2014

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1					
The C/OH Instruction G	uide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 28295nc/		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS/MR MS/MRS/MR FIRST Sheny/ NICKNAME	SUFFIX	Dale Received AUSTIN OR REC		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX;	Conf	Dale Hand-delivered or Postreaded CETY CETY CETY CETY CETY CETY CETY CETY		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	J.	Date Processed		
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7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADO 5918 FOR ACIS HON TX 10		ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (51Z) 323 - 6603	EXTENSION			
9 REPORT TYPE	January 15 30th day before election	(A)	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election	limit Exceeded \$500	Final report (Attach C/OH - FR) 12 - 31 - 2013		
10 PERIOD COVERED	Morith Day Year THROUG	H 12 /31	/2013		
11 ELECTION	ELECTION DATE Month Day Year 5 / 12 / 2012 ELECTION TYPE Primary	Runoff	General Special		
12 OFFICE	City Council a	13 OFFICE SOUGHT (IFKNOW	Gunel 6		
	GOTOP	PAGE 2	Marine Marine		

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CANDIDAT CAMPAIGI	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: 28 295nc	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MS Shory (NICKNAME LAST	SUFFIX	OFFICE USEONLY Date Received AUSTIN C RECI	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX: APT/SUITE#: CITY, 4101 Wildwood	STATE; ZIP CODE	Date Hand-delivered or Postmaned C	
change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 419-15-39	EXTENSION	Receipt # Amount 77 Date Processed 07	
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (51Z) 323 - 6605	EXTENSION		
9 REPORT TYPE	July 15 30th day before election 30th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 /31 /	Year 2013	
11 ELECTION	ELECTION DATE Month Day Year 5 / 12 / 20/2 ELECTION TYPE Primary	Runoff	General Special	
12 OFFICE	City Council 6	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

	*		
14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
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		COMMITTEE CAMPAIGN TREASURER ADDRESS	
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			f perjury, that the accompanying report information required to be reported by
M.	STACEY KRUSE y Commission Expir June 03, 2017	Signature of Can	didate or Officeholder
AFFIX NOTARY STAM Sworn to and subs		me, by the said Shery / Col	le, this the
151	of Junua	7. 20 14 , to certify which, witness r	my hand and seal of office.
Hucus	K/UL	& Stacey Krust	2
Signature of officer admit	nistering oath	Printed name of officer administering oath	Title of officer administering oath

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District	Loan Repayment/Reimbursement Transportation Equipment & Related Ex Contributions/Donations Made By Candidate/Officeholder/Political Co	, ,
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P.O. Box 12070



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6 Amount (\$)	7 Business address; City; State; Zip Code P.O. Box 1039 Folf War Ho, Tx	76101
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Date 8/12	South Austin Plm	oela ts
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Contribution	Description (If travel outside of Texas, complete Schedule T)
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 5/10/1/2 00001564			
4 Date 7/15	Apple Stole, Borton Crock			
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2901 5. Cap. tol MTX Haly Ausha, TX 73746			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) Office Equipment Office Expest			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

P.O. Box 12070

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	EXPENDITURE CA	TEGORIES FOR BOX 8(a	1
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4 Date 8/2013	Jouth Aust	IN Democi	ats
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	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS	SNEEDED

SCHEDULE F

(TDD 1-800-735-2989)

•	EXPENDITURE (CATEGORIES	FOR BOX 8(a)	l	•
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Austin, Texas 78711-2070

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Sataries/Wages/Contract Lebor Solicitation/Fundraising Expens Travel In District Travel Out Of District Office Overhead/Rental Expen	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
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	EXPENDITUE	RE CATEGORIES F	OR BOX 8(a)		
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Accounting/Banking	Legal Services	Solicitation/Fundrais	ing Expense Tra	nsportation Equipmen	t & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		tributions/Donations !	
Event Expense	Polling Expense	Travel Out Of Distri	ct	Candidate/Officeholde	r/Political Committee
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SCHEDULE F

(TDD 1-800-735-2989)

	EXPENDITUR	E CATEGORIES I	FOR BOX 8(a))	
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PURPOSE	Category (See categories listed at the l	top of this schedule)	Description	(If travel outside of Texas	, complete Schedule T)
OF	Fred Barrens	مسرون	Front	Besona	190
EXPENDITURE	Food Besera	20	1004		<u> </u>
	Candidate / Officeholder nam	1g, 1	Office sough	ht	Office held
Complete QNLY if direct expenditure to benefit C/O		11/1/11		•	
experiorure in peneir C/O	· Moran	Conju			
Data	Payee name	/ /			
Date / 34/3	Mount	Sinch			•
11/2017		1.10.1			
Amount (\$)		State: Zip Code	1		
150/	5900 Can	eron Ko	7	•	
1 /00 // 1	7	クタッへ	2		•
//////	Hushali IX	1812-	フ		
· · · -	Category (See categories listed at the	top of this schedule)	Description	(If travel outside of Texas	, complete Schedule T)
PURPOSE	Careford (Sea saradorios variod at ano.		P	10:11	1. Dana Line
OF EXPENDITURE	1601.10 blx	Unnah	10 (1)	Ulitably	Lona Ben
EXPENDITURE	Mallione	W Cr. D . T .	Office	hf	Office held
Complete ONLY if direct	Candidate / Officeholder name	ne .	Office sough	nt.	Onico risio
expenditure to benefit C/C	H				
<u> </u>	ATTACH ADDITIONAL	CODIEC OF THE	CHEDINE AC	NEEDED	•
	ATTACH ADDITIONAL	CUPIES UF I DISS	TO LIEU OLE MO		

Austin, Texas 78711-2070

Revised 04/19/2013

Texas Ethics Commission

SCHEDULE F

(512) 463-5800

	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C				
Accounting/Banking	Legal Services Solicitation/Funda				
Consulting Expense	Food/Beverage Expense Travel In District				
Event Expense	Polling Expense Travel Out Of Di	strict Candidate/Officeholder/Political Committee			
Fees	Printing Expense Office Overhead	Rental Expense OTHER (enter a category not listed above)			
<i>:</i>	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
- tom-pages assistant 1	Merry N. Col	12 0000 1564			
4 Date 11/2013	5 Payee name NAACA				
6 Amount (\$)	7 Payee address; City; State; Zip Code	J			
15	Pushin TX 7870Z	•			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Chart Se Cont Dutie	Charity			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Shung A Lexie	Office sought Office held			
Date /	Payee name	1/			
11/2013	Planned face	nthosp			
Amount (\$)	Payee address; City; State; Zip Code	1 Blocal			
00	dol E Benk	thite Blod			
250	Arsha, Tx 78	704			
PURPOSE	Category (See categories listed at the top of this schedula)	Description (If travel outside of Texas, complete Schedule T)			
OF	I har lole lask to hon	(backble lonke bution			
EXPENDITURE	Marriore Comment	Office sought Office held			
expenditure to benefit C/OH Share (Del. C)					
Date Payee name Paul Pal-Constant Contress					
Date /2/2013	Pay Jul-	lan stant can locks			
Amount (\$)	Payee address; City: State: Zip Code	· ·			
andi	1				
10	Aushal, 12 7872				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (II travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Allen Esina	Dewyle Her			
	Candidate / Officeholder name //	Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/C					
Date 2 /	Payee name				
12/2013					
Amount (\$)	Payee address; City; State; Zip Code				
,	1361 STH35				
100	Austin Tx 18741				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Char, hble Cock but	Charcheble Contribution			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit Co	/он				
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED			
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P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Salaries/Wages// Legal Services Solicitation/Fund Food/Beverage Expense Travel In District	aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Di	
Fees	Printing Expense Office Overhead	
 	The Instruction Guide explains how to	
1 Total pages Schedule F:	2 FILER NAME Sherul Colo	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
142013	2-7ei45	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
18	110 W. 6th 5 fleet	
32	Aughin 1x 78703	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	God Beserage	Poud Dever 929
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name 5heral Cale	Office sought Office held
Date	Payee name	1
12/2013	Black Hushin	Denicrate
Amount (\$)	Payee address; City; State; Zip Code	
500	P.S. DOX 6276	
700	Austrity 78	762
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Tolbil last hohen	Tolhead Contribute
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/O		Unice sought Office field
Date ·	Payee name Cartino Lare	20
Amount (\$)	Payee address; City; State; Zip Code	
42/	201 W. 3rd 51	
211/	Austin Tx 18781	·
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedula T)
OF EXPENDITURE	Food Beverage	Food Busha go .
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	" Theruf Al	·
Date	Payee name	
2010		
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	•	-
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

Texas Ethics Commission

	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C		Loan Repayment/Rein	bursement
Accounting/Banking	Legal Services	Solicitation/Fundr			ent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	• .	Contributions/Donation	
Event Expense	Polling Expense	Travel Out Of Dis		Candidate/Officeho	Ider/Political Committee
Fees	Printing Expense	Office Overhead/	Rental Expense (OTHER (enter a categ	ory not listed above)
	The Instruction Guid	e explains how to		· · · · · · · · · · · · · · · · · · ·	•
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT#(Ethics Commission Filers)
4 Date	5 Payee name			 	
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•					
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			•
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8 PURPOSE	(a) Category (See categories listed at the to	on of this schedule)	(h) Description	If travel outside of Texas, c	rmolete Schedule T\
8 PURPOSE OF	(a) Category (coo outagenes issue at ino in	ap as and acreation	(b) Deachpath (in (i b tai abisia a ti takba, a	Simple Company
EXPENDITURE					
			0.65		Off L-1-1
9 Complete ONLY if direct	Candidate / Officeholder name	9	Office sought		Office held
expenditure to benefit C/C	JH .	•			
	T 0				
Date	Payee name				
Amount (\$)	Payee address; City; S	itate; Zip Code			7,000
(()	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (I	f travel outside of Texas, o	omplete Schedule T)
OF				•	
EXPENDITURE			1		·
Complete ONLY if direct	Candidate / Officeholder name	9	Office sought		Office held
expenditure to benefit C/C)H	•			
Date	Payee name				
4 (72)	Davis address City S	tate; Zip Code	 		
Amount (\$)	Payee address; City; S	late, Zip Code			•
	'				
PURPOSE	Category (See categories listed at the to	p of this schedule)	.Description (I	f travel outside of Texas, c	emplete Schedule T)
OF					
EXPENDITURE			· ·		
Complete ONLY if direct	Candidate / Officeholder name	•	Office sought		Office held
expenditure to benefit C/C	o H ·				
Date	Payee name				
Amount (\$)	Payee address; City; Si	tate; Zip Code		•	
DIIBDOSE	Category (See categories listed at the to	o of this schedule)	Description (I	f travel outside of Texas, co	omplete Schedule Ti
PURPOSE OF	Sategory (acc cologones instal at the to	p o. and somedate)	- CCCC IPROFICE	· HO FOI VOIGING ULIBADS, U	p.oto ouricadio 13
EXPENDITURE					
					0.6 1.1.
Complete ONLY if direct	Candidate / Officeholder name	•	Office sought		Office held
expenditure to benefit C/0	DH _.				
	ATTACHT AND THE STATE	ODIEC OCTIVO	COUCDIU C AC N	CEDED	
	ATTACH ADDITIONAL (JUPIES OF IHIS	SUMEDULE AS N		

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

PLEDG	ED CONTRIBUTIONS		*.	SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule B:
FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
TOTA	AL OF UNITEMIZED PLEDGES: ⇔	+ + + +	\$	\$
Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
1	7 Pledgor address; City; State; Zip Code			
				if Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	11 Employer (See Ins	structions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		, <u> </u>	
			. (If travel outside o	of Texas, complete Schedule T
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date .	Full name of piedgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City; State; Zip Code			
			•	of Texas, complete Schedule T
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City: State; Zip Code			•
Chinal and	police / Joh tillo (See Instructions)	Employer (See In		of Texas, complete Schedule T)
- rincipal occup	pation / Job title (See Instructions)	Limpioyer (See in	structions)	
Date .	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	•	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

OINE	R THAN PLEDGES OR LOAD	40		
Ť	he Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAM	5heryl Cole	-	3 ACCOUNT # (E	thics Commission Filers)
4 Date 7//5	5 Full name of contributor □ out-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		1	<u> </u>	of Texas, complete Schedule T)
9 Principal oc	cupation / Job title (See Instructions)	10 Employer (See I	nstructions)	148
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			<i></i>
			(If travel outside o	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See		. Total to the second of the s
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	
Principal oc	cupation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
		•	(If travel outside	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal oc	cupation / Job title (See Instructions)	Employer (See	.,	of Texas, complete Schedule T)
				,
I	ATTACH ADDITIONAL COPIES (f contributor is out-of-state PAC, please see insti			requirements.

(TDD 1-800-735-2989)

		E 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:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY
NAME _.	NICKNAME	LAST	SUFFIX	Date Received
4 CANDIDATE / . OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT/SUITE#; CITY	; STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address			•	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	extension	Date Processed
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST	М	Date Imaged
NAME	NICKNAME	LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO P	O BOX PLEASE); APT / SUITE #	#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year : THROUGH	Month Day	Yеаг /
11 ELECTION	Month ELECTION DATE	Year ELECTION TYPE Year Primary	Runaff	General Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	1
			·	
	·	GO TO PA	4GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		-		15 ACCOUN	T# (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 OF 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			
	GPECIFIC	COMMITTEE CAMPAIGN TF	REASURER NAME		
additional pages	-	COMMITTEE CAMPAIGN T			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		٠
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTI ES, LOANS, OR GUARAN	ONS OF \$50 OR LESS (OTHER THA	AN SED \$	
		POLITICAL CONTRIB THAN PLEDGES, LOAN	BUTIONS S, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITUR	MIZED \$		
	4. TOTAL	POLITICAL EXPENDI	TURES	\$	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIO	ONS MAINTAINED AS OF THE LAST	DAY \$	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF A Y OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$	
18 AFFIDAVIT			I swear, or affirm, under penalty of is true and correct and includes a me under Title 15, Election Code	II information	
			Signature of Ca	ndidate or Offi	ceholder
AFFIX NOTARY STAM					
Sworn to and subs	scribed before i	me, by the said $_$, this the
day	of	, 20	, to certify which, witness	my hand a	nd seal of office.
Signature of officer admi	nistering oath	Printed name of	officer administering oath	Title of c	officer administering oath

Te	xas Ethics Com	nmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
			ONTRIBUTION PLEDGES		NS		SCHEDULE A
	The	Instruction	Guide explains how t	o complete this	s form.	1 Total pages Sch	edule A:
2	FILER NAME			•		3 ACCOUNT # (E	thics Commission Filers)
4	Date '			ut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		6 Contribu	itor address; · City; S	State; Zip Code		(If travel outside	of Texas, complete Schedule T)
9	Principal occuj	pation / Job ti	tle (See Instructions)	•	10 Employer (See	Instructions)	
	Date	Full nam	e of contributor	out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contribu	tor address; City; S	State; Zip Code			·
<u> </u>							of Texas, complete Schedule T)
	Principal occup	pation / Job ti	tle (See Instructions)		Employer (See	Instructions)	711744
	Date			out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
						(If travel outside	of Texas, complete Schedule T)
	Principal occup	oation / Job ti	tle (See Instructions)		Employer (See	Instructions)	
	Date	Full nam	e of contributor 🔲 c	out-of-state PAC (tD#:_	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	٠.	Contribu	tor address; City; S	State; Zip Code		. // // travel outside	
	Principal occup	pation / Job til	tle (See Instructions)		Employer (See		or resus, complete dellaggie if
	Date	Full nam	e of contributor 🔲 c	out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contribu	tor address; City; S	State; Zip Code			
_	Principal occur	pation / Job til	de (See Instructions)		Employer (See		of Texas, complete Schedule T)
			()			•	
			ATTACH ADDITIO	NAL COPIES (OF THIS SCHEDULI	E AS NEEDED	

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

P.O. Box 12070

PLEDG	SED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form:	1 Total pages Sche	edule B:
2 FILER NAME			3 ACCOUNT # (EI	hics Commission Filers)
4 тот	AL OF UNITEMIZED PLEDGES: ⇒	⇒ ⇒ ⇒	ಭ ಭ	\$
5 Date	6 Full name of pledgor □ out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		!	
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See In		of Texas, complete Schedule T)
Date	Full name of pledgor	. [Amount of	In-kind description
Date	Full name of pledgor cut-of-state PAC (ID#:		pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code		!	
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code] 	
				f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	istructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
			(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	fn-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
,			(If traval autaida -	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
If c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru			requirements.

