

# 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)  
01111111

**2 PAGE #**  
1 of 7

**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

 MS / MRS / MR FIRST MI  
 Ms. Erin  
 NICKNAME LAST SUFFIX  
 McGann
**OFFICE USE ONLY**

Date Received

 2015 JUN 28  
 AUSTIN CITY CLERK  
 RECEIVED  
 2015 JUN 10 34

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2304 S 3rd Street  
Austin, TX 78704
☐ Change of Address

**5 CAMPAIGN  
TREASURER  
NAME**

 MS / MRS / MR FIRST MI  
 Meredith  
 NICKNAME LAST SUFFIX  
 Bryant

**6 CAMPAIGN  
TREASURER  
ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

13012 Stillforest St  
Austin, TX 78729
**7 CAMPAIGN  
TREASURER  
PHONE**

 AREA CODE PHONE NUMBER EXTENSION  
 (512) 577-1528
**8 REPORT TYPE**
☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☒ Final report (Attach C/OH - FR)
**9 PERIOD  
COVERED**
 Month Day Year Month Day Year  
 10/26/2014 THROUGH 12/31/2014
**10 ELECTION**
 ELECTION DATE  
 Month Day Year  
 11/04/2014

ELECTION TYPE

☐ Primary ☐ Runoff ☒ General ☐ Special
**11 OFFICE**

OFFICE HELD (if any)

**12 OFFICE SOUGHT (if known)**

Austin City Council District 9

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT

## SUPPORT & TOTALS

2015 JAN 28 AM 10 34

FORM C/OH  
COVER SHEET PG 2

13 C/OH NAME McGann, Erin (Ms.)

14 ACCOUNT # (Ethics Commission filers)  
01111111

### 15 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

### 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)

\$ 1,050.00

### EXPENDITURE TOTALS

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

\$ 2,243.84

4. TOTAL POLITICAL EXPENDITURES

\$ 6,265.38

### CONTRIBUTION BALANCE

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

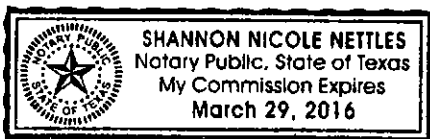
\$ 432.66

### OUTSTANDING LOAN TOTALS

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

\$ 11,800.00

### 17 AFFIDAVIT



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

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Erin McGann, this the 22nd day of January, 20 15, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

*[Signature]*

Print name of officer administering oath

*[Signature]*

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: 1/1 Report: 3/7

2 FILER NAME McGann, Erin (Ms.)

3 ACCOUNT # (Ethics Commission filers)

01111111

4 Date

10/31/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gaughn, Emily

6 Contributor address; City; State; Zip Code  
301 Brazos St  
Austin, TX 78701

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)  
Contractor

10 Employer (See Instructions)  
Self Employed

Date

10/31/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gaughn, Steve

Contributor address; City; State; Zip Code  
301 Brazos St  
Austin, TX 78701

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)  
Contractor

Employer (See Instructions)  
Self Employed

Date

10/31/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Kipp, Tyler

Contributor address; City; State; Zip Code  
615 W 7th St  
Austin, TX 78701

Amount of  
contribution (\$)

\$150.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Unemployed

Employer (See Instructions)  
Unemployed

Date

11/04/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Madison, Tessa

Contributor address; City; State; Zip Code  
1307 Alamo St  
Austin, TX 78701

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Yoga Instructor

Employer (See Instructions)  
Be Yoga

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/2 Report: 4/7		<b>2 FILER NAME</b> McGann, Erin (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 01111111	
<b>4 Date</b> 10/31/2014	<b>5 Payee name</b> Facebook				
<b>6 Amount (\$)</b> \$70.00	<b>7 Payee address</b> City; State; Zip Code P.O. Box 10005 Palo Alto, CA 94303				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook Ad Promotions		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/30/2014	<b>Payee name</b> Facebook				
<b>Amount (\$)</b> \$20.00	<b>Payee address</b> City; State; Zip Code P.O. Box 10005 Palo Alto, CA 94303				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook Ad Promotions		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/06/2014	<b>Payee name</b> LVS - Local Voice Solutions				
<b>Amount (\$)</b> \$471.54	<b>Payee address</b> City; State; Zip Code 3700 Thompson Street Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Services and Campaign Management		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/30/2014	<b>Payee name</b> Mallette, Cindy				
<b>Amount (\$)</b> \$150.00	<b>Payee address</b> City; State; Zip Code 8403-A Fathom Circle Austin, TX 78750				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PR Services		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.**

<b>1</b> PAGE # Schedule: 2/2 Report: 5/7		<b>2</b> FILER NAME McGann, Erin (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 01111111
<b>4</b> Date 11/24/2014	<b>5</b> Payee name McGann, Erin			
<b>6</b> Amount (\$) \$3,200.00	<b>7</b> Payee address City; State; Zip Code 2304 S 3rd St Austin, TX 78704			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Partial Repayment of Loan	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G****EXPENDITURE CATEGORIES**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)**The INSTRUCTION GUIDE explains how to complete this form.**

<b>1 PAGE #</b> Schedule: 1/1 Report: 6/7		<b>2 FILER NAME</b> McGann, Erin (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 01111111
<b>4 Date</b> 11/01/2014	<b>5 Payee name</b> HubRunner			
<b>6 Amount (\$)</b> \$110.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7 Payee address</b> City:   State:   Zip Code 4031 Guadalupe St Austin, TX 78751			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) OTHER - Professional Services		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web hosting for campaign website	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			

**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' \*\***

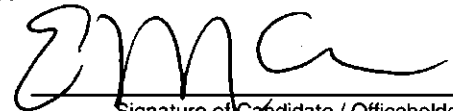
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**1 C/OH NAME** McGann, Erin (Ms.)**2 ACCOUNT # (Ethics Commission filers)**

01111111

**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.



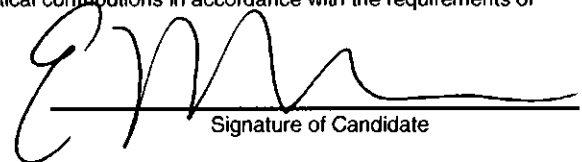
Signature of Candidate / Officeholder

**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