (\$) \$5.75		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/18/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/18/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/18/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 24/38 Report: 67/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/19/2014		5 Payee name Piryx			
6 Amount (\$) \$40.25		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/19/2014		Payee name Piryx			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/19/2014		Payee name Piryx			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/19/2014		Payee name Piryx			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 25/38 Report: 68/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/19/2014		5 Payee name Pirya			
6 Amount (\$) \$20.13		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/19/2014		Payee name Pirya			
Amount (\$) \$14.38		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/19/2014		Payee name Pirya			
Amount (\$) \$40.25		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/20/2014		Payee name Pirya			
Amount (\$) \$14.38		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 26/38 Report: 69/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
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4 Date 11/20/2014	5 Payee name Pirya				
6 Amount (\$) \$20.13	7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees			(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

Date 11/20/2014	Payee name Pirya				
Amount (\$) \$20.13	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

Date 11/20/2014	Payee name Pirya				
Amount (\$) \$5.75	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

Date 11/20/2014	Payee name Pirya				
Amount (\$) \$1.44	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 27/38 Report: 70/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/20/2014	5 Payee name Pirya				
6 Amount (\$) \$5.75	7 Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/20/2014	Payee name Pirya				
Amount (\$) \$20.13	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/20/2014	Payee name Pirya				
Amount (\$) \$40.25	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/21/2014	Payee name Pirya				
Amount (\$) \$5.75	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 28/38 Report: 71/81		2 FILER NAME Troxcclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/21/2014		5 Payee name Pirya			
6 Amount (\$) \$20.13		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/21/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/23/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/23/2014		Payee name Pirya			
Amount (\$) \$5.75		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 29/38 Report: 72/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/24/2014	5 Payee name Pirya				
6 Amount (\$) \$8.63	7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/25/2014	Payee name Pirya				
Amount (\$) \$5.75	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/25/2014	Payee name Pirya				
Amount (\$) \$20.13	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/26/2014	Payee name Pirya				
Amount (\$) \$2.30	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 30/38 Report: 73/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/27/2014	5 Payee name Pirya				
6 Amount (\$) \$40.25	7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees			(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/28/2014	Payee name Pirya				
Amount (\$) \$20.13	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/30/2014	Payee name Pirya				
Amount (\$) \$5.75	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 12/01/2014	Payee name Pirya				
Amount (\$) \$14.09	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 31/38 Report: 74/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 12/01/2014	5 Payee name Pirya				
6 Amount (\$) \$1.44	7 Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: _____ Office held: _____				
Date 12/01/2014	Payee name Pirya				
Amount (\$) \$20.13	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: _____ Office held: _____				
Date 12/01/2014	Payee name Pirya				
Amount (\$) \$1.09	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: _____ Office held: _____				
Date 12/03/2014	Payee name Pirya				
Amount (\$) \$40.25	Payee address City; State; Zip Code 144 2nd St. San Francisco, CA 90105				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: _____ Office held: _____				

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 32/38 Report: 75/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 12/03/2014	5 Payee name Pirya			
6 Amount (\$) \$11.50	7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:			
Date 12/04/2014	Payee name Pirya			
Amount (\$) \$40.25	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:			
Date 12/04/2014	Payee name Pirya			
Amount (\$) \$1.44	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:			
Date 12/04/2014	Payee name Pirya			
Amount (\$) \$1.44	Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 33/38 Report: 76/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 12/05/2014		5 Payee name Pirya			
6 Amount (\$) \$5.75		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 12/05/2014		Payee name Pirya			
Amount (\$) \$20.13		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 12/05/2014		Payee name Pirya			
Amount (\$) \$8.63		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 12/05/2014		Payee name Pirya			
Amount (\$) \$1.44		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 34/38 Report: 77/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 12/06/2014		5 Payee name Pirya			
6 Amount (\$) \$11.50		7 Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 12/06/2014		Payee name Pirya			
Amount (\$) \$8.63		Payee address City: State: Zip Code 144 2nd St. San Francisco, CA 90105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 10/31/2014		Payee name Randalls			
Amount (\$) \$28.14		Payee address City: State: Zip Code 6600 S Mopac Expy Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> water for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/03/2014		Payee name Rock and Roll Rentals			
Amount (\$) \$49.79		Payee address City: State: Zip Code 1420 W Oltorf Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> projector <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: 35/38 Report: 78/81		2 FILER NAME Troxciair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/04/2014		5 Payee name Santa Rita			
6 Amount (\$) \$1,372.59		7 Payee address City: State: Zip Code 5900 W. Slaughter Lane Austin, TX 78749			
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"/> campaign event <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 11/29/2014		Payee name Square			
Amount (\$) \$12.40		Payee address City: State: Zip Code 1455 Market St San Francisco, CA 90103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/03/2014		Payee name Starbucks			
Amount (\$) \$6.39		Payee address City: State: Zip Code 6600 S. Mopac Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> coffee for volunteer <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 10/28/2014		Payee name Strategic Campaign Group			
Amount (\$) \$1,483.09		Payee address City: State: Zip Code 4600 North Fairfax Drive Ste. 802 Arlington, VA 22203			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> phone services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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: 36/38 Report: 79/81		2 FILER NAME Troxcclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/12/2014		5 Payee name Strategic Campaign Group			
6 Amount (\$) \$9,598.68		7 Payee address City: State: Zip Code 4600 North Fairfax Drive Ste. 802 Arlington, VA 22203			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> phone services <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 11/12/2014		Payee name Target			
Amount (\$) \$31.38		Payee address City: State: Zip Code 2300 W Ben White Blvd Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printer ink <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 10/28/2014		Payee name Thomas Graphics			
Amount (\$) \$1,299.00		Payee address City: State: Zip Code PO Box 142226 Austin, TX 78714			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing campaign materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 10/28/2014		Payee name USPS			
Amount (\$) \$1,662.42		Payee address City: State: Zip Code 8225 Cross Park Dr. Austin, TX 78710			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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: 37/38 Report: 80/81		2 FILER NAME Troclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/14/2014		5 Payee name USPS			
6 Amount (\$) \$2,985.56		7 Payee address City: State: Zip Code 8225 Cross Park Drive Austin, TX 78710			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 11/17/2014		Payee name USPS			
Amount (\$) \$49.00		Payee address City: State: Zip Code 6104 Old Fredericksburg Rd Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> stamps <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 11/17/2014		Payee name USPS			
Amount (\$) \$28.00		Payee address City: State: Zip Code 6104 Old Fredericksburg Rd Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PO box renewal <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 11/29/2014		Payee name USPS			
Amount (\$) \$3,490.06		Payee address City: State: Zip Code 8225 Cross Park Drive Austin, TX 78710			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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Solicitation/Fundraising Expense
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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: 38/38 Report: 81/81		2 FILER NAME Troxclair, Ellen (Mrs.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 11/22/2014	5 Payee name Vera			
6 Amount (\$) \$375.00	7 Payee address City: State: Zip Code 818 Craters of the Moon Blvd. Pflugerville, TX 78660			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor	
	<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:			