Texas Ethics Commis	ssion P.O. Box 12070 Aus	stin, Texas 78711-2070 (512)) 463-5800	(TDD 1-800-735-298
LOANS				SCHEDULE E
The	Instruction Guide explains how to co	mplete this form.	1 Total pa	iges Schedule E:
2 FILER NAME	n e anno ann ann ann ann ann ann ann ann an		3 ACCOU	INT # (Ethics Commission Filere
4 TOTA	AL OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$	₽ .	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Islender a financial	8 Lender address; City; State;	Zip Code		10 Interest rate
Institution?				11 Maturity date
2 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions	>	
4 Description of Col	lateral	15 Check if personal funds wer	e deposited	into political account
6 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code		19 Amount Guaranteèd (\$
0 Principal Occupat	lion (See Instructions)	21 Employer (See Instructions)	<u> </u>	
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N	·			Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	e deposited	into political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$
not applicable	Guarantor address; City;	State; Zip Code		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal Occupation (See Instructions)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/F Food/Beverage Expense Travel In Di- Polling Expense Travel Out (ges/Contract Labor Loa Fundralsing Expense Tra strict Cor Of District nead/Rental Expense OT	in Repayment/Reimbursement insportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (Hara	avel outside of Texas, complete Schedule 1)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Рауее лате	A 2	
Amount (\$)	Payee address; City; State; Zip Coo	de	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Description (If tra	ivel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City: State; Zip Coo	de	
PURPOSE OF EXPENDITURE	. Category (See calegories listed at the top of this schedule	Description (If tra	ivel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date .	Payee name		·
Amount (\$)	Payee address; City; State; Zip Coo	de	
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule)	Description (If tra	ivel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEI	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Safaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/R	ontract Labor Loa ising Expense Tra Con rict	an Repayment/Reimbursement ansportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)			
	The Instruction Guide explains how to d	•				
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
Reimbursement from political contributions intended						
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If Ir	ravel outside of Texas, complete Schedule T)			
Date	Payee name	<u></u>				
Amount (\$)	Payee address; City; State; Zip Code					
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
Reimbursement from political contributions intended	·					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)			
Date	Payee name					
Amount (\$)	Payee address; City: State; Zip Code	•				
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule) .	Description (Iftr	ravel outside of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

	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/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R	intract Labor Lising Expense 1	Loan Repayment/Reimbursement Transportation Equipment & Related Contributions/Donations Made By Candidate/Officeholder/Political OTHER (enter a category not listed	Committee
, 422	The Instruction Guide		•	• •	auove
1 Total pages Schedule H:	2 FILER NAME	explains now to	complete this form	3 ACCOUNT # (Ethics Comm	ission Filers)
4 Date	5 Business name	V-147-1			
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If travel outside of Texas, complete Schedu	íe T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office he	ld
Date	Business name				The state of the s
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (I	If travel outside of Texas, complete Schedu	le T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office hel	id
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
	Colonia				
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top	or this schedule)	Description (I	If travel outside of Texas, complete Schedul	le T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office hel	ld
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (II	If travel outside of Texas, complete Schedu	îe T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office hel	ld
•	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS N	IEEDED	

Texas Ethics Commission

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable calegories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	·
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City: State; Zip Code	<i>:</i>
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Name of person from whom amount is received	1.	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received	- <u> </u>	
['] Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
·			
	Purpose for which amount is received		
Date	Name of person from whom amount is received	:	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

Texas Ethics Commission

	NTRIBUTION OR POLITICAL L OUTSIDE OF TEXAS	. EXPEND	ITURE	SCHEDULE T
The Instri	ction Guide explains how to complete this for	m.	1 Total pages Schedul	e T: .
2 FILER NAME			3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor	Corporation or Labor Organization / Pledgor / Paye	e		
5 Contribution / Expend	ture reported on:			
☐ Sci	edule A Schedule B Schedule C	Schedule	D Schedule F	Schedule G
Sci	edule H Schedule N COH-UC	Сон-т	PAC-C	PAC-E
6 Dates of travel	7 Name of person(s) traveling			
	8 Departure city or name of departure location			•
	9 Destination city or name of destination location			
10 Means of transportat	on 11 Purpose of travel (including name	of conference, se	eminar, or other event)	
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expendit	re reported on:			
Sci	edule A Schedule B Schedule C	Schedule	D Schedule F	Schedule G
Sci	edule H Schedule N COH-UC	Сон-т	PAC-C	PAC-E
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location			
	Destination city or name of destination location			
Means of transportation	Purpose of travel (including name of	conference, sem	inar, or other event)	
Name of Contributor /	corporation or Labor Organization / Pledgor / Payee			
Contribution / Expendit	ire reported on:			
Sch	edule A Schedule B Schedule C	Schedule	D Schedule F	Schedule G
Sch	edule H Schedule N COH-UC	Сон-т	PAC-C	PAC-E
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location			
	Destination city or name of destination location		, construction and the	
Means of transportation	Purpose of travel (including name of	conference, sem	inar, or other event)	·
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE	AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to co •• Complete only if "Report Type" on page 1 is a	
1	C/OH	NAME	2 ACCOUNT # (Ethics Commission Filers)
3	SIGN	ATURE	
	report a	t expect any further political contributions or political expenditures in connecti as a final report terminates my campaign treasurer appointment. I also unders e any campaign expenditures without a campaign treasurer appointment on fi	stand that I may not accept any campaign contributions
		- -	Signature of Candidate / Officeholder
4		R WHO IS NOT AN OFFICEHOLDER aplete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	ck 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 not convert unexpended political contributions or unexpended interest or in use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political earned on political contributions in accordance with the requirements of Electrical earned on political contributions in accordance with the requirements of Electrical earned on political contributions in accordance with the requirements of Electrical earned on political contributions in accordance with the requirements of Electrical earned on political contributions in accordance with the requirements of Electrical earned on political contributions in accordance with the requirements of Electrical earned	ncome earned on political contributions to personal ontributions and that I may not retain unexpended ibutions longer than six years after filing this final contributions and unexpended interest or income
	В.	ASSETS	•
	Chec	ck only one:	
		I do not retain assets purchased with political contributions or interest or of	her income from political contributions.
		I do retain assets purchased with political contributions or interest or other in I may not convert assets purchased with political contributions or interest or ouse. I also understand that I must dispose of assets purchased with political of Election Code, § 254,204.	other income from political contributions to personal
		· -	Signature of Candidate
		CEHOLDER uplete this section only if you are an officeholder ••	•
		I am aware that I remain subject to filing requirements applicable to an officeho I am also aware that I will be required to file reports of unexpended contributions, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	outions if, after filing the last required report as an
		-	Signature of Officeholder

EXEMPTION STATEMENT

(To be used only when no electronic filing of a Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:
Cole Shery! (Last) (First) (Middle)
(Last) (First) (Middle)
ADDRESS: 4101 Wildwood
DATE OF FILING: January 15, 2014
STATEMENT
I/we, Shery (o)e (Name of Candidate or Committee), have not raise and do not intend to raise more than \$30,000 in contributions for the campaign period of the campaign of
Murf Mal
Signed by Candidate or Campaign Committee
1-15-14
Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.

			e

Texas Ethics Commission

P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

	E / OFFICEHOLDER N 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) 0 0 1 2 1 2 1 2	2: Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST William NICKNAME LAST Bill Spelman	MI SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / POBOX; APT/SUITE#, CITY, 301 W 2nd St. Austin, TX 7870	STATE; ZIP CODE	Date Hand-delivered or Postmarked R R Receipt # Property R R
5 CANDIDATE/ OFFICEHOLDER PHONE	No record of	ENSION	Date Processed 3 M
6 CAMPAIGN TREASURER NAME	Jilmig 1	SUFFIX	Date Imaged RR X
7 CAMPAIGN TREASURER ADDRESS (residence or business)	2-2-42 at any	STATE: , Ste. 2	zipcodé 800
8 CAMPAIGN TREASURER PHONE	point	JON	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
A = -x	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 31	13 AGTAR AN ISC. SANSTON IN
11 ELECTION	ELECTION DATE Morriti Day Year 05 / 12 / 12	sion Expires	Norselv Puchic, Norselv Puchic, 1997 Control Selection (1997)
12 OFFICE	OFFICEHELD (Many) Council Member, Place 5	13 OFFICE SOUGHT (If known	
	GOTOPAG	GE 2	

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		· · · · · · · · · · · · · · · · · · ·	3
The C/OH instruction	Gulde explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers) 00121212	2: Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI :	OFFICE USE ONLY
OFFICEHOLDER	William		Date Received
NAME	NICKNAME LAST	SUFFIX	Date Received
	Bill Spelman		20
4 CANDIDATE /	. ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	E A
OFFICEHOLDER MAILING	301 W 2nd St.		S US
ADDRESS	Austin, TX 7870	11	Date Hand-delivered or Postmarked
change of address		-	Receipt # Amount O O
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER. PHONE	(512) 974.2256		Date Processed 3 M
6 CAMPAIGN	MS/MRS/MR FIRST	MI.	Date Imaged
TREASURER NAME	Ms. Martha		5
	NICKNAME LAST:	SUFFIX	
	Smiley		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:	CITY: STATE;	ZIP CODE
TREASURER ADDRESS	600 Congre	ss Ave., Ste 28	100
(residençe or business)	Austin, TX	78701	
		:	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 615.1207	EXTENSION	
		ě	
9 REPORT TYPE	X January 15	Runoff	15th day after campaign: treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
10 PERIOD	Month Day Year	Month Day	Year -
COVERED	07 / 01 / 13 THROUGH	12 / 31 /	13
		A series of the partition of the Control of the Con	A STATE OF THE PROPERTY OF THE
44 EVECTION	ELECTION DATE ELECTION TYPE	iada-saunas id State of Tekss (f	William Puolic
11 ELECTION	ELECTION DATE ELECTION TYPE Month: Day Year Primary	ssion Expires	Instruction of the Market Control
	05 / 12 / 12	Runoff	
		•	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Council Member, Place 5		
	council member, Frace 5		
		1	
		<u> </u>	
	GO TO PAG	E2	
· · · · · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , ,

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

					<u> </u>	
14 C/OH NAME					15 ACCOUNT # (E 00121212	thics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	. CANDIDATE / OFFICEHO	OF POLITICAL CONTRIBUTI LDER: THESE EXPENDITE AND OFFICEHOLDERS ARE	URES MAY HAVE BEEN MA	ADE WITHOUT THE CAND	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
	COMMITTEE TYPE:	COMMITTEE NAME				
	SPECIFIC	COMMITTEE ADDRESS				
additional pages	C	OMMITTEE CAMPAIGN	TREASURER NAME			
	c	OMMITTEE CAMPAIGN	TREASURER ADDRES	S		
17 CONTRIBUTION TOTALS		LITICAL CONTRIBU LOANS, OR GUARA				0
	•	OLITICAL CONTR HAN PLEDGES, LOA		EES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL POI	ITICAL EXPENDITU	IRES OF \$100 OR LI	ESS, UNLESS ITEN	IIZED \$	70.00
	4. TOTAL PO	OLITICAL EXPENI	DITURES		\$	70.00
CONTRIBUTION BALANCE		ITICAL CONTRIBUT	IONS MAINTAINED	AS OF THE LAST E	DAY \$ 12	299.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRI LAST DAY	NCIPAL AMOUNT OF OF THE REPORTING	F ALL OUTSTANDIN G PERIOD	G LOANS AS OF T	THE \$	0
18 AFFIDAVIT			is true and corre			ccompanying report ed to be reported by
Not	ENA ESTRADA-SALIN ary Public, State of To ly Commission Expiri November 19, 2014	exas (Wyn	hum	didate or Officehold	
AFFIX NOTARY STAM				_		
Sworn to and subs	- LAULUA A M	e, by the said	•	Spulman hich, witness in	ny hand and s	, this the eal of office.
Signature of officer admir	plivas	AUUUT	ESTRUM SALV	MS ng path	Notary PW	oli C administering oath
' eithusinis oi ouicei aduli	natering cath	rinted Harite C	n onicer. adı jıkı ilsteri	ig Valii .	Time of officer	auministaring oath

P.O. Box 12070

	EXPENDITURE C	ATEGORIES FOR	BOX 8(a)		
Advertising Expense		alaries/Wages/Contrac		Repayment/Reimbursement	10.00
Accounting/Banking		olicitation/Fundraising	Expense Tran	sportation Equipment & Relate	ed Expense
Consulting Expense		ravel in District		ributions/Donations Made By	
Event Expense	. • '	ravel Out Of District		andidate/Officeholder/Politica	•
Fees	Printing Expense O	ffice Overhead/Rental	Expense OTH	ER (enter a category not liste	ed above)
	The Instruction Guide ex	plains how to comp	lete this form.		
Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Com	mission Filer
1	William Sp	elman.		00121212	
Date (2012	5 Payee name				
08/30/2013	Spa Reveil				
Amount (\$)	7 Payee address; City; State;	Zip Code			
620 00	11410 Cent	ury Oaks T	errace. S	Ste. 140	
\$20.00	Austin, T	_			
DUDDOSE	(a) Category (See categories listed at the top of the	· · · · · · · · · · · · · · · · · · ·	Description (Item)	al autaida of Toyas, asmalata Caba	tulo Ti:
PURPOSE OF	***	i liis	taff retir	el outside of Texas, complete Sched ement gift for	inie i i
EXPENDITURE	Reimbursement-Bar	bara Rush C	andy Parha	m Hinkle	1.1
Complete ONLY if direct	Candidate / Officeholder name	. (Office sought	Office h	eld .
expenditure to benefit C/O	H ,				
Date	Payee name	***************************************			
12/9/2013	Nordstrom,	Inc.			
			<u> </u>		
Amount (\$)	Payee address; City, State;	·	4		•
450.00	2901 Capital	of Texas Hi	.ghway		
\$50.00	Austin, TX 78	746	• *	•	
numnoer'.	Category (See categories listed at the top of the		Description (Ittm	al putride of Toyon, complete School	lula TV
PURPOSE OF	Reimbursement-Ashley	st.	aff graduat	el outside of Texas, complete Sched 100 9110 100	Jule () , .
	Reimoursement-Asniev				
EXPENDITURE	. Resultation de l'Entre	Fisher Na	ncy Cardena	ıs	
	Candidate / Officeholder name	. Na	ncy Cardena	Office h	eld
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Complete ONLY if direct expenditure to benefit C/O Date Amount (\$) PURPOSE OF EXPENDITURE	Candidate / Officeholder name H Payee name Payee address; City; State; Category (See categories listed at the top of the	Zip.Code	ncy Cardena Office sought Description (if trave	Office h) iule T)
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Complete ONLY if direct expenditure to benefit C/O Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date	Candidate / Officeholder name H Payee name Payee address; City; State; Category (See categories listed at the top of the candidate / Officeholder name H Payee name	Zip.Code	ncy Cardena Office sought Description (if trave	Office h) iule T)
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EXEMPTION STATEMENT

(To be used only when no electronic filing of a Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:
Spolman William
Spulman William (Middle)
ADDRESS: 301 West 2nd St., Austin. TX 78701
DATE OF FILING: 1/14/14
STATEMENT
Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of the last of the campaign period of the last of the last of the campaign period of the last of the last of the campaign period of the last of the last of the campaign period of the last of the last of the last of the campaign of
14 5000 - 2000
14 JANUARY 2014 Date
NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how to comp	plete this form.	1 ACCOUNT # (Ethics Commission	n Filers)	2 Total pages filed	18 /2 m 744
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME L	athryne Ast Tovo	В		OFFICE Date Received	RN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUIT 809 West 32rd AREA CODE PHONE N (512) 565 5	St Austi	75 50	P CODE 18705	Date Hand-delivereds Receipt # Date Processed	Postmarket
6 CAMPAIGN TREASURER NAME	NICKNAME L	oseph Ast NNelli	M S	UFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BO	No re	wid of	4	8763	-1
8 CAMPAIGN TREASURER PHONE	AREA CODE PHO (512) H78-	2-2	- 25	00	,	
9 REPORT TYPE 10 PERIOD	January 15 July 15 Month Day Year	at	any		oth day after of pasurer appoint (ceholder only) hal report (Alta	ntment
COVERED	7/1/201		12/	31/	3013	
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE Primary	. Runoff	G	General	Special
12 OFFICE	OFFICE HELD (if any) City (ounci)	Place 3	13 OFFICE SOUG	GHT (if known)	, , , , , , , , , , , , , , , , , , ,	
	April 2012	GO TO PAG	6E2	*		

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

CANDIDATE	/ OFFICE	HOLDER
CAMPAIGN I	FINANCE	REPORT

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers) 0000500	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Kathryne NICKNAME LAST KOTTNIE TOVO ADDRESS/POBOX; APT/SUITE#; CITY;	STATE; ZIP CODE	OFFICE ISE ONLY Date Received RECEIVED PH
OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER	809 West 32nd St Austi		Date Hand-delivered Postmarket Receipt # Amount Date Processed
PHONE 6 CAMPAIGN TREASURER NAME	(512) 565 5361 MS/MRS (MR) FIRST JOSEPH NICKNAME LAST PINNELLI	MI	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #;	city; state; Austin Tx	zipcode 78763
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 478 - 5958	EXTENSION .	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 /31 /	Year 2013
11 ELECTION	ELECTION DATE Month Day Year Primary .	Runoff (General Special
12 OFFICE	City Council Place 3	13 OFFICE SOUGHT (if known)	`,
	GO TO PAG	6E 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME	:/		5 ACCOUNT # (Ethics Commission Filers)
	Kathrync	B. Tovo	0000500 l
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HÖLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	*	·
		COMMITTEE ADDRESS	11000
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION			
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00
EXPENDITURE	****		
TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	NIZED \$,00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,912.00
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST E DRTING PERIOD	PAY \$.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	\$ 61,807.06
18 AFFIDAVIT			
			perjury, that the accompanying report information required to be reported by
	ANN MARGRETT FRA	III.	
	MY COMMISSION EXP October 17, 2014	RES Sutting 2	'hun-
Section 12 months and the		Signature of Capit	didate or Officeholder
		/ Organicate of Carlo	or of officer louds
AFFIX NOTARY STAM	P / SEAL ABOVE	f	
Sworn to and subs	cribed before r	ne, by the said Kathane B. Tov	<u>) </u>
13 day	or Januar	4 , 20 4 , to certify which, witness n	ny hand and seal of office.
$\overline{\wedge}$. 1	J	Λ
J.m Mo	ent token	new Ann Margrett Frankl	
Signature of officer admir	matering Caul	Printed name of officer administering oath	Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Re	ntract Labor sing Expense	Loan Repayment/Reimburs Transportation Equipment of Contributions/Donations M Candidate/Officeholder/ OTHER (enter a category	& Related Expense ade By Political Committee
	The Instruction Guide explains how to o	omplete this for		
1 Total pages Schedule G:	2 FILER NAME		1	cs Commission Filers)
	Kathryne B. 1000		<u> 00005 0</u>	00
4 Date	5 Payee name			
1219/13	South Austin Democrats			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Reimbursement from political contributions intended	P.O. Box 152592 Austin Tx 78715-2592			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		If travel outside of Texas, comple	ete Schedule T)
OF EXPENDITURE	fees	member	ship renewa)
Date	Payee name			_
9/5/13	South Austin Democrats			
Amount (\$)	Payee address; City; State; Zip Code		WWW.	
\$ 50	P.O. Box 152592			
Reimbursement from political contributions intended	Austin Tx 78715 2592			·
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, comple	ate Schedule T)
OF EXPENDITURE	event expense	300	nsorship	
Date	Payee name			
8/30/13	Saw Oue Springs			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from	905 West Oltorf			
political contributions intended	Austin, Tx 78705			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, comple	ete Schedule T)
OF EXPENDITURE	donation			
Date	Payee name		-	
7/3/13	Thomason and Knight IIP			
Amount (\$)	Thompson and Knight LLP Payee address; City; State; Zip Code			
\$1,700	98 San Jacinto Blvd. Suite 1	900		
political contributions intended	Austin Tx 78761			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, comple	ete Schedule T)
OF EXPENDITURE	legal services	assistance	e with required	Anancial Amo
	ATTACH ADDITIONAL COPIES OF THIS SO			

EXEMPTION STATEMENT

(To be used only when no electronic filing of a Campaign Finance Report (C&E) will be done)

NAME OF CAP	NDIDATE	OR COMN	MITTE	E:			
Tovo	Katt	rune.	E	3 -			
	Katt (First)						-
ADDRESS:	809	West 3	32nd	St	Austin	Tx	78705
		í	3	1 1			
DATE OF FILI	NG:	<u> </u>	3 - 2	014			
I/we, Kathon and do not intend July 1 will not be filing If contributions Reports (C&E) e	I to raise m, 20_13 our election raised exce	(Na lore than \$3 3 through on contributed \$30,000	0,000 i <u>Dece</u> ion and	Candidan contri	butions for 31, 20 liture repor	the camp 13. To ts (C&E)	aign period of herefore, I/we electronically
Signed by Candid	Me B date or Cam	ppaign Com	mittee				
/- / 2 Date	s - 14						
NOTE: The Cod Finance Reports					\$30,000, s	ubsequent	t Campaign

Apparently, former **Council Member Chris** Riley did NOT file ANY of the campaign report forms for the second half of 2012 which were to be filed with the City Clerk by January 15, 2013. No report from Riley is shown on the City's webpage for January 15, 2013.

