

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

57

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

JASON

R

NICKNAME

LAST

SUFFIX

DENNY

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 150852

AUSTIN, TEXAS 78715

☐ change of address5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

767-8644

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

STEPHANIE

C

NICKNAME

LAST

SUFFIX

DENNY

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 150852

AUSTIN, TEXAS 78715

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

698-2344

9 REPORT TYPE



January 15



30th day before election



Runoff

15th day after campaign  
treasurer appointment  
(officeholder only)

July 15



8th day before election

Exceeded \$500  
limit

Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

10 / 26 / 14

THROUGH

Month

Day

Year

12 / 31 / 14

11 ELECTION

Month

ELECTION DATE

Day

Year

11 / 04 / 14

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DISTRICT FIVE  
AUSTIN CITY COUNCIL

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME JASON R. DENNY 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

DENNY FOR DISTRICT FIVE

COMMITTEE ADDRESS

PO BOX 150852  
AUSTIN, TEXAS 78715

COMMITTEE CAMPAIGN TREASURER NAME

STEPHANIE C. DENNY

COMMITTEE CAMPAIGN TREASURER ADDRESS

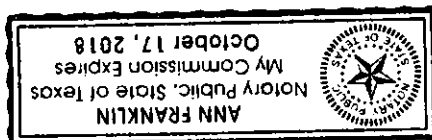
PO BOX 150852  
AUSTIN, TEXAS 78715

☐ additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>415.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1707.25</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

### 18 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jason R. Denny, this the 15th day of January, 2016, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Ann Franklin

Printed 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 Total pages Schedule A: 1	
2 FILER NAME JASON R. DENNY		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JEFF HAYNES	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7012 VIA CORRETO AUSTIN, TEXAS 78749		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) SOFTWARE DEVELOPER		10 Employer (See Instructions) TRANSVERSE	
Date 10/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) PAMELA BAGGETT - WALLIS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3506 DENBAR COURT AUSTIN, TEXAS 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) NONE		Employer (See Instructions) NONE	
Date 10/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHERRY THOMPSON	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1606 TRISTON WAY CEDAR PARK, TEXAS 78613		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) NONE		Employer (See Instructions) NONE	
Date 10/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LUIS SAENZ	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7205 DOSWELL LANE AUSTIN, TEXAS 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) MCGUIRE WOODS CONSULTING	
Date 10/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) REBECCA HALL	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6921 ESTANA LANE AUSTIN, TEXAS 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) NONE		Employer (See Instructions) NONE	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1	<b>2</b> FILER NAME JASON R. DENNY	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 11/3/14	<b>5</b> Payee name MATT LETTELEIR	
<b>6</b> Amount (\$) \$869.25	<b>7</b> Payee address; City; State; Zip Code 4424 GAMES RANCH LOOP AUSTIN, TEXAS 78735	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b> 11/6/14	<b>Payee name</b> MATT LETTELEIR	
<b>Amount (\$)</b> \$838.60	<b>Payee address; City; State; Zip Code</b> 4424 GAMES RANCH LOOP AUSTIN, TEXAS 78735	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) CONSULTING EXPENSE	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME**

JASON R. DENNY

**2 ACCOUNT #** (Ethics Commission Filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**-- Complete A & B below *only* if you are not an officeholder. --**A. CAMPAIGN FUNDS**

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate**5 OFFICEHOLDER**-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

### BANK RECONCILIATION

(To be filed by candidate, officeholder or campaign committee with the January 15<sup>th</sup>  
contribution and expenditure report)

Name of candidate, officeholder or campaign committee: JASON R. DENNY  
DBA. DENNY FOR DISTRICT FIVE

For each checking, savings or other financial institution account maintained during 20 14, enter  
the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: UNITED HERITAGE CREDIT UNION

Type of account: CHECKING

The beginning balance: \$ 0

The ending balance: \$ 0

Enter the following information for checks issued on that account that have not cleared by  
December 31:

Date	Payee	Amount

Enter the following information for checks received as contributions and deposited but dishonored  
by the contributor's financial institution:

Date of receipt	Contributor	Amount

Amount of interest or dividends earned: \_\_\_\_\_

SCHEDULE ATX. 4 - attach to form C/OH (C&E)  
Reference 2-2-25, Austin City Code

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal

A listing of checks received that have not been deposited into any account by December 31:

Date of receipt	Contributor	Amount