2013

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 ACCOUNT # Total pages filed: The C/OH Instruction Guide explains how to complete this form. 0699999 MS/MRS/MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME **Date Received** NICKNAME SUFFIX FFINGWEL AUS 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** 4516 Balcones Drive MAILING Date Hand-delivered or Postmarked **ADDRESS** Austin. TX 78731 C change of address Receipt # Amount AREA CODE EXTENSION 5 CANDIDATE/ Date Processed OFFICEHOLDER (512)422-6150 PHONE MS/MRS/MR CAMPAIGN Date Imaged TREASURER NAME NICKNAME SUFFIX STREET ADDRESS (NO CAMPAIGN ZIP CODE **TREASURER ADDRESS** (residence or business) CAMPAIGN AREA CODE TREASURER (512)PHONE 9 REPORT TYPE January 15 15th day after campaign reasurer appointment fficeholder only) July 15 inal report (Attach C/OH - FR) 10 PERIOD COVERED TL /31 /2017 ELECTIONTYPE 11 ELECTION **ELECTION DATE** Month Primary Runott Special 12 OFFICE 13 OFFICE SOUGHT (if known) Mayor **GOTO PAGE 2**



Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 ACCOUNT # 2 Total pages filed: (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS/MRS/MR OFFICE USE ONLY OFFICEHOLDER NAME Date Received NICKNAME SUFFIX LEFFINGWELL S ADDRESS / PO BOX: 4 CANDIDATE / OFFICEHOLDER 4516 Balcones Drive MAILING Date Hand-delivered or Postmarked **ADDRESS** change of address Receipt # Amount AREA CODE CANDIDATE/ OFFICEHOLDER Date Processed (512)422-6150 PHONE MS/MRS/MR Date Imaged 6 CAMPAIGN TREASURER NAME NICKNAME 7 CAMPAIGN ZIP CODE TREASURER 4308 Avenue D **ADDRESS** (residence or business) Austin, TX 78751 AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER (512)453-6246 PHONE 9 REPORT TYPE January 15 15th day after campaign 30th day before election Runoff treasurer appointment (officeholder only) July 15 Final report (Attach C/OH - FR) 8th day before election Exceeded \$500 10 PERIOD Month Month COVERED THROUGH 12 /31 /2017 7/1/2017 **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Runoff Special General OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Mayor **GOTO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME	LEFFI	NGWELL.	15 ACCOUNT # (Ethics Commission Filers) 00 99999
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES A HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTÉES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$ 20.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 378.35
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PRTING PERIOD	\$ 23367
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ 90,910.93
18 AFFIDAVIT			of perjury, that the accompanying report Ill information required to be reported by
	CANDY HINKLE commission Expires July 17, 2014	Luft Signature of Ca	ndidate or Officeholder
AFFIX NOTARY STAMF		ne, by the said Lee Letting	well this the
day	or Tapua	2 7	my hand and seal of office.
Signature of office admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BOX 8	(a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
. 003		explains how to complete this	
1 Total pages Schedule F;	2 EII ER NAME		3 ACCOUNT # (Ethics Commission Filers)
i	LEE LEFFI	NGWELL	00999999
4 Date	5 Payee name	6100	
7/31/2012	Austin AFL		eic
6 Amount (\$)		ite; Zip Code	
\$145.00	1106 Lavaca		
°145.00	Auskn, TR 70	5701	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	On, (If travel outside of Texas, complete Schedule T)
OF	(but bution) Donation		der expense -donation
EXPENDITURE	officeholder		Day Event
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ight Office held
expenditure to benefit C/O	H		
Date	Payee name _		
7/5/2012	First Bank Me	rchant Ser	vices
Amount (\$)	Payee address; City; Sta	ite; Zip Code	
	5565 Glennidge		
8/18.35			
77.0.00	Atlanta, GA 30.	34 L	
PURPOSE	Category (See categories listed at the top	of this schedule) Description	on (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Accounting / Bo	War Candin	land American Com
EXPENDITURE		wing wew	- laid processing fees
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office held
expenditure to belief C/O			
Date	Payee name		
8/6/2012	NGPVAN SOFT	ware.	
Amount (\$)	Payee address: City; Sta	te; Zip Code	
	1101 15 M St. NW		
\$95.00	Washing ton, DC	20005	
- 00		······································	
PURPOSE OF	Category (See categories listed at the top	- 1	on (If travel outside of Texas, complete Schedule T)
EXPENDITURE	office overhead/R	ental Expense L	atabase Software
Complete ONLY if direct	Candidate / Officeholder name	Office sou	
expenditure to benefit C/Oh			5
Date	Payee name		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
PURPOSE	Category (See categories listed at the top of	of this schedule) Description	ग (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			
	Candidate / Officeholder name	Office sou	Off - 1-13
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Utilica soud	ght . Office held
expenditure to benefit C/O	Н	-	
experiunting to benefit C/O	Н	PPIES OF THIS SCHEDULE A	

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	LEE LEFFINGWELL	3 ACCOUNT # (Ethics Commission Filers) 00999999
4 Date	5 Name of porson from whom amount is received	8 Amount (\$)
8/17/12	Austin Energy	\$ 210.50
	6 Address of person from whom amount is received; City; State; Zip Code	
	Austm. Texas	
	7 Purpose for which amount is received Refund of deposit	
Date	Name of person from whom amount is received	Amount
7/9/12	Time Warney	(\$)
, ,	Address of person from whom amount is received; City; State; Zip Code	376.40
	12012 N. MOPac	
·	Austin, 78 78759	
	Purpose for which amount is received Refund	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	· ••••••••••••••••••••••••••••••••••••	
'	Address of person from whom amount is received; City; State; Zip Code	3
	Purpose for which amount is received	
l	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 ACCOUNT # 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 000050C (MS) MRS / MR 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER NAME **Date Received** AUS SUFFIX 4 CANDIDATE / **OFFICEHOLDER** 809 West 32nd Street Austin TX 78705 MAILING Date Hand-delivered or Postmerked **ADDRESS** change of address Amount Receipt # 끘 AREA CODE PHONE NUMBER ഗ 5 CANDIDATE/ **EXTENSION OFFICEHOLDER Date Processed** (512) 565 5361 PHONE FIRST **CAMPAIGN** MS / MRS (MR Date Imaged **TREASURER** Joseph NAME NICKNAME CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); **TREASURER** P.O. Box 50038 **ADDRESS** (residence or business) AREA CODE 8 CAMPAIGN PHONE NUMBER **TREASURER** 478-5958 (512)PHONE 9 REPORT TYPE January 15 30th day before el July 15 8th day before election limit 10 PERIOD COVERED 7/1/2012 THROUGH 12/31/12 **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Month Primary Runoff Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) City Council Place 3 NIA GOTO PAGE 2

Texas Etnics Commissio	on P.O. Box 12070 Austin, Texas 7	8/11-20/0 (512) 46:	3-5800 (TDD 1-800-735-2989
	TE / OFFICEHOLDER IN FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Gulde explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS) MRS / MR FIRST	МІ	OFFICE USE ONLY
OFFICEHOLDER NAME	Ms. Kathryne Nickname Last Kathie Tovo	Bsuffix	Date Received AUSTIN C REC
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY,	state; zipcode Austin Tx 78705	Date Hand-delivered or Postmerked TH
change of address			Receipt # Amount 23
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 565 5361	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS(MR) FIRST MR. JOSEPH	MI	Date Imaged
	Pinnelli	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	city: state; Austin Tx	78763
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 478-5958	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff [15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 [Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12/31/	Year 12
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE Primary	Runoff G	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	City Council Place 3	NIA	
	GOTOPAGI	E2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

SUPPORT	& TOTAL	.S	COVER SHEET PG 2
14 C/OH NAME		18	5 ACCOUNT# (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POUTICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	PATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
·	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ZED \$,00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,528
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	* \$.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 61,807.06
MY CO	ARGRETT FRANKLIN MMISSION EXPIRES AODER 17, 2014	I swear, or affirm, under penalty of p is true and correct and includes all ir me under Title 15, Election Code. Authure B Signature of Candid	
AFFIX NOTARY STAME		ne, by the said Kathryne B. Toro	7 , this the
day		cy . 20 1 , to certify which, witness my	
Signature of officer admir	et Acide	Ann Margrett Franklin Printed name of officer administering oath	NOTARY Title of officer administering cath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Ì	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel in District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	Ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
2	Kathryne B lovo	00005000
4 Date	5 Payee name	
10-8-12	South Austin Democrats	S
6 Amount (\$) 100	7 Payee address; City; State; Zip Code	
Reimbursement from	P.C. Box 152592	•
political contributions intended	Austr Tx 78715-25	592
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	event expense	sponsorship
Date	Payee name	
10-16-12	Travis County Democratic	· Party
Amount (\$) 100	Travis County Democratic Payee address; City: State; Zip Code	7 100
100	P.O. BOX 684263	
Reimbursement from political contributions		un / n
intended	Austin Tx 78768 -1	7003
	Category (See cotenaries listed at the ton of this echadula)	Description (Misses) outside of Toyon, complete Schoolule T)
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T)
OF		
OF EXPENDITURE	EVENT EXPENSE	
Date 10-24-12 Amount (\$)	event expense	Sponsorghip
Date 10-24-12 Amount (\$)	event expense Payee name Housing Works Action P	Sponsorghip
Date 10-24-12 Amount (\$) Reimbursement from political contributions	event expense Payee name Housing Works Action P. Payee address; City: State; Zip Code P.O. Box 302096	Sponsorghip
OF EXPENDITURE Date 10-24-12 Amount (\$) 150 Reimbursement from political contributions intended PURPOSE	event expense Payee name Housing Works Action P. Payee address; City: State: Zip Code	Sponsorghip
Date 10-24-12 Amount (\$) 150 Reimbursement from political contributions intended	event expense Payee name Housing Works Action Progression City: State: Zip Code P.O. Box 302096 Austin Tx 78703	Sponsorship AC
OF EXPENDITURE Date 10-24-12 Amount (\$) 150 Reimbursement from political contributions intended PURPOSE OF	Payee name Housing Works Action Propose address; City: State; Zip Code P.O. Box 302096 Austin Tx 78703 Category (See categories listed at the top of this schedule)	Sponsorship AC Description (If travel outside of Texas, complete Schedule T)
Date 10-24-12 Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	event expense Payee name Housing Works Action P Payee address; City: State; Zip Code P.O. Box 302096 Austin Tx 78703 Category (See categories listed at the top of this schedule) donation Payee name	Sponsorship AC Description (If travel outside of Texas, complete Schedule T) campaign for Proposition 15
Date 10-24-12 Amount (\$) 150 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date \$-23.12 Amount (\$)	Payee name Housing Works Action P Payee address; City: State; Zip Code P.O. Box 302096 Austin Tx 78703 Category (See categories listed at the top of this schedule) donation Payee name Thompson and Knight L-1 Payee address; City: State; Zip Code	Sponsorship AC Description (If travel outside of Texas, complete Schedule T) campaign for Proposition 15
Date 10-24-12 Amount (\$) 150 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date \$-23.12 Amount (\$) \$1,668	event expense Payee name Housing Works Action Pl Payee address; City: State; Zip Code P.O. Box 302096 Austin Tx 78703 Category (See categories listed at the top of this schedule) donation Payee name Thompson and Knight Ltd.	Sponsorship AC Description (If travel outside of Texas, complete Schedule T) campaign for Proposition 15
Date 10-24-12 Amount (\$) 150 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date \$-23.12 Amount (\$) \$1,668 Reimbursement from political contributions	Payee name Housing Works Action Payee address; City: State: Zip Code P.O. Box 302096 Austin Tx 78703 Category (See categories listed at the top of this schedule) donation Payee name Thompson and Knight L-1 Payee address; City: State: Zip Code 98 San Jacinto Bluck. Su	Sponsorship AC Description (If travel outside of Texas, complete Schedule T) campaign for Proposition 15
Date 10-24-12 Amount (\$) 150 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date \$-23.12 Amount (\$) \$1,668	event expense Payee name Housing Works Action Propose address; City: State: Zip Code P.O. Box 302096 Austin Tx 78703 Category (See categories listed at the top of this schedule) donation Payee name Thompson and Knight L-1 Payee address; City: State: Zip Code 98 San Jacinto Blud. Su	Sponsorship AC Description (If travel outside of Texas, complete Schedule T) campaign for Proposition 15
Date 10-24-12 Amount (\$) 50 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date \$-23.12 Amount (\$) \$1,668 Reimbursement from political contributions intended	event expense Payee name Housing Works Action Pl Payee address; City: State; Zip Code P.O. Box 302096 Austin Tx 78703 Category (See categories listed at the top of this schedule) donation Payee name Thompson and Knight L-1 Payee address; City: State; Zip Code 98 San Jacinto Bluch. Su Austin Tx 78701 Category (See categories listed at the top of this schedule)	Sponsorship AC Description (If travel outside of Texas, complete Schedule T) campaign for Proposition 15 pitc 1900 Description (If travel outside of Texas, complete Schedule T)
Date 10-24-12 Amount (\$) 50 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date \$-23.12 Amount (\$) \$1,668 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	event expense Payee name Housing Works Action P Payee address; City: State; Zip Code P.O. Box 302096 Austin Tx 78703 Category (See categories listed at the top of this schedule) donation Payee name Thompson and Knight L-1 Payee address; City: State; Zip Code 98 San Jacinto Bluck, Su Austin Tx 78701	Sponsorship AC Description (If travel outside of Texas, complete Schedule T) campaign for Proposition 15 Description (If travel outside of Texas, complete Schedule T) assistance with required financial forms

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Accounting/Banking Legal Services Solicitation/Fundralsing Expense Travel In District Co Event Expense Polling Expense Travel Out Of District		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
, 2	Kathryne . B. Tovo		0005000
4 Date	5 Payee name		
12-3-12	Thompson and Knight L 7 Payee address; City; State; Zip Code	LP	
6 Amount (\$)			·
\$ 510	98 San Jacinto Blud Su	ile 1900	,
Reimbursement from political contributions intended	Austin Tx 78701		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			, , , , , ,
	legal expenses	assistance	with required Anarcial forms
Date	Рауее пате		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL CORIES OF THIS SC	CHEDIUEASN	FEDED

EXEMPTION STATEMENT

(To be used only when no electronic filing of a Campaign Finance Report (C&E) will be done)

NAME OF CAR	NDIDATE (OR COM	MITTEE:			
Tovo	Kat (First)	thrune	Ве	th		
(Last)	(First)	J	(Mid	dle)		
ADDRESS:	809	West	32nd	St.	Austin Tx	78705
DATE OF FILI	NG:			1-1	<u>5 - 2013</u>	
		ST	TATEMEN	T		
and do not intended by the will not be filing If contributions Reports (C&E) e	I to raise mo , 20_ <i>[d</i>] our election raised exce	ore than \$3 L_through n contribut ed \$30,00	10,000 in co <u>Decen</u> ion and ex	ontributi 16ee 3 penditur	ions for the cam 1, 20 <u>12</u> . re reports (C&E)	paign period of Fherefore, I/we) electronically.
Rathryn. Signed by Candid	B /	ous paign Com	mittee			
Date	1/13/15	3				
NOTE: The Cod- Finance Reports (•				0,000, subsequei	nt Campaign

	·	

Austin, Texas 78711-2070

	OFFICEHOLDER INANCE REPORT				ORM C/OH SHEET PG 1
The C/OH Instruction Gui	DE explains how to complete this f	orm. (E	CCOUNT # thics Commission filers)	2 PAGE#	31
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST		Mi	OFFIC	E USE ONLY
NAME	Mrs. Sheryl NICKNAME LAST Cole		SUFFIX	Date Received	AUSTI R 2012 JAN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; P. O. Box 1564 Austin, TX 78767	Сіту;	STATE; ZIP CO		ered or Dana Pasimarked
Change of Address		1/2	2 /		Amount
5 CAMPAIGN	MS/MRS/MR FIRST	100	record	af	5 5
TREASURER NAME	Mr. Joseph		47 -		-
	NICKNAME LAST	A	Ling		6 25197
	Parker	111	n ()n		
6 CAMPAIGN	ETDEET ADDOCCO (NO DO DOV EL CAO)	do	d - de	00	
TREASURER	STREET ADDRESS (NO PO BOX PLEASE):	h	1 11	n	E
ADDRESS (Residence or business)	5918 Lookout Mountain Austin, TX 78731	d-	X- 70		7 - 70
		~ 1			
Z CAMDAICH		at	enry		
7 CAMPAIGN TREASURER PHONE	(512) 323-6605	1	Fount.		- 1.3
REPORT TYPE	X January 15 30th da	y before election	Runoff		ter campaign treasurer nt (officeholder only)
	July 15 8th day	before election	Exceeded \$500 I	imit Final repor	(Attach C/OH - FR)
PERIOD COVERED	Month Day Year	diam's	Month	Day Year	
0012.125	11/30/2011	THROUGH	12/3	31/2011	
IO ELECTION	ELECTION DATE Month Day Year 05/17/2012	ELECTION TYPE Primary	Runoff	X General	Special
I1 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	<u> </u>
Y-10	Austin City Council District 6		Austin City Co		
	washin alber	GO TO PAG	E 2	de de ma	-stitte-weight

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Gu	DIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00001564	2 PAGE # 1 of 30° 3/		
3 CANDIDATE /	MS/MRS/MR FIRST	M!	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mrs. Sheryl	•	Date Received		
	NICKNAME LAST Cole	SUFFIX	AUSTI R 2012 JAN		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; P. O. Box 1564 Austin, TX 78767	CITY; STATE; ZIP CODE	AUSTIN RECURING THE COMMERCE PORT OF DATE Hand-delivered or Date Port Port Port Port Port Port Port Port		
Change of Address			J L		
			Receipt # Amounto		
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Processed W		
NAME	Mr. Joseph		Date Imaged		
	NICKNAME LAST Parker	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S 5918 Lookout Mountain Austin, TX 78731	SUITE#; CITY; STATE;	ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 323-6605	EXTENSION			
8 REPORT TYPE	X January 15 30th day before ele	ection	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before elec	etion Exceeded \$500 limit	Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year	Month Day	Year		
	11/30/2011	оидн 12/31/20 ⁻	11		
10 ELECTION	ELECTION DATE ELECTION T Month Day Year Prima 05/17/2012		General Special		
11 OFFICE	OFFICE HELD (if any) Austin City Council District 6	12 OFFICE SOUGHT (if known) Austin City Council E	District 6		
GO TO PAGE 2					

Texas Ethics Commission	P.O. Box 120	770 Austin, Texas 78711-2070	(512)463-5800	TDD 1-800-735-2989
CANDIDATE SUPPORT &		OLDER REPORT:		ORM C/OH SHEET PG 2
13 C/OH NAME Cole,	Sheryl (Mrs.)		14 ACCOUNT # (E 00001564	thics Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca out the candidate's or officeholder's knowledge or consent. Candidate y receive notice of such expenditures	ndidate / officeholder. The es and officeholders are r	ese expenditures may equired to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	875.00
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	54,425.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL P	OLITICAL EXPENDITURES	\$	19,299.18
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	36,000.82
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	0.00
17 AFFIDAVIT				
ANN MARGRETT FRANKLIN MY COMMISSION EXPIRES October 17, 2014 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 of Candidate or Officeholder				
AFFIX NOTARY ST	TAMP / SEAL ABOVE	:		
Sworn to and subscribe		T .	, this the	7day
of Vnuary, 20	, to cert	ify which, witness my hand and seal of office.	A I	
Jum Mus Signature of officer admini	Nott Fisher Stering oath	Print name of officer administering oath	Notary Title of officer adminis	tering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

L					
	The Instructi	ION GUIDE explains how to complete this form.	W-1	1 PAGE# Schedule: 1/	24 Report: 3/30
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Ausley, Tom	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/11/2011	6 Contributor address; City; State; Zip Code 3737 Laurelledge Austin, TX 78731		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occu _l Attorney	pation / Job title (See Instructions)	10 Employer (See in Ausley, Algert,	structions) Robertson & Flore	es, LLP
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2011	Contributor address; City; State; Zip Code 3707 Laurel Ledge Lane Austin, TX 78731	• • • • • • • • • • • • • • • • • • • •	\$200.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions) nmunity Volunteer	Employer (See In Ausley, Algert, I	structions) Robertson & Flore	es, L.L.P./None
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
,	12/14/2011	Contributor address; City; State; Zip Code 1507 Yaupon Valley Rd Westlake Hills, TX 78746	• • • • • • • • • • • • • • • • • • • •	\$700.00] [
				(If travel outside of	Texas, complete Schedule T)
	Principal occup CoFounder/D	ation / Job title (See Instructions) esigner, Writer	Employer (See In: SXSW/Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/29/2011	Contributor address; City; State; Zip Code 4011 Westlake Dr. Austin, TX 78746		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See Ins Vogue Colleges		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/10/2011	Contributor address; City; State; Zip Code 902 Blanco St Austin, TX 78703		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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The	e Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/	24 Report: 4/30
2 FILE	ER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4 D	ate	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/3	30/2011	6 Contributor address; City; State; Zip Code 300 Bowie #4004 Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$200.00	
				<u> </u>	Texas, complete Schedule T)
		pation / Job title (See Instructions) and Community Affairs	10 Employer (See In St. David's	nstructions)	
D	ate	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/2	20/2011	Contributor address; City; State; Zip Code 309 McConnell Dr. Austin, TX 78746		\$700.00	
				(if travel outside of	Texas, complete Schedule T)
		eation / Job title (See Instructions)	Employer (See In	structions)	
Atto	rney/Atto	rney	Armbrust & Bro	wn, PLLC/AG's O	fficee
D:	ate	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/0	8/2011	Contributor address; City; State; Zip Code 3501 Arrowhead Cir. Round Rock, TX 78681		\$700.00	
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions) Instruction/Property Manager	Employer (See In Gray Associate	structions) s/AMI Austin Lofts	3
Da	ate	Full name of contributor out-of-state PAC (ID# Beckham, Kimberly and Brian)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/1	5/2011	Contributor address; City; State; Zip Code 11205 Limoncilo Ct. Austin, TX 78750		\$700.00	
				(If travel outside of	Texas, complete Schedule T)
	ipal occupa ney/Homo	ation / Job title (See Instructions) emaker	Employer (See In: Armbrust & Bro		
Da	ate	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/29	9/2011	Contributor address; City; State; Zip Code 170 Beaver Rd. Elgin, TX 78621		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Princi	ipal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

	The Instruct	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/	24 Report: 5/30
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/22/2011	6 Contributor address; City; State; Zip Code 801 W. 5th St. #908 Austin, TX 78703		\$700.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney/Hon	pation / Job title (See Instructions) nemaker	10 Employer (See In Armbrust & Bro	structions) wn, PLLC/None	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/09/2011	Contributor address; City; State; Zip Code 14741 Arrowhead Dr Austin, TX 78641		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Executive Dir	pation / Job title (See Instructions) rector	Employer (See In Downtown Aust		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/19/2011	Contributor address; City; State; Zip Code 2605 Woodmont Ave Austin, TX 78703		\$300.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Burlington Vent		
	Date	Full name of contributor	<i>†</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/30/2011	Contributor address; City; State; Zip Code 4100 Jackson Ave. #250 Austin, TX 78731		\$200.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
	Professor		The LBJ Schoo	of Public Affairs	
	Date	Full name of contributor ut-of-state PAC (ID# Brewer, James and Mary	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2011	Contributor address; City; State; Zip Code 9504 Prescott Dr. Austin, TX 78749		\$700.00	
· · · · · · · · · · · · · · · · · · ·	Dringing!	ntion / Joh title (Con Instructions)			Texas, complete Schedule T)
		ation / Job title (See Instructions) ger Civil Engineer/Teacher	Employer (See Ins Gray Associates		

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	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/	24 Report: 6/30	
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor	")	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/16/2011	6 Contributor address; City; State; Zip Code 2711 Tether Trl Austin, TX 78704		\$700.00	 - 	
				(If travel outside of	Texas, complete Schedule T)	
9		pation / Job title (See Instructions) ctor/Homemaker	10 Employer (See In SXSW/None	structions)		
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/21/2011	Contributor address; City; State; Zip Code 602 Coquina Lane Austin, TX 78746		\$700.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney/Non	eation / Job title (See Instructions) e	Employer (See In Armbrust Brown			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/05/2011	Contributor address; City; State; Zip Code 111 Congress Ave. # 1400 Austin, TX 78701		\$350.00		
	Principal occur	ation / Job title (See Instructions)	Employer (See In	J	Texas, complete Schedule T)	
	r morpar occup	audity 300 title (See instructions)	Employer (See in	suddions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1	12/26/2011	Contributor address; City; State; Zip Code 1601 Forrest Trl. Austin, TX 78703		\$700.00	! 	
				l	Texas, complete Schedule T)	
	Principal occupa Attorney/Emp	ation / Job title (See Instructions) loyee	Employer (See In: Armbrust & Bro	structions) wn, PLLC/Global [*]	Talk LLC	
	Date	Full name of contributor ut-of-state PAC (ID# Byars, Samuel and Anne)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1	2/19/2011	Contributor address; City; State; Zip Code 2103 Schulie Avenue Austin, TX 78703		\$700.00		
	Deinainal accum	tion / Joh title (Con Instruction)		·	Texas, complete Schedule T)	
	Principal occupa Attorney/Homi	ation / Job title (See Instructions) emaker	Employer (See Ins Armbrust & Brov			

OTHER THAN PELDGES ON LOANS				
The Instruction Guide explains how to complete this form.	1 PAGE# Schedule: 5/24 Report: 7/30			
2 FILER NAME Cole, Sheryl (Mrs.)	3 ACCOUNT # (Ethics Commission filers) 00001564			
4 Date 5 Full name of contributor out-of-state PAC (ID CDM PAC	#) 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)			
12/13/2011 6 Contributor address; City; State; Zip Code 3050 Post Oak Blvd. Suite 300 Houston, TX 77056	\$350.00 			
	(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID Clark, Antoinette	#) Amount of In-kind contribution contribution (\$) description (if applicable)			
12/08/2011 Contributor address; City; State; Zip Code 2200 Far Gallant Dr Austin, TX 78746	\$350.00			
	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Homemaker	Employer (See Instructions) None			
Date Full name of contributor Out-of-state PAC (ID: Clark, Joan	#) Amount of In-kind contribution contribution (\$) description (if applicable)			
12/07/2011 Contributor address; City; State; Zip Code 4210 River Garden Trail Austin, TX 78746	\$350.00 1			
	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Homemaker	Employer (See Instructions) None			
Date Full name of contributor ut-of-state PAC (ID:				
Clark, Stephen	contribution (\$) description (if applicable)			
12/07/2011 Contributor address; City; State; Zip Code 4210 River Garden Trail Austin, TX 78746	\$350.00 			
	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Chairman	Employer (See Instructions) Cypress Real Estate Advisors			
Date Full name of contributor ut-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)			
12/08/2011 Contributor address; City; State; Zip Code 2200 Far Gallant Dr Austin, TX 78746	\$350.00 1			
	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) President	Employer (See Instructions) Cypress Real Estate Advisors			

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/	24 Report: 8/30
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/12/2011	6 Contributor address; City; State; Zip Code 1400 Yaupon Valley Rd. Austin, TX 78746		\$700.00	 -
			(If travel outside of	Texas, complete Schedule T)
g Principal occup Attorney/Reti	pation / Job title (See Instructions) red	10 Employer (See In Armbrust & Bro	structions) wn, PLLC/None	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/29/2011	Contributor address; City; State; Zip Code Suite 215 Austin, TX	• • • • • • • • • • • • • • • • • • • •	\$350.00	1
			/If travel outcide of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In		Texas, complete scriedale ()
Attorney		Cook Brooks Jo	hnson PLLC	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/28/2011	Contributor address; City; State; Zip Code 6717 Valburn Dr Austin, TX 78731		\$100.00]
	,		(if travel outside of	Texas, complete Schedule T)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See In None		, , , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/09/2011	Contributor address; City; State; Zip Code 11000 Spicewood Pkwy Austin, TX 78750		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa Attorney	ation / Job title (See Instructions)	Employer (See In McAllister and A	•	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/2011	Contributor address; City; State; Zip Code 8204 Navidad Dr. Austin, TX 78735	•••••	\$700.00 	
				Texas, complete Schedule T)
Principal occupa Managing Prin	ation / Job title (See Instructions) nciple/None	Employer (See Ins Endeavor Real I	structions) Estate Group/Non	e

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

V						
The Instruc	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/2	24 Report: 9/30		
2 FILER NAMI	E Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID: Covington, Sid	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
12/28/2011	6 Contributor address; City; State; Zip Code 707 Placid Place Austin, TX 78731	• • • • • • • • • • • • • • • • • • • •	\$100.00	1 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/30/2011	Contributor address; City; State; Zip Code 3 Green Lanes Austin, TX 78703		\$100.00			
				'		
Principal occ	upation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)		
Owner		JR Cumberbato				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12/06/2011	Contributor address; City; State; Zip Code 807 Blanco #305 Austin, TX 78703		\$150.00			
			(if travel outside of	Texas, complete Schedule T)		
	upation / Job title (See Instructions) Community Relations	Employer (See In: Home Away	structions)			
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12/15/2011	Contributor address; City; State; Zip Code 100 Congress Ave. #300 Austin, TX 78701		\$700.00			
				Texas, complete Schedule T)		
	pation / Job title (See Instructions) versity of Texas	Employer (See Ins Armbrust & Brown	structions) wn/Lab Techniciar	1		
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12/12/2011	Contributor address; City; State; Zip Code 3006 Sparkling Brook Lane Austin, TX 78746	-	\$700.00			
			(If travel outside of	Texas, complete Schedule T)		
	pation / Job title (See Instructions) rincipal/Team Supervisor	Employer (See Ins Endeavor Real I	structions) Estate Group/ACS			

The Internation Glade explains how to complete this form. 1 PAGE # Schedule: 8/24 Report: 10/30 2 FILER NAME Cole, Sheryl (Mrs.) 3 ACCOUNT # (Ethics Commission filers) 00001564 4 Date 5 Full name of contributor out-of-state PAC (ID#) 11/30/2011 6 Centributor address; City: State: Zip Code S700.00 11/30/2011 7 Amount of 8 In-kind contribution 0 Amount of 3 In-kind contribution 0 Amount of 0 In-page 0 In-page						
Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of 8 In-kind contribution 11/30/2011 6 Contributor address: 790.4 Fawn Hollow Cove Auslin, TX 78750 21/13/2011 7 Amount of STOOLO 2 Amount of STOOLO 3 Amount of STOOLO 3 Amount of STOOLO 4 Auslin, TX 78750 4 Amount of STOOLO 4 A	The Instruction Guide explains how to complete this form.		1	24 Report: 10/30		
Escutia, Charles and Christina Contribution (S) description (If applicable)	2 FILER NAMI	E Cole, Sheryl (Mrs.)			(Ethics Commission filers)	
Principal occupation / Job litie (See Instructions)	4 Date)#)		,	
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Hindsite 20/20 Real Estate Investments	11/30/2011	7604 Fawn Hollow Cove		\$700.00	 	
Date Full name of contributor				(If travel outside of	Texas, complete Schedule T)	
Farmer, Gary and Susan					tments	
Sog Lake Cliff Trail Austin, TX 78746 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Heritage Title Company of Austin/None	Date	· ·	#)			
Principal occupation / Job title (See Instructions) President/Homemaker Employer (See Instructions)	12/11/2011	309 Lake Cliff Trail	*****************	\$700.00	! 	
President/Homemaker				(If travel outside of	Texas, complete Schedule T)	
Forrest, Hugh and Vivian Contribution (\$) description (if applicable)					/None	
Principal occupation / Job title (See Instructions) Event Director/Homemaker Date Full name of contributor George, James 12/15/2011 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Attorney Date Full name of contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#) Amount of contributor of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Amount of contribution (\$) In-kind contribution description (if applicable) 12/15/2011 Contributor address; City; State; Zip Code \$700.00 Into E 11th st Austin, TX 78702 [If travel outside of Texas, complete Schedule T] Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date		#)			
Principal occupation / Job title (See Instructions) Event Director/Homemaker Date Full name of contributor George, James City; State; Zip Code P.O. Box 685193 Austin, TX 78768 Cell Instructions James W. George Attorney at Law Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution (\$) description (if applicable)	12/13/2011	703 E. 5oth St. #B		\$700.00	 	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) SXSW/None Date		Austin, TX 78751			· 	
Date Full name of contributor out-of-state PAC (ID#	Principal occu	upation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)	
George, James contribution (\$) description (if applicable) 12/15/2011						
P.O. Box 685193 Austin, TX 78768 [If travel outside of Texas, complete Schedule T] Principal occupation / Job title (See Instructions) Attorney Date Full name of contributor Getter, Becky and Kerry Contributor address; City; State; Zip Code 1101 E 11th st Austin, TX 78702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (if applicable) \$700.00 [If travel outside of Texas, complete Schedule T] Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	(1-1)	#)			
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) James W. George Attorney at Law Date Full name of contributor Getter, Becky and Kerry Contributor address; City; State; Zip Code 1101 E 11th st Austin, TX 78702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) In-kind contribution contribution (if applicable) \$700.00 (If travel outside of Texas, complete Schedule T)	12/15/2011	P.O. Box 685193		\$300.00		
Attorney Date Full name of contributor Getter, Becky and Kerry 12/15/2011 Contributor address; City; State; Zip Code 1101 E 11th st Austin, TX 78702 Principal occupation / Job title (See Instructions) James W. George Attorney at Law Amount of contribution (\$) In-kind contribution (if applicable) \$700.00 (If travel outside of Texas, complete Schedule T)				(If travel outside of	Texas, complete Schedule T)	
Getter, Becky and Kerry Contribution (\$) description (if applicable) 12/15/2011 Contributor address; City; State; Zip Code \$700.00		pation / Job title (See Instructions)			v	
1101 E 11th st Austin, TX 78702 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date .)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	12/15/2011	1101 E 11th st		\$700.00 		
1 1 2 1 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1				(If travel outside of	Texas, complete Schedule T)	

The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 9/	24 Report: 11/30	
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID. Gilliland, Douglas	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/28/2011	6 Contributor address; City; State; Zip Code 1805 Buckingham Ct. Keller, TX 76262		\$350.00	 	
			(if travel outside of	Texas, complete Schedule T)	
9 Principal occu Land Develo	pation / Job title (See Instructions) per	10 Employer (See In Triwest Enterpr			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/07/2011	Contributor address; City; State; Zip Code 9403 Longvale Dr. Austin, TX 78729		\$300.00	[
			(li Araval avibalda at	Towns complete Cabadala Th	
Principal occur	pation / Job title (See Instructions)	Employer (See In	1	Texas, complete Schedule T)	
Construction		D. R. Horton	,		
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/11/2011	Contributor address; City; State; Zip Code 4307 Dunning Ln. Austin, TX 78746		\$700.00] 	
			(if travel outside of	Texas, complete Schedule T)	
Principal occup President/Ho	pation / Job title (See Instructions) memaker	Employer (See Ins Gray Associates			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/28/2011	Contributor address; City; State; Zip Code P.O. Box 140045 Austin, TX 78714		\$700.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup Lobbyist/Hom	ation / Job title (See Instructions) emaker	Employer (See Ins Public Strategie			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/01/2011	Contributor address; City; State; Zip Code 1902 Chestnut Cr Round Rock, TX 78281		\$100.00 		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup Private Consu	ation / Job title (See Instructions) Iltant	Employer (See Ins Self	structions)		

OTHER THAN PLEDGES ON LOANS					
The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	0/24 Report: 12/30	
2 FILER NAME	E Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (IE Hawkins, Mark and Kelley)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/21/2011	6 Contributor address; City; State; Zip Code 5805 Carry Back Ln Austin, TX 78745		\$700.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occ Attorney/Ho	upation / Job title (See Instructions) memaker	10 Employer (See In Armbrust & Bro	structions) wn, PLLC/None		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/05/2011	Contributor address; City; State; Zip Code 2208 Real Catorce Austin, TX 78746		\$500.00	 	
				Texas, complete Schedule T)	
Administrate	upation / Job title (See Instructions) or	Employer (See In Fulbright & Jaw			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/15/2011	Contributor address; City; State; Zip Code 2307 Fortune Dr. Austin, TX 78704		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Principal and	pation / Job title (See Instructions) d Property Management/Employee	Employer (See Ins Endeavor Real Drafting	structions) Estate Group/Quid	ck Draw Designs and	
Date	Full name of contributor	,)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/21/2011	Contributor address; City; State; Zip Code 3700 Hillbrook Dr. Austin, TX 78731		\$700.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney/Attorney Employer (See Instructions) Armbrust & Brown, PLLC/Vinson & Elkins LLP			& Elkins LLP		
Date	Full name of contributor	<i>*</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/21/2011	Contributor address; City; State; Zip Code 504 Furlong Dr. Austin, TX 78746		\$700.00 		
D. C. C. C.				Texas, complete Schedule T)	
Principal occur Attorney/Nor	pation / Job title (See Instructions) ne	Employer (See Ins Armbrust Brown			

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11	I/24 Report: 13/30
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Hutto, Denise)#) .	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/13/2011	6 Contributor address; City; State; Zip Code 1608 B Haskell Austin, TX 78702		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Accounting	pation / Job title (See Instructions)	10 Employer (See In SXSW	nstructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/28/2011	Contributor address; City; State; Zip Code 1000 W. 39th St Austin, TX 78756		\$350.00	
			(If trave) outside of	Texas, complete Schedule T)
Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See In Texas State Op		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/11/2011	Contributor address; City; State; Zip Code 10740 Centennial Trail Austin, TX 78726		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See In TASB		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/19/2011	Contributor address; City; State; Zip Code 305 Riley Rd. Austin, TX 78746	•••••	\$700.00]
			(If travel outside of	Texas, complete Schedule T)
Principal occup Anesthesiolog	pation / Job title (See Instructions) gist/None	Employer (See In: Capitol Anesthe	structions) siology Associatio	on/None
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 2045 Zach Scott Street Austin, TX 78723		\$350.00 [
				Texas, complete Schedule T)
Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See Ins Oak Hill Real Es		

The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 12/24 Report: 14/30				
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)
4 Date	5 Full name of contributor)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/12/2011	6 Contributor address; City; State; Zip Code 8127 Mesa Dr. #206 Austin, TX 78759		\$500.00	
a Dianian	and the contract of	1	1 -	rexas, complete schedule ()
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/2011	Contributor address; City; State; Zip Code 1306 Bentwood Austin, TX 78722	•••••	\$350.00	[]]
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	<u> </u>	reads, complete deflecture 1)
Entertainer	nation / 000 tile (000 instructions)	Self	istructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/27/2011	Contributor address; City; State; Zip Code 2420 Jarratt Ave. Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occuj CEO	pation / Job title (See Instructions)	Employer (See In Allied Consultar		
Date	Full name of contributor	#)	Amount of	In-kind contribution
	Krumme, Gregg and Robin		contribution (\$)	description (if applicable)
12/20/2011	Contributor address; City; State; Zip Code 10702 Hastings Ln. Austin, TX 78750		\$700.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney/Atto	ation / Job title (See Instructions) rney	Employer (See In: Armbrust & Bro		
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/12/2011	Contributor address; City; State; Zip Code 1717 W. Sixth Street Suite 351 Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Founder	ation / Job title (See Instructions)	Employer (See Ins Alamo Drafthous	structions)	

OTTEN THAN TELBOLO ON LOANS				
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	3/24 Report: 15/30
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Link, Tom	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/17/2011	6 Contributor address; City; State; Zip Code 211 E. 7th St. Suite 510 Austin, TX 78701		\$350.00	
		,	·	Texas, complete Schedule T)
9 Principal occu investor	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/12/2011	Contributor address; City; State; Zip Code 204 Westhaven Dr. Austin, TX 78746	. , , , , , , , , , , , , , , , , , , ,	\$350.00	
			<u> </u>	Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See In Armbrust & Bro	structions) wn, PLLC/None	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/28/2011	Contributor address; City; State; Zip Code 816Suite 1640 Congress Ave Austin, TX 78701		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occuj Senior Devel	pation / Job title (See Instructions) opment	Employer (See In: McShane Devte		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/29/2011	Contributor address; City; State; Zip Code 1311 A, East 6th St. Austin, TX 78702		\$700.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Founder/Hou	ation / Job title (See Instructions) sewife	Employer (See Ins Constuctive Ver	structions) ntures/Community	v Volunteer
Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/16/2011	Contributor address; City; State; Zip Code 6004 Ronchamps Dr. Round Rock, TX 78681		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Associate	ation / Job title (See Instructions)	Employer (See Ins	structions)	

OTTER THAN PLEDGES ON LOANS					
The Instruc	rion Guide explains how to complete this form.		1 PAGE# Schedule: 14	1/24 Report: 16/30	
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID Maier, Richard	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/01/2011	6 Contributor address; City; State; Zip Code 704 E. 45th ½ St. Austin, TX 78751		\$350.00	1 	
			(If travel outside of	Texas, complete Schedule T)	
	pation / Job title (See Instructions) ent and Land Manager	10 Employer (See In D.R. Horton	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/15/2011	Contributor address; City; State; Zip Code 1800 Parkside Ln Austin, TX 78745		\$700.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Product Plan	pation / Job title (See Instructions) nner/None	Employer (See In Coinstar/None	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/14/2011	Contributor address; City; State; Zip Code 2507 Cascade Dr. Austin, TX 78757		\$700.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Director/Emp	pation / Job title (See Instructions) playee	Employer (See In: SXSW	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/12/2011	Contributor address; City; State; Zip Code 2212 East Windsor Rd. Austin, TX 78703		\$350.00		
		į	(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Principal Employer (See Instructions) Endeavor Real Estate Group					
Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/30/2011	Contributor address; City; State; Zip Code 1100 Lexington Cr DeSoto, TX 75115	,	\$350.00 		
				Texas, complete Schedule T)	
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins Kenneth D Marti			

	The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/24 Report: 17/30
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/16/2011	6 Contributor address; City; State; Zip Code 2915 Regents Park Austin, TX 78746		\$250.00	
L				J	Texas, complete Schedule T)
9	Principal occu Founder	pation / Job title (See Instructions)	10 Employer (See In Matt Mathias &		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/01/2011	Contributor address; City; State; Zip Code 1905 Canonera Austin, TX 78746		\$700.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In	structions)	
	Comptroller/h	Homemaker	DR Horton/Non	е	
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/30/2011	Contributor address; City; State; Zip Code 7601 Sandia Loop Austin, TX 78735		\$350.00	
	Delegient				Texas, complete Schedule T)
	Lobbyist	nation / Job title (See Instructions)	Employer (See In Greenberg Trau		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/14/2011	Contributor address; City; State; Zip Code 11802 Nene Dr. Austin, TX 78750		\$100.00	! ! !
	····				Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	·) ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/12/2011	Contributor address; City; State; Zip Code 2300 Picadilly Dr. Round Rock, TX 78664		\$700.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup President/Hor	ation / Job title (See Instructions) nemaker	Employer (See Ins DNT Construction		

The Instruct	non Guid∈ explains how to complete this form.		1 PAGE# Schedule: 16	6/24 Report: 18/30
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)
4 Date	5 Full name of contributor)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/30/2011	6 Contributor address; City; State; Zip Code 7400 Valburn Dr Austin, TX 78731		\$100.00	 -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Owner	pation / Job title (See Instructions)	10 Employer (See In Austin Cab	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/20/2011	Contributor address; City; State; Zip Code 4419 Barrow Austin, TX 78751		\$700.00	
				Texas, complete Schedule T)
Principal occu Producer/Be	pation / Job title (See Instructions) st Efforts	Employer (See In SXSW/Best Eff		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/12/2011	Contributor address; City; State; Zip Code 1532 Visalia Ln. Austin, TX 78727		\$350.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup Business Ow	pation / Job title (See Instructions) ner	Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/2011	Contributor address; City; State; Zip Code 11800 Metric Blvd. Austin, TX 78758		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Convenient Sto		
Date	Full name of contributor ut-of-state PAC (ID# Moore, Alan and Martha	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/20/2011	Contributor address; City; State; Zip Code 2420 Harris Boulevard Austin, TX 78703		\$700.00 	
				Texas, complete Schedule T)
Principal occup Principal/Best	ation / Job title (See Instructions) Efforts	Employer (See Ins MHMATM LLC/f		

OTHER THAN PLEDGES OR LOANS					
The Instruc	ะบอง Guide explains how to complete this form.		1 PAGE # Schedule: 17	7/24 Report: 19/30	
2 FILER NAM	E Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID Morrison, Gregory	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/30/2011	6 Contributor address; City; State; Zip Code 9310 Le Conte Cove Austin, TX 78749		\$100.00	 	
			1	Texas, complete Schedule T)	
9 Principal occ Attorney	upation / Job title (See Instructions)	10 Employer (See Ir Morrison Law F			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/12/2011	3839 Bee Cave Road Suite 200		\$350.00	1	
	Westlake Hills, TX 78746		(if travel outside of	Texas, complete Schedule T)	
Principal occ Lawyer	upation / Job title (See Instructions)	Employer (See In Jimmy Nassour			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/23/2011	Contributor address; City; State; Zip Code 100 Congress Ave. #780 Austin, TX 78701		\$700.00		
Deineinal age	unation / Joh Sills (Con Instructions)			Texas, complete Schedule T)	
Owner/Best	upation / Job title (See Instructions) Efforts	Employer (See In Riverside Reso	urces/Best Efforts		
Date	Full name of contributor ut-of-state PAC (ID: Newberg, Jeffrey and Valerie	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/14/2011	Contributor address; City; State; Zip Code 3830 Hunterwood Point Austin, TX 78746		\$700.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Real Estate	pation / Job title (See Instructions) Director	Employer (See In Endeavor Real		Convenatal Judaism	
Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/12/2011	Contributor address; City; State; Zip Code 1762 Lookout Forest San Antonio, TX 78260		\$700.00	 	
				Texas, complete Schedule T)	
	pation / Job title (See Instructions) ager/Homemaker	Employer (See Ins DNT Construction			

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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	3/24 Report: 20/30
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Nortey, James	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/01/2011	6 Contributor address; City; State; Zip Code 111 Congress Avenue #1700 Austin, TX 78701	***************************************	\$350.00] []
	Austri, 17/0/01		(If travel outside of	Texas, complete Schedule T)
9 Principal occu Associate	pation / Job title (See Instructions)	10 Employer (See In Andrews Kurth		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/2011	Contributor address; City; State; Zip Code 6102 Mt, Villa Cove Austin, TX 78731		\$100.00	
	·		(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In	structions)	ioxici, complete dellegale ()
Principal		Reo Radio Gro	hb	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/20/2011	Contributor address; Clty; State; Zip Code 3731 University Blvd. Austin, TX 77005	••••••	\$250.00	
				Texas, complete Schedule T)
Principal occup Architect	eation / Job title (See Instructions)	Employer (See In: The Hanover Co	structions) ompany	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/14/2011	Contributor address; City; State; Zip Code 2908 Sparkling Brook Lane Austin, TX 78746		\$700.00	
			,	Texas, complete Schedule T)
	ation / Job title (See Instructions) ector and Principle/None	Employer (See In: Endeavor Real	structions) Estate Group/Non	е
Date	Full name of contributor ut-of-state PAC (ID# Patel, Abdul)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/12/2011	Contributor address; City; State; Zip Code 1805 Far Gallant Dr. Austin, TX 78746		\$350.00 I	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
Business Owr	` '	Sunruse Mini Ma	,	

	The Instruct	ION GUIDE explains how to complete this form.		1 PAGE#	9/24 Report: 21/30
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID-Pollan, Thomas	#)	7 Amount of contribution (\$)	8
	12/17/2011	6 Contributor address; City; State; Zip Code 4017 Walnut Clay Drive Austin, TX 78731		\$100.00	
					Texas, complete Schedule T)
9	Principal occur Attorney	pation / Job title (See Instructions)	10 Employer (See In Bickerstaff	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2011	Contributor address; City; State; Zip Code 12912 Park Drive Austin, TX 78732	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$300.00	1 1
				(If travel outside of	Texas, complete Schedule T)
 		pation / Job title (See Instructions)	Employer (See In	structions)	
	Owner		Lane Humboldt	Construction	
	Date	Full name of contributor	")	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/25/2011	Contributor address; City; State; Zip Code 2022 Laird Dr. Salt Lake City, UT 84108	· · · · · · · · · · · · · · · · · · ·	\$700.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In	structions)	
	Management	/Homemaker	Reagan Nationa	al Avertising/None	
	Date	Full name of contributor ut-of-state PAC (ID# Reagan, Frances and Jake Topinga	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/14/2011	Contributor address; City; State; Zip Code 1475 Federal Heights Dr. Salt Lake City, UT 84103-4443		\$700.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Advertising/R	ation / Job title (See Instructions) eal Estate	Employer (See Ins Self/Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/30/2011	Contributor address; City; State; Zip Code 4100 McBrine Pl Austin, TX 78746		\$700.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup President/Cor	ation / Job title (See Instructions) nsultant	Employer (See Ins Reagan Nationa	structions)	an National Advertising
		·			

The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 20	0/24 Report: 22/30
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Reese, Andrew	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/30/2011	6 Contributor address; City; State; Zip Code 2914 Regents Park Austin, TX 78746		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/27/2011	Contributor address; City; State; Zip Code 100 Congress Ave. #780		\$700.00	
	Austin, TX 78701			'
Principal occur	pation / Job title (See Instructions)	F	l	Texas, complete Schedule T)
Investor/Non-	e	Employer (See In Self/None	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/28/2011	Contributor address; City; State; Zip Code 4605 Charles Avenue Austin, TX 78746	••••••	\$100.00	1 1 1
	•		(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In: Self		, lead
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/21/2011	Contributor address; City; State; Zip Code 3105 Above Stratford Pl Austin, TX 78746		\$350.00	 -
			(If travel outside of	Texas, complete Schedule T)
Principal occup Principal	ation / Job title (See Instructions)	Employer (See Ins Campbell Capita		
Date	Full name of contributor ut-of-state PAC (ID# Scrafford, Bruce and Nora)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/21/2011	Contributor address; City; State; Zip Code 105 Brooks Hollow Lakeway, TX 78734		\$700.00 	
				Texas, complete Schedule T)
Principal occupa Attorney/Home	ation / Job title (See Instructions) emaker	Employer (See Ins Armbrust & Brow		

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The Instruction	GUIDE explains how to complete this form.	,	1 PAGE# Schedule: 21	/24 Report: 23/30	
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
! I	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/20/2011	6 Contributor address; City; State; Zip Code 604 West 11th Austin, TX 78701		\$100.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occupa CEO	tion / Job title (See Instructions)	10 Employer (See In Park Place Pub			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 5003 Lucas Lane Austin, TX 78731		\$350.00	 	
	,		(If travel outside of	Texas, complete Schedule T)	
Principal occupat	tion / Job title (See Instructions)	Employer (See In:			
Consultant		Self-employed			
Date	Full name of contributor □ out-of-state PAC (ID# Smitheal, Jeremy and Ellen	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1 ;	Contributor address; City; State; Zip Code 100 Congress Ave. #780		\$700.00	 	
['	Austin, TX 78701		(If troval outside of	Texas, complete Schedule T)	
Principal occupat	tion / Job title (See Instructions)	Employer (See Ins		Toxas, complete cenedate 1)	
Manager/Emplo		Riverside Resou	urces/Whitzman N	fanagement Corp	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 300 West 5th St. #1102		\$350.00		
Į Ž	Austin, TX 78703				
	to the file (On to describe)	5		Texas, complete Schedule T)	
Principal decupati Professor	ion / Job title (See Instructions)	Employer (See Ins The University o		School of Architecture	
Date 5	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 1212 Guadalupe St.		\$350.00		
	Austin, TX 78701			<u> </u>	
				Texas, complete Schedule T)	
Principal occupati Marketing	ion / Job title (See Instructions)	Employer (See Ins	structions)		

The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 22	1 PAGE # Schedule: 22/24 Report: 24/30	
2 FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Stacy, Tom and Melinda	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/21/2011	6 Contributor address; City; State; Zip Code 823 Congress Ave Suite 1111 Austin, TX 78701		\$700.00	
			1	Texas, complete Schedule T)
9 Principal occu Owner/Office	pation / Job title (See Instructions) Manager	10 Employer (See In T. Stacy and As	structions) ssociates/T. Stacy	and Associates
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/30/2011	Contributor address; City; State; Zip Code 4105 Long Champ Dr. Austin, TX 78746	••••	\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See In: Metcalfe, Wolff,	structions) Stuart and Williar	ms
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/2011	Contributor address; City; State; Zip Code P.O. Box 4181 Austin, TX 78765		\$350.00	[
	<u></u>		(If travel outside of	Texas, complete Schedule T)
Principal occup Sales Manag	pation / Job title (See Instructions) er	Employer (See Ins SXSW	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/20/2011	Contributor address; City; State; Zip Code 10919 Enchanted Rock Cove Austin, TX 78726		\$700.00	
				Texas, complete Schedule T)
Principal occup Attorney/Hom	ation / Job title (See Instructions) emaker	Employer (See Ins Armbrust & Brov		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/2011	Contributor address; City; State; Zip Code P.O Box 467 Lampasas, TX 76550		\$700.00	
Principal occur	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
VP/Teacher	whole for the fore mondenous)		on/Lampasas ISD	

O					
The Instri	истіон Guide explains how to complete this form.	***************************************	1 PAGE# Schedule: 23	3/24 Report: 25/30	
2 FILER NAI	ME Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID Troilo, Arthur	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/09/20 ⁻	6 Contributor address; City; State; Zip Code 700 E. 11th Street #300 Austin, TX 78701		\$100.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal of Attorney	ccupation / Job title (See Instructions)	10 Employer (See In Troillo Law Firm			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/10/201	1 Contributor address; City; State; Zip Code 4109 Ave F Austin, TX 78751		\$350.00	 	
			(II traval avtalda af	Towns commission Cab adults TV	
Principal or	cupation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)	
Economis		MMC			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/28/201	Contributor address; City; State; Zip Code 1903 A, Crested Butte Dr. Austin, TX 78746		\$350.00	 	
			'	Texas, complete Schedule T)	
Principal oc Director	cupation / Job title (See Instructions)	Employer (See In: Lakeway/Lohma	structions) ans Investments, I	nc.	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/14/201	1 Contributor address; City; State; Zip Code 4220 River Garden Trail Austin, TX 78746		\$700.00	 	
			(If travel outside of	Texas, complete Schedule T)	
	cupation / Job title (See Instructions) & CEO/None	Employer (See Ins White Construct			
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/16/201	Contributor address; City; State; Zip Code 908 E. Live Oak St. Austin, TX 78704		\$700.00 		
			(If travel outside of	Texas, complete Schedule T)	
	cupation / Job title (See Instructions) at Service Manager	Employer (See Ins None/CDM Smit			

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	The Instructi	ION GUIDE explains how to complete this form.	•	1 PAGE # Schedule: 24	1/24 Report: 26/30
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID: Wilcox, Mike Shea and Toni	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/11/2011	6 Contributor address; City; State; Zip Code 4801 Broken Bow Pass Austin, TX 78745	• • • • • • • • • • • • • • • • • • • •	\$700.00	
				(if travel outside of	Texas, complete Schedule T)
9		pation / Job title (See Instructions) rector/Homemaker	10 Employer (See In SXSW/None	structions)	
	Date	Full name of contributor	y)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/29/2011	Contributor address; City; State; Zip Code 8209 Dark Ridge Cove Austin, TX 78737		\$200.00	
			:	(If travel outside of	Texas, complete Schedule T)
	Principal occup Partner	pation / Job title (See Instructions)	Employer (See In Metcalfe, Wolff,	structions) Stuart and Willia	ms
	Date	Full name of contributor	<u>†</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2011	Contributor address; City; State; Zip Code 4101 Galacía Dr. Austin, TX 78759	, ,	\$700.00	! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup VP/None	eation / Job title (See Instructions)	Employer (See In: Camp Dresser &	structions) & Mc Kee Inc/Nor	e
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/30/2011	Contributor address; City; State; Zip Code 1206 W. 8th St. Austin, TX 78701	•••••	\$350.00]
		7.00.007			· · · · · · · · · · · · · · · · · · ·
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
	Partner	`	Golden Stuart &		
	Date	Full name of contributor ut-of-state PAC (ID# Zarbock, Kent	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/01/2011	Contributor address; City; State; Zip Code 705 W. Rim Dr. Austin, TX 78731		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa Manager of S	ation / Job title (See Instructions) ales	Employer (See Ins D. R. Horton	structions)	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

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

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

1 333	The Instruction Guide explains how to complete this form.					
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)				
Schedule: 1/4 R		00001564				
4 Date	5 Payee name					
11/30/2011	Adisa Communications					
6 Amount (\$)	7 Payee address City; State; Zip Code					
\$2,800.00	13492 Research Blvd. #120-631					
	Austin, TX 78750					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)				
PURPOSE	Consulting Expense	Announcement Media				
EXPENDITURE						
O Complete ONLY	Candidate / Officeholder name	Office sought: Office held:				
9 Complete ONLY if direct expenditure	Candidate / Onicendider name	Office sought: Office held:				
to benefit C/OH						
Date	Payee name					
12/20/2011	Adisa Communications					
Amount (\$)	Payee address City; State; Zip Code 13492 Research Blvd.	·				
#120-631						
	Austin, TX 78750					
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
PURPOSE OF	Consulting Expense	Reimbursement for Campaign Expenses				
EXPENDITURE						
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:				
direct expenditure to benefit C/OH		onico congri.				
Date	Payee name					
12/30/2011	Adisa Communications					
Amount (\$)	Payee address City; State; Zip Code					
\$6,000.00	13492 Research Blvd. #120-631					
	Austin, TX 78750					
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
PURPOSE OF	Consulting Expense	Social Media/Website				
EXPENDITURE						
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:				
direct expenditure to benefit C/OH		Sines coagini Onio noio.				
Date 12/17/2011	Payee name Central Market					
Amount (\$)	Payee address City; State; Zip Code					
\$127.00	4001 N. Lamar					
φι2/.00	Austin, TX 78756					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
OF	Food/Beverage Expense	Staff lunch				
EXPENDITURE						
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:				
direct expenditure to benefit C/OH						

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

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

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

	The Instruction Guide explains how	w to complete this form.	
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/4 R	r		00001564
4 Date 12/30/2011	5 Payee name Jitahidi, Joia		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$1,500.00	5114 Balcones Woods Dr. Austin, TX 78759		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside Media/Communications	e of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 12/30/2011	Payee name Lankes, Matt		
Amount (\$)	Payee address City; State; Zip Code		
\$250.00	P. O. Box 300045 Austin, TX 78703		
PURPOSE	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF	Event Expense	Announcement event pho	tography
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		No.
12/05/2011	League of Women Voters		
Amount (\$)	Payee address City; State; Zip Code		
\$60.00	1011 W 31st St # 510 Austin, TX 78705		
DUDDOCE	Category (See Categories listed at the top of this schedule)	•	of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	OTHER - Membership fee	Membership fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name	***************************************	
12/30/2011	Love, Claire	- Alternative Control of the Control	
Amount (\$)	Payee address City; State; Zip Code		
\$750.00	2006 Sandberg Dr. Austin, TX 78752		
PURPOSE	Category (See Categories listed at the top of this schedule)	1	of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	Administrative Assistant	
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	,	er a category not listed above)
1 PAGE#	2 FILER NAME	in to complete this form.	3 ACCOUNT # (TEC filers)
Schedule: 3/4 R	- O-1- O-1- (MA)		00001564
4 Date	5 Payee name		00001304
12/30/2011	Message, Audience and Presentation		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$2,500.00			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outsic Political strategy	le of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 12/30/2011	Payee name Pay Pal		
Amount (\$)	Payee address City; State; Zip Code	-	
\$3.05	2211 North 1st St. San Jose, CA 95131		
PURPOSE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outsid	e of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 11/30/2011	Payee name PayPal	-	
Amount (\$)	Payee address City; State; Zip Code		
\$1.13	2211 N. 1st St. San Jose, CA 95131		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outsid Fees for online contributi	e of Texas, complete Schedule T) Ons
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
12/30/2011	Rylo Consulting		
Amount (\$)	Payee address City; State; Zip Code		
\$4,000.00	908 E. 5th St. Suite 210 Austin, TX 78702		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outsidents of Retainer for fundraising a	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead The Instruction Guide explains ho		nter a category not listed above)
1 PAGE# Schedule: 4/4 Re	2 FILER NAME		3 ACCOUNT # (TEC filers) 00001564
4 Date 11/30/2011	5 Payee name South Austin Democrats		
6 Amount (\$) \$250.00	7 Payee address City; State; Zip Code PO Box 152592 Austin, TX 78715		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outs Political contributions	side of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 11/30/2011	Payee name Word of Mouth Catering		
Amount (\$) \$500.00	Payee address City; State; Zip Code 919 West 12th Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outsi Announcement event ca	ide of Texas, complete Schedule T) 🔲 atering
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

page 31

SCHEDULE V - attach to form C/OH PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF Reference 2-2-14, Austin City Code

Enter the name and address of any person who has solicited and obtained contributions on your behalf, during the reporting period, of \$200 per person from five or more individuals. (You need not include individuals who raise funds totaling \$5,000 or less through a fundraising event in that i n d i v i d u a l 's residence.)

Name of person soliciting Contributions: Alice Glasco

Address: 5117 Valburn Ct., Austin, TX, 78731

Name of person soliciting Contributions: Andrew Pastor

Address: 2908 Sparkling Brook Lane., Austin, TX, 78746

Name of person soliciting Contributions: Jeannie Wiginton 908 E. Live Oak St., Austin, TX, 78704

Name of person soliciting Contributions: David Armbrust

Address: 2807 Regents Park Austin, TX, 78746

Name of person soliciting Contributions: Donald Reese

Address: 100 Congress Ave., #780., Austin, TX, 78701

Name of person soliciting Contributions: Richard Maier

Address: 704 E. 45th St.., Austin, TX, 78751

Name of person soliciting Contributions: Michael Whelan

4800 Laurel Canyon Dr., Austin, TX, 78731

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FORM COR-C/OH

			AMENDIMEN DATE/OFFIC			
1 ACCOUNT#	100001564		2 Total pages filed:		OFFIC	E USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	Sheryl Cole	MI SUFFIX	Date Received	RECE FEB 15
4 ORIGINAL REPORT	July 15	Runo	off Oth	her (specify)	Date Hand-delivered o	CEIVED COPPOSITION CONTROL CON
	30th day before election	appo	day after treasurer ointment (officeholder only) al report		Receipt #	Amount
5 ORIGINAL PERIOD COVERED	Month Day 11 30 /	Year 2011 THR	Month ROUGH 12/3	Day Year 31 /2011	Date Processed Date Imaged	-
The original report had an incorrect beginning date for "period covered" due to a misinterpretation of filing requirements. The corrected date of July 1, 2011 required the addition of six expenditures previously not reported. The "amount maintained' is also amended to reflect the balance of funds existing in the campaign bank account and officeholder account on the final day of the reporting period rather than the difference between campaign expenditures and contributions.						
7 AFFIDAVIT		report is tr	r affirm, under pen rue and correct.	alty of perjury, th	nat this correc	ted
	Check ONLY if applicable: Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.					
Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Signature of Candidate or Officeholder						
	AMP / SEAL ABOVE	Shery		, this the		ebouary.
/	rtify which, witness my ha Mott Almkla ninistering oath	Ann	. / 1	Tank/in ring oath	Mote	raministering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- 5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction. Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit. Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

www.ethics.state.tx.us Revised 09/01/2011

FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 ACCOUNT # (Ethics Commission filers) 2 PAGE# The C/OH INSTRUCTION GUIDE explains how to complete this form. 1 of 33 00001564 CANDIDATE / MS/MRS/MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Sheryl Mrs. Date Received AUS NICKNAME LAST SUFFIX Cole STIN CI ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE CANDIDATE / **OFFICEHOLDER** MAILING P.O. Box 1564 **ADDRESS** Date Hand-delivered or Date Restmarked Austin, TX 78767 'n CO Change of Address cs Receipt # Amount CAMPAIGN MS/MRS/MR MI **Date Processed** TREASURER Joseph NAME Date Imaged NICKNAME LAST SUFFIX Parker CAMPAIGN TREASURER STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **ADDRESS** 5918 Lookout Mountain Austin, TX 78731 (Residence or business) **CAMPAIGN** AREA CODE PHONE NUMBER EXTENSION TREASURER (512) 323-6605 PHONE 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) PERIOD COVERED Month Year THROUGH 07/01/2011 12/31/2011 10 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Austin City Council District 6 Austin City Council District 6 **GO TO PAGE 2**

CANDIDATE SUPPORT &		IOLDER REP	ORT:		FORM C/OH SHEET PG 2
13 C/OH NAME Cole	, Sheryl (Mrs.)			14 ACCOUNT # 00001564	(Ethics Commission filers)
15 NOTICE FROM	have been made with		by political committees to support tholder's knowledge or consent. Carendlures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
additional pages		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
16 CONTRIBUTION TOTALS			S OF \$50 OR LESS (OTHER THAI ES OF LOANS), UNLESS ITEMIZE		875.00
		POLITICAL CONTRIBUTION THAN PLEDGES, LOANS, C	IS OR GUARANTEES OF LOANS)	\$	54,425.00
EXPENDITURE TOTALS	3. TOTAL P	POLITICAL EXPENDITURES	OF \$100 OR LESS, UNLESS ITE	MIZED \$	0.00
	4. TOTAL F	POLITICAL EXPENDITURES	k	\$	21,524.05
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS AY OF THE REPORTING PER		\$	38,879.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL AY OF THE REPORTING PER	L OUTSTANDING LOANS AS OF '	THE \$	0.00
17 AFFIDAVIT			I swear, or affirm, under per is true and correct and inclu me under Title 15, Election	udes all information requi	
			Signature	of Candidate or Officeho	lder
AFFIX NOTARY S	TAMP / SEAL ABOVE	E			
Sworn to and subscribe			hand and seal of office.	, this the	day
Signature of officer admir	nistering oath	Print name of offic	er administering oath	Title of officer admi	nistering oath

	The Instruct	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/	25 Report: 3/33	
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/11/2011	6 Contributor address; City; State; Zip Code 3737 Laurelledge Austin, TX 78731	•••••	\$200.00	1 1 1	
				(if travel outside of	Texas, complete Schedule T)	
9	Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In Ausley, Algert,	structions) Robertson & Flore	es, LLP	
	Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/15/2011	Contributor address; City; State; Zip Code 3707 Laurel Ledge Lane Austin, TX 78731	· · · · · · · · · · · · · · · · · · ·	\$200.00	! !	
				l '	Texas, complete Schedule T)	
	Attorney	eation / Job title (See Instructions)	Employer (See In Ausley, Algert, I	structions) Robertson & Flore	es, L.L.P.	
	Date	Full name of contributor □ out-of-state PAC (ID# Auten, Roland Swenson and Roseana (*3))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/14/2011	Contributor address; City; State; Zip Code 1507 Yaupon Valley Rd Westlake Hills, TX 78746		\$700.00	 	
					Texas, complete Schedule T)	
		elion / Job title (See Instructions) esigner, Writer	Employer (See In: SXSW/Self	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Ball, Teena		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/29/2011	Contributor address; City; State; Zip Code 4011 Westlake Dr. Austin, TX 78746		\$350.00	 	
	į			(if travel outside of	Texas, complete Schedule T)	
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See Ins Vogue Colleges	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
•	12/10/2011	Contributor address; City; State; Zip Code		\$100.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	- The state of the	
		·		-		

The bistruc	THON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/	25 Report: 4/33			
2 FILER NAM	E Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)			
4 Date	5 Full name of contributor ut-of-state PAC (ID Barker, Bobbie	#)	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)			
12/30/2011	6 Contributor address; City; State; Zip Code 300 Bowle #4004 Austin, TX 78703		\$200.00	[[
	Addin, 177700		(if travel outside of	Texas, complete Schedule T)			
	upation / Job title (See Instructions) ts and Community Affairs	10 Employer (See In St. David's	structions)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
12/20/2011	Contributor address; City; State; Zip Code 309 McConnell Dr. Austin, TX 78746	••••••	\$700.00	! !			
			(If travel outside of	Texas, complete Schedule T)			
Principal occ Attorney/Att	upation / Job title (See Instructions) orney	Employer (See In Armbrust & Bro	structions) wn, PLLC/AG's O	ffice			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
12/08/2011	Contributor address; City; State; Zip Code 3501 Arrowhead Cir. Round Rock, TX 78681		\$700.00	 			
Principal occi	upation / Job title (See Instructions)	Employer (See In	L <u>. :</u>	Texas, complete Schedule T)			
	Construction/Property Manager		structions) s/AMI Austin Lofts				
Date	Full name of contributor out-of-state PAC (ID# Beckham, Kimberly and Brian (*4)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
12/15/2011	Contributor address; City; State; Zip Code 11205 Limoncilo Ct. Austin, TX 78750		\$700.00				
			(if travel outside of	Texas, complete Schedule T)			
Principal occu Attorney/Ho	pation / Job title (See Instructions) memaker	Employer (See In: Armbrust & Bro					
Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)			
12/29/2011	Contributor address; City; State; Zip Code 170 Beaver Rd. Elgin, TX 78621		\$100.00				
			(If travel outside of	Texas, complete Schedule T)			
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)				

L	OTHER THAN I ELDOES OR LOANS						
	The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/	25 Report: 5/33		
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT#	(Ethics Commission filers)		
L				00001564			
4	Date	5 Full name of contributor ut-of-state PAC (ID: Bernstein, Joshua and Erin (*4)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	12/22/2011	6 Contributor address; City; State; Zip Code 801 W. 5th St. #908 Austin, TX 78703		\$700.00	! 		
				L	Texas, complete Schedule T)		
9	Principal occup Attorney/Hon	pation / Job title (See Instructions) nemaker	10 Employer (See In Armbrust & Bro	structions) wn, PLLC/None			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/09/2011	Contributor address; City; State; Zip Code 14741 Arrowhead Dr Austln, TX 78641	•••••	\$350.00	! 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup Executive Dir	ector	Employer (See In Downtown Aust				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/14/2011	Contributor address; City; State; Zip Code 14741 Arrowhead Drive Volente, TX 78641		\$350.00	 		
					Texas, complete Schedule T)		
	Executive Dire	ation / Job title (See Instructions) ector	Employer (See In: Downtown Aust				
	Date	Full name of contributor uut-of-state PAC (ID# Beuerlein, Steve(*1))	Amount of contribution (\$)	in-kind contribution description (if applicable)		
	12/19/2011	Contributor address; City; State; Zip Code 2605 Woodmont Ave Austin, TX 78703		\$300.00			
				(if travel outside of	Texas, complete Schedule T)		
	Principal occupa Owner	ation / Job title (See Instructions)	Employer (See In: Burlington Vent				
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/30/2011	Contributor address; City; State; Zip Code 4100 Jackson Ave. #250		\$200.00			
		Austin, TX 78731		(If travel outside of	Texas, complete Schedule T)		
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		,		
	Professor			chool of Public A	fairs		

POLITICAL CONTRIBUTIONS

L	OIHER	R THAN PLEDGES OR LOA	NS		
	The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/	25 Report: 6/33
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/08/2011	6 Contributor address; City; State; Zip Code 9504 Prescott Dr. Austin, TX 78749		\$700.00	
L				(If travel outside of	Texas, complete Schedule T)
9		pation / Job title (See Instructions) ager Civil Engineer/Homemaker	10 Employer (See In Gray Associate		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/16/2011	Contributor address; City; State; Zip Code 2711 Tether Trl Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$700.00	
		·		(if travel outside of	Texas, complete Schedule T)
		oation / Job title (See Instructions) ctor/Homemaker	Employer (See In SXSW/None	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Brown, Frank and Janice (*4)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/21/2011	Contributor address; City; State; Zip Code 602 Coquina Lane Austin, TX 78746	· · · · · · · · · · · · · · · · · · ·	\$700.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup Attorney/Non	ation / Job title (See Instructions) e	Employer (See Instructions) Armbrust Brown/None		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (If applicable)
•	12/05/2011	Contributor address; City; State; Zip Code 111 Congress Ave. # 1400 Austin, TX 78701		\$350.00	
	Delaniani anno	ation / Job title (See Instructions)	Employer/Don In		Texas, complete Schedule T)
	- mapa occup	aucht Job due (366 mstructons)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/26/2011	Contributor address; City; State; Zip Code 1601 Forrest Trl. Austin, TX 78703		\$700.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occupa Attorney/Empl	ation / Job title (See Instructions) loyee	Employer (See Ins Armbrust & Brov		

Principal occupation / Job title (See Instructions)

Chairman

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 5/25 Report: 7/33 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Cole, Sheryl (Mrs.) 00001564 Date 5 Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Byars, Samuel and Anne (*4) 12/19/2011 6 Contributor address; City; State; Zip Code \$700.00 2103 Schulie Avenue Austin, TX 78703 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Attorney/Homemaker Armbrust & Brown, PLLC/None Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) 12/13/2011 Contributor address; City; State; Zip Code \$350.00 3050 Post Oak Blvd. Suite 300 Houston, TX 77056 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Clark, Antoinette 12/08/2011 Contributor address; City; State; Zip Code \$350.00 2200 Far Gallant Dr Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See instructions) Employer (See Instructions) Homemaker None Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Clark, Joan Contributor address: 12/07/2011 City: State: Zip Code \$350.00 4210 River Garden Trail Austin, TX 78746 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker None Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Clark, Stephen 12/07/2011 Contributor address; City; State; Zip Code \$350.00 4210 River Garden Trail Austln, TX 78746

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

Cypress Real Estate Advisors

P.O.Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 6/25 Report: 8/33 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Cole, Sheryl (Mrs.) 00001564 Date 5 Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution description (if applicable) contribution (\$) Clark, Timothy 6 Contributor address; 12/08/2011 City; State; Zip Code \$350.00 2200 Far Gallant Dr Austin, TX 78748 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Cypress Real Estate Advisors President Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution Collins, Sharlene and Patrick (*4) contribution (\$) description (if applicable) 12/12/2011 Contributor address; City; State; Zip Code \$700.00 1400 Yaupon Valley Rd. Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney/Retired Armbrust & Brown, PLLC/None Date Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Amount of contribution (\$) description (if applicable) Cook, Michael Contributor address; 12/29/2011 City; State; Zip Code \$350.00 Suite 215 Austin, TX (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Cook Brooks Johnson PLLC Attorney Date Amount of In-kind contribution contribution (\$) description (if applicable) Coopwood, Thomas 12/28/2011 Contributor address; City; State; Zip Code \$100.00 6717 Valburn Dr Austin, TX 78731 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) Cotton, Jim (*1) 12/09/2011 Contributor address; City; State; Zip Code \$350.00 11000 Spicewood Pkwy Austin, TX 78750 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) McAllister and Associates Attorney

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form, Schedule: 7/25 Report: 9/33 2 FILER NAME Cole, Sheryl (Mrs.) ACCOUNT # (Ethics Commission filers) 00001564 5 Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution description (if applicable) contribution (\$) Covington, Bryce Miller and Kristian Covington (*2) 12/15/2011 6 Contributor address; City; State; Zip Code \$700.00 8204 Navidad Dr. Austin, TX 78735 (if travel outside of Taxas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Managing Principle/None Endeavor Real Estate Group/None Full name of contributor ut-of-state PAC (ID# Date In-kind contribution Amount of contribution (\$) description (if applicable) Covington, Sid Contributor address; 12/28/2011 City; State; Zip Code \$100.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor In-kind contribution Date ut-of-state PAC (ID# Amount of contribution (\$) description (if applicable) Cumberbatch, Ashtonn 11/30/2011 Contributor address; City; State; Zip Code \$100.00 3 Green Lanes Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) JR Cumberbatch Productions Date In-kind contribution Amount of contribution (\$) description (if applicable) Curtis, Matt 12/14/2011 Contributor address; City; State; Zip Code \$150.00 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) **Director of Community Relations** Home Away Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Ellis, Chris (*2) 12/12/2011 Contributor address; City; State; Zip Code \$700.00 3006 Sparkling Brook Lane Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Managing Principle/Team Supervisor Endeavor Real Estate Group/ACS

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 8/25 Report: 10/33 (Ethics Commission filers) 2 FILER NAME Cole, Sheryi (Mrs.) ACCOUNT # 00001564 5 Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Escutia, Charles and Christina 11/30/2011 6 Contributor address; City; State; Zip Code \$700.00 7604 Fawn Hollow Cove Austin, TX 78750 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Owner/Broker Hindsite 20/20 Real Estate Investments Full name of contributor ut-of-state PAC (ID# Date In-kind contribution Amount of contribution (\$) description (if applicable) Farmer, Gary and Susan 12/11/2011 Contributor address; City; State; Zip Code \$700.00 309 Lake Cliff Trail Austin, TX 78746 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) President/Homemaker Heritage Title Company of Austin/None Date In-kind contribution Amount of description (if applicable) contribution (\$) Forrest, Hugh (*3) Contributor address; \$700.00 12/13/2011 City; State; Zip Code 703 E. 5oth St. Austin, TX 78751 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) SXSW/None **Event Director/Homemaker** Date Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) George, James (*1) Contributor address; 12/15/2011 City; State; Zip Code \$300.00 P.O. Box 685193 Austin, TX 78768

Principal occupation / Job title (See Instructions)

Getter, Becky and Kerry

Contributor address;

1101 E 11th st Austin, TX 78702

Principal occupation / Job title (See Instructions)

Full name of contributor ut-of-state PAC (ID#

City; State; Zip Code

Attorney

Date

12/15/2011

Homemaker/CEO

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

\$700.00

Amount of

contribution (\$)

Employer (See Instructions) James W. George Attorney at Law

In-kind contribution

description (if applicable)

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 9/25 Report: 11/33 2 FILER NAME Cole, Sheryl (Mrs.) ACCOUNT # (Ethics Commission filers) 00001564 Date 5 Full name of contributor ut-of-state PAC (ID# Amount of in-kind contribution contribution (\$) description (if applicable) Gilliland, Douglas (*5) 12/28/2011 6 Contributor address; City; State; Zip Code \$350.00 1805 Buckingham Ct. Keller, TX 76262 (if travel outside of Taxes, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Land Developer Triwest Enterprises Date Amount of In-kind contribution contribution (\$) description (if applicable) Goodman, Shane (*6) Contributor address; City; State; Zip Code 12/07/2011 \$300.00 9403 Longvale Dr. Austin, TX 78729 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Construction Manager D. R. Horton Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Gray, David and Mary (*6) Contributor address; 12/11/2011 City; State; Zip Code \$700.00 4307 Dunning Ln. Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) President/Homemaker Gray Associates/None Full name of contributor ut-of-state PAC (ID# Date Amount of in-kind contribution contribution (\$) description (if applicable) Gullahorn, Jack and Patti Contributor address; City; State; Zip Code 12/28/2011 \$700.00 P.O. Box 140045 Austin, TX 78714 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See instructions) Employer (See instructions) Public Strategies Inc./None Lobbyist/Homemaker Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Hariston, Earl 12/01/2011 Contributor address: City; State; Zip Code \$100.00 1902 Chestnut Cr Round Rock, TX 78281 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) **Private Consultant**

O I II L	OTHER THAN FLEDGES OR LOANS					
The INSTRUCT	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10	0/25 Report: 12/33		
2 FILER NAME	E Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)		
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	in-kind contribution description (if applicable)		
12/21/2011	6 Contributor address; City; State; Zip Code 5805 Carry Back I.n Austin, TX 78745		\$700.00	} † }		
				Texas, complete Schedule T)		
9 Principal occu Attorney/Hor	upation / Job title (See Instructions) mernaker	10 Employer (See Ins Armbrust & Brown	nstructions) wn, PLLC/None			
Date	Full name of contributor	‡)	Amount of contribution (\$)	in-kind contribution description (if applicable)		
12/05/2011	2208 Real Catorce		\$500.00	•		
	Austin, TX 78746		different autoids of	Town commists Schoolute T)		
Principal occu	upation / Job title (See Instructions)	Employer (See Ins	<u> </u>	Texas, complete Schedule T)		
Fullbright an		Administrator	Shooto,			
Date	Full name of contributor	<i>,</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12/15/2011	Contributor address; City; State; Zip Code 2307 Fortune Dr. Austin, TX 78704		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Principal and	pation / Job title (See Instructions) d Property Management/Employee	Employer (See Ins Endeavor Real E		w Designs and Drafting		
Date	Full name of contributor Out-of-state PAC (ID# Hobbs, Jeffrey and Lisa (*4)	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12/21/2011	Contributor address; City; State; Zip Code 3700 Hilibrook Dr. Austin, TX 78731		\$700.00	 		
<u></u>				Texas, complete Schedule T)		
Principal occup Attorney/Atto	pation / Job title (See Instructions) orney	Employer (See Ins Armbrust & Brow	structions) wn, PLLC/Vinson	& Elkins LLP		
Date	Full name of contributor ut-of-state PAC (ID# Hollingsworth, Wayne and D.P. (*4))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12/21/2011	Contributor address; City; State; Zip Code 504 Furlong Dr. Austin, TX 78746		\$700.00	 		
!		[if travel outside of	Texas, complete Schedule T)		
Principal occup Attorney/Non	pation / Job title (See Instructions) ne	Employer (See Ins Armbrust Brown/	structions)			

	The Matructi	ON GUIDE explains how to complete this form.		1 PAGE#	1/25 Report: 13/33
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT # 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor	#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/13/2011	6 Contributor address; City; State; Zip Code 1608 B Haskell Austin, TX 78702		\$350.00	
<u>_</u>				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Accounting	pation / Job title (See Instructions)	10 Employer (See In SXSW	structions)	
	Date	Full name of contributor	 	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/28/2011	Contributor address; City; State; Zip Code 1000 W. 39th St Austin, TX 78756		\$350.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Optometrist	nation / Job title (See Instructions)	Employer (See In Texas State Op	structions)	
	Date	Full name of contributor	į)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/11/2011	Contributor address; City; State; Zip Code 10740 Centennial Trail Austin, TX 78726		\$100.00	
			ļ	(if travel outside of	Texas, complete Schedule T)
	Principal occup attorney	ation / Job title (See Instructions)	Employer (See Ins TASB	structions)	
,	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/19/2011	Contributor address; City; State; Zip Code 305 Riley Rd. Austin, TX 78746		\$700.00	
		Abban, Arona			! -
	Principal occup Anesthesiolog	ation / Job title (See Instructions) jist	Employer (See Ins	<u> </u>	Texas, complete Schedule T)
	Date	Full name of contributor ut-of-state PAC (ID#	· \	Amount of	In-kind contribution
		Jones, Michael		contribution (\$)	description (if applicable)
	12/31/2011	Contributor address; City; State; Zip Code 2045 Zach Scott Street Austin, TX 78723	,	\$350.00	 -
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa Real Estate	ation / Job title (See Instructions)	Employer (See Ins Oak Hill Real Es		
	izadi ⊏9f9f6		Oak Hill Real Es	nate	

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 12/25 Report: 14/33 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Cole, Sheryl (Mrs.) 00001564 5 Full name of contributor uot-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) **K2** Partners 12/12/2011 6 Contributor address; City; State; Zip Code \$500.00 8127 Mesa Dr. Austin, TX 78759 (if travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution Koepke, Elizabeth contribution (\$) description (if applicable) 12/15/2011 Contributor address; City; State; Zip Code \$350.00 1306 Bentwood Austin, TX 78722 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Entertainer Self Date Full name of contributor ut-of-state PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable) Krumme, Gregg and Robin (*4) Contributor address; City; State; Zip Code 12/20/2011 \$700.00 10702 Hastings Ln. Austin, TX 78750 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney/Attorney Armbrust & Brow/Martin, Disiere, Jefferson & Wisdom Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) League, Tim Contributor address; City; State; Zip Code 12/12/2011 \$350.00 1717 W. Sixth Street Sulte 351 Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Alamo Drafthoust Founder Date Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) Link, Tom Contributor address; 12/17/2011 City; State; Zip Code \$350.00 211 E. 7th St. Suite 510 Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Investor Self

Principal occupation / Job title (See Instructions)

Associate

P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 13/25 Report: 15/33 2 FILER NAME Cole, Sheryl (Mrs.) ACCOUNT # (Ethics Commission filers) 00001564 5 Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Littlefield, Sue (*4) 6 Contributor address; 12/12/2011 City; State; Zip Code \$350.00 204 Westhaven Dr. Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Attomey Armbrust & Brown, PLLC/None Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) Llamas, Joe (*5) description (if applicable) City; State; Zip Code 12/28/2011 Contributor address: \$100.00 Austin, TX (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Development McShane Devtelopment Co Amount of Date In-kind contribution contribution (\$) description (if applicable) Lorenz, Perry and Sheridan 12/29/2011 Contributor address: City; State; Zip Code \$700.00 1311 A, East 6th St. Austin, TX 78702 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Founder/Housewife Constuctive Ventures/Community Volunteer Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Lorenzo, Krause Contributor address; 12/27/2011 City; State; Zip Code \$350.00 2420 Jarrett Ave. Austin, TX 78703 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) **Best Efforts Best Efforts** Date Full name of contributor ut-of-state PAC (ID# Amount of in-kind contribution contribution (\$) description (if applicable) Lvnk. Steven 12/16/2011 Contributor address; City; State; Zip Code \$250.00 6004 Ronchamps Dr. Round Rock, TX 78681 (If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

CDM

The increase Assistant Assistance of Color Sherryl (Mrs.) 2 FILER NAME Cole, Sherryl (Mrs.) 3 Account # (Ehica Commission flore) 00001664 4 Date S Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (S) description (fl applicable) 12/01/2011 6 Contributor address; City: State; Zip Code \$350.00 9 Principal occupation / Job title (See instructions) 10 Employer (See instructions) 12/15/2011 Contributor address; City: State; Zip Code S700.00 Contributor address; City: State; Zip Code S700.00 Contributor (S) description (fl applicable) 12/15/2011 Contributor address; City: State; Zip Code S700.00 Contributor (S)			ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A
2 PILER NAME Cole, Shenyi (Mrs.) 3 ACCOUNT # (Ethics Commission filers) 4 Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of contribution (8) description (8 epilicable) 12/01/2011 8 Contributor address; City; State; Zip Code \$350.00 9 Principal occupation / Job title (See Instructions) Vice President and Land Manager Out-of-state PAC (ID# Amount of contribution (8) description (8 epilicable) 12/15/2011 Date Full name of contributor out-of-state PAC (ID# Amount of contributor (8) description (8 epilicable) 12/15/2011 Contributor address; City; State; Zip Code \$700.00 Principal occupation / Job title (See Instructions) Out-of-state PAC (ID# Amount of contributor (8) description (8 epilicable) 12/14/2011 Full name of contributor out-of-state PAC (ID# Amount of contributor (8) description (8 epilicable) Principal occupation / Job title (See Instructions) Constitution (8) description (8 epilicable) 12/14/2011 Full name of contributor out-of-state PAC (ID# Amount of contribution (8) description (8 epilicable) 12/14/2011 The state of contributor Out-of-state PAC (ID# Amount of contribution (8) description (8 epilicable) 12/14/2011 The state of contributor Out-of-state PAC (ID# Amount of contribution (8) description (8 epilicable) 12/14/2011 The state of contributor Out-of-state PAC (ID# Amount of contribution (8) description (8 epilicable) 12/14/2011 Contributor address; City; State; Zip Code \$350.00 The state contribution (8) description (8 epilicable) 12/12/2011 The state of contributor Out-of-state PAC (ID# Amount of contribution (8) description (8 epilicable) 12/12/2011 The state of contributor Out-of-state PAC (ID# Amount of contribution (8) description (8 epilicable) 12/12/2011 The state of contributor Out-of-state PAC (ID# Amount of contribution (8) Description (8 epilicable) 12/12/2011 The state of contributor Out-of-state PAC (ID# Amount of contribution		The Instruction	юн Guide explains how to complete this form.			4/25 Report: 16/33
Mailer, Richard (*6) description (if applicable)	2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT#	
Total Contributor address: City: State: Zip Code ST00.00 ST00.00 SXSW	4	Date		¥		
Principal occupation / Job title (See Instructions) D.R. Horton		12/01/2011	704 E. 45th 1/2 St.	,,,,,,	\$350.00] ! !
Date Full name of contributor Out-of-state PAC (ID# Amount of In-kind contribution (8) In-kind contribution (9) In-kind contribution (10) In-kind contribu						Texas, complete Schedule T)
Majewski, George and Carlyn 12/15/2011 Contributor address; City: State; Zip Code \$700.00	9				structions)	
1800 Parkside Ln Austin, TX 78745 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Coinstart/None Coinstart/Non		Date	· ·	<i>[</i>		
Principal occupation / Job title (See Instructions) Product Planner/None Employer (See Instructions) Coinstar/None Employer (See Instructions) Coinstar/None Employer (See Instructions) Coinstar/None Amount of contribution (s) description (if applicable) 12/14/2011 Contributor address; City; State; Zip Code \$700.00 2507 Cascade Dr. Austin, TX 78757 [If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Director/Employee Employer (See Instructions) SXSW Date Full name of contributor		12/15/2011	1800 Parkside Ln		\$700.00	
Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) in-kind contribution (\$) description (if applicable)					(If travel outside of	/Texas, complete Schedule T)
Mardegian, Scott Wilcox and Rachael (*3) contribution (\$) description (if applicable)					structions)	
12/14/2011 Contributor address; City; State; Zip Code \$700.00 Principal occupation / Job title (See Instructions) Director/Employee Full name of contributor oddress; City; State; Zip Code \$350.00 12/12/2011 Contributor address; City; State; Zip Code \$350.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) In-kind contribution (\$) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution description (if applicable) 11/30/2011 Contributor address; City; State; Zip Code \$350.00 11/30 Lexington Cr DeSoto, TX 75115 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)	-	Date	Full name of contributor	<i>‡</i>		
Principal occupation / Job title (See Instructions) Employer (See Instructions) SXSW		1	Mardegian, Scott Wilcox and Rachael (*3)		contribution (\$)	description (if applicable)
Principal occupation / Job title (See Instructions) Director/Employee		12/14/2011	2507 Cascade Dr.		\$700.00	
Principal occupation / Job title (See Instructions) Director/Employee				•	(if travel outside of	Tayas complete Schedule T)
Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution description (if applicable) 12/12/2011 Contributor address; City; State; Zip Code 2212 East Windsor Rd. Austin, TX 78703 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Endeavor Real Estate Group Date	*********				<u> </u>	Taylor Carrie
Marsh, Charles 12/12/2011 Contributor address; City: State; Zip Code \$350.00		Director/Empl	оуве	SXSW		•
2212 East Windsor Rd. Austin, TX 78703 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Endeavor Real Estate Group	-	Date		·)		
Principal occupation / Job title (See Instructions) Principal Employer (See Instructions) Endeavor Real Estate Group Date Full name of contributor Martin, Kenneth Contributor address; City; State; Zip Code 11/30/2011 Contributor address; City; State; Zip Code 1100 Lexington Cr DeSoto, TX 75115 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)		12/12/2011	2212 East Windsor Rd.	,	\$350.00	
Principal occupation / Job title (See Instructions) Principal Employer (See Instructions) Endeavor Real Estate Group Date Full name of contributor Martin, Kenneth Contributor address; City; State; Zip Code 11/30/2011 Contributor address; City; State; Zip Code 1100 Lexington Cr DeSoto, TX 75115 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)			i		(If travel outside of	Taxas, complete Schedule T)
Martin, Kenneth Contribution (\$) description (if applicable) Contributor address; City; State; Zip Code \$350.00 Contributor address; City; State; Zip Code \$350.00 Contributor address; City; State; Zip Code Contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)			ation / Job title (See Instructions)		structions)	
1100 Lexington Cr DeSoto, TX 75115 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	,)		
(If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)	•	11/30/2011	1100 Lexington Cr		\$350.00	<u> </u>
Principal occupation / Job title (See Instructions) Employer (See Instructions)					I Of travel outside of	Tavas complete Schedule T)
Attorney (Kenneto O Martin & Associates	, <u>.</u>	Principal occupa	ation / Job title (See Instructions)		structions)	10X88, COMpany Commun. ()

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	The INSTRUCTI	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 15	5/25 Report: 17/33
2	FILER NAME	Cole, Sheryl (Mrs.)	,	3 ACCOUNT# 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/16/2011	6 Contributor address; City; State; Zip Code 2915 Regents Park Austin, TX 78746	• • • • • • • • • • • • • • • • • • • •	\$250.00	1 . 1 1
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Founder	pation / Job title (See Instructions)	10 Employer (See In Matt Mathias &		
	Date	Full name of contributor	¥)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	12/01/2011	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$700.00	
		Austin, TX 78746		<u> </u>	Texas, complete Schedule T)
	Principal occup Real Estate/F	pation / Job title (See Instructions) Homemaker	Employer (See In DR Horton/Non		
•	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/30/2011	Contributor address; City; State; Zip Code 7601 Sandla Loop Austin, TX 78735		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lobbyist	ation / Job title (See Instructions)	Employer (See In Greenberg Trau	structions) Irig LLP	
	Date	Full name of contributor ut-of-state PAC (ID# McDonald, Katrina (*8)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/14/2011	Contributor address; City; State; Zip Code 11802 Nene Dr. Austin, TX 78750		\$100.00	 -
				(if travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		
-	Date	Full name of contributor ut-of-state PAC (ID# Means, Bertha)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/30/2011	Contributor address; City; State; Zip Code 7400 Valburn Dr Austin, TX 78731		\$100.00	
				lif traval nutable 44	Texes, complete Schedule T)
	Principal occupa	etion / Job title (See Instructions)	Employer (See Ins		Tower combine commune 1)
					!

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE# Schedule: 16/25 Report: 18/33			
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mendiola, Darin Klein and Natalie (*3)	#)	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)		
	12/20/2011	6 Contributor address; Clty; State; Zlp Code 4419 Barrow Austin, TX 78751	••••••	\$700.00	f 1		
l				(if travel outside of	Texas, complete Schedule T)		
9	Principal occup Producer/Bes	pation / Job title (See Instructions) st Efforts	title (See Instructions) 10 Employer (See Instructions) SXSW/Best Ef				
	Date	Full name of contributor	*	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/12/2011	Contributor address; City; State; Zip Code 1532 Visalia Ln. Austin, TX 78727		\$350.00	[[]		
			(O. 1	'	Texas, complete Schedule T)		
	Principal occup Business Ow	pation / Job title (See Instructions) /ner	Employer (See In	nployer (See Instructions) elf			
	Date	Full name of contributor ut-of-state PAC (ID# Momin, Amin	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/15/2011	Contributor address; City; State; Zip Code 11800 Metric Blvd. Austin, TX 78758		\$350.00	 		
					Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Owner			Employer (See Instructions) Convenient Store Travel Mart				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/20/2011	Contributor address; City; State; Zip Code 2420 Harris Boulevard Austin, TX 78703		\$700.00	 		
					Texas, complete Schedule T)		
	Principal occupa Principal/Best	etion / Job title (See Instructions) t Efforts	Employer (See instructions) MHMATM LLC/Best Efforts				
	Date	Full name of contributor ut-of-state PAC (ID#_Morrison, Gregory		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/30/2011	Contributor address; City; State; Zip Code 9310 Le Conte Cove Austin, TX 78749		\$100.00	; 		
				/if toward autolida of:	Towns complete Schodule 31		
Principal occupation / Job title (See Instructions)			Employer (See Inc	(If travel outside of Texas, complete Schedule T) (See Instructions)			
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POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS							
	The INSTRUCTI	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 17/25 Report: 19/33			
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Nassour, Jimmy (*1)	F)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	12/12/2011	6 Contributor address; City; State; Zip Code 3839 Bee Cave Road Suite 200		\$350.00] 		
	 	Westlake Hills, TX 78746			Texas, complete Schedule T)		
9	Principal occupation / Job title (See Instructions) Lawyer		10 Employer (See Ins Jimmy Nassour				
	Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)		
	12/23/2011	Contributor address; City; State; Zip Code 100 Congress Ave.		\$700.00	1		
		#780 Austin, TX 78701		(if travel outside of	Texes, complete Schedule T)		
	Principal occup Owner/Best E	pation / Job title (See Instructions) Efforts	Employer (See Instructions) Riverside Resources/Best Efforts				
	Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)		
	12/14/2011	Contributor address; City; State; Zip Code 3830 Hunterwood Point Austin, TX 78746		\$700.00]] 		
<u></u>				1	Texas, complete Schedule T)		
	Principal occup Real Estate/D	pation / Job title (See Instructions) Director	Employer (See Ins Endeavor Real E	ee Instructions) Real Estate Center for Convenatal Judaism			
<u> </u>	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/12/2011	Contributor address; City; State; Zip Code 1762 Lookout Forest San Antonio, TX 78260		\$700.00	[-		
	1	Odli runomoj 174 rozov		(If travel outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Branch Manager/None				Employer (See Instructions) DNT Construction/None			
	Oate	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
•	İ	Contributor address; City; State; Zip Code 111 Congress Avenue #1700 Austin, TX 78701		\$350.00 	 		
				•	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Associate			Employer (See Instructions) Andrews Kurth LLP				

_	OTHER THAN PLEDGES OR LOANS					
	The INSTRUCT	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	8/25 Report: 20/33	
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)	
	12/10/2011	6 Contributor address; City; State; Zip Code 6102 Mt. Villa Cove Austin, TX 78731	••••••	\$100.00	 	
				(if travel outside of	Texas, complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/20/2011	Contributor address; City; State; Zip Code 3731 University Blvd. Austin, TX 77005	•••••••	\$250.00	[[]	
				<u> </u>	Texas, complete Schedule T)	
	Principal occur Architect	pation / Job title (See Instructions)	Employer (See In The Hanover C			
	Date	Full name of contributor	¥)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
1	12/14/2011	Contributor address; City; State; Zip Code 2908 Sparkling Brook Lane Austln, TX 78746	•	\$700.00	! ! !	
				<u> </u>	Texas, complete Schedule T)	
		etion / Job title (See Instructions) ector and Principle	Employer (See In Endeavor Real			
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1	2/12/2011	Contributor address; City; State; Zip Code 1805 Far Gallant Dr. Austin, TX 78746		\$350.00	} ! !	
				(if travel outside of	Texas, complete Schedule 1)	
	Principal occup Business Owi	ation / Job title (See Instructions) ner	Employer (See in Sunruse Mini M			
	Date	Full name of contributor uut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1	2/15/2011	Contributor address; City; State; Zip Code 1805 Far Gallant Dr. Austin, TX 78746	•••••	\$350.00	! !	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup Business own	ation / Job title (See Instructions) er	Employer (See Ins Sunrise Mini Ma			

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	The INSTRUCTI	пон Guide explains how to complete this form.		1 PAGE# Schedule: 19	9/25 Report: 21/33
2	PILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/17/2011	6 Contributor address; City; State; Zip Code 4017 Walnut Clay Drive Austin, TX 78731		\$100.00	† †
_		·		(if travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In: Bickerstaff	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/15/2011	Contributor address; City; State; Zip Code 12912 Park Drive Austin, TX 78732		\$300.00	[] 1
			•	(If travel outside of	Texas, complete Schedule T)
	Principal occup Owner	pation / Job title (See Instructions)	Employer (See Ins Lane Humboldt		
	Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	12/25/2011	Contributor address; City; State; Zip Code 2022 Laird Dr. Salt Lake City, UT 84108		\$700.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Management/	oation / Job title (See Instructions) /Homemaker	Employer (See Ins Reagan Nationa	structions) al Avertising/None	
-	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/14/2011	Contributor address; City; State; Zip Code 1475 Federal Heights Dr. Salt Lake City, UT 84103-4443		\$700.00	l l . I .
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa Advertising/Re	ation / Job title (See Instructions) eal Estate	Employer (See Ins Self/Self	structions)	•
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/30/2011	Contributor address; City; State; Zip Code 4100 McBrine PI Austin, TX 78746		\$700.00 ¦	
					Texas, complete Schedule T)
	Principal occupa President/Con	ation / Job title (See instructions) nsultant	Employer (See Ins Reagan National		

	The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20	0/25 Report: 22/33	
2	FILER NAME	Cole, Sheryi (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/30/2011	6 Contributor address; City; State; Zip Code 2914 Regents Park Austin, TX 78746		\$150.00		
İ				(if travel outside of	Texas, complete Schodule T)	
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	,	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/27/2011	Contributor address; City; State; Zip Code 100 Congress Ave. #780		\$700.00	 	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Austin, TX 78701			Texas, complete Schedule T)	
	Principal occup Investor/Non	oation / Job title (See Instructions) 9	Employer (See In Self/None	structions)		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Renbarger, Grace)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/28/2011	Contributor address; City; State; Zip Code		\$100.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup	etion / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Schweitzer, John)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	12/21/2011	Contributor address; City; State; Zip Code 3105 Above Stratford PI Austin, TX 78746		\$350.00	. 	
				(if travel outside of	Texas, complete Schedule T)	
,	Principal occup Principal	ation / Job title (See Instructions)	Employer (See Ins Campbell Capita	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/21/2011	Contributor address; City; State; Zip Code 105 Brooks Hollow Lakeway, TX 78734		\$700.00 		
		•		(If travel outside of)	Fexas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,,,,,	
	Attomey/Hom		Armbrust & Brov			

	The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 21	I/25 Report: 23/33	
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID)	*	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/29/2011	6 Contributor address; City; State; Zip Code 604 West 11th Austin, TX 78701		\$100.00	[] [· · ·	
				(if travel outside of	Texas, complete Schedule T)	
9	Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)	
	12/09/2011	Contributor address; City; State; Zlp Code 5003 Lucas Lane Austin, TX 78731		\$350.00	 	
				(if travel outside of	Texes, complete Schedule T)	
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In Self-employed			
Γ	Date	Full name of contributor ☐ out-of-state PAC (ID# Smith, David Smith and Karen Eckert (*4)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/15/2011	Contributor address; City; State; Zip Code 100 Congress Ave. #300 Austin, TX 78701		\$700.00	 	
_					Texas, complete Schedule T)	
		ation / Job title (See Instructions) ersity of Texas	Employer (See In: Armbrust & Bro	structions) wn/Lab Technicia	n	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/23/2011	Contributor address; City; State; Zip Code 100 Congress Ave. #780		\$700.00	 	
		Austin, TX 78701				
	Dringing equip	ation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)	
	Manager/Emp			urces/Whitzman M	lanagement Corp	
	Date	Full name of contributor ut-of-state PAC (ID# Speck, Lawrence)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/18/2011	Contributor address; City; State; Zip Code 800 West 5th St. #1102		\$350.00	i - -	
		Austin, TX 78703		/ld traval and the set	Toyon complete O-b-dut- The [III]	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)	
	Professor			of Architecture		

	The Instruction	TON GUIDE explains how to complete this form.		1 PAGE# Schedule: 22	2/25 Report: 24/33	
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/19/2011	6 Contributor address; City; State; Zip Code 1212 Guadalupe St. #802 Austin, TX 78701	•••••	\$350.00	 	
				(if travel outside of	Texas, complete Schedule T)	
9	Principal occup Marketing	pation / Job title (See Instructions)	10 Employer (See In SXSW	structions)		
	Date	Full name of contributor))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/21/2011	Contributor address; City; State; Zip Code 823 Congress Ave Sulte 1111 Austin, TX 78701		\$700.00	 	
<u></u>	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule Tj	
	Owner/Office	Manager	T. Stacy and As	sociates/T. Stacy	and Associates	
	Date	Full name of contributor ut-of-state PAC (ID# Stuart, Donald (*5)		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/30/2011	Contributor address; City; State; Zip Code 4105 Long Champ Dr. Austin, TX 78746		\$250.00	 	
					Texas, complete Schedule T)	
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In: Metcalfe, Wolff,	structions) Stuart and Williar	ms	
	Date	Full name of contributor	}	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	12/15/2011	Contributor address; City; State; Zip Code P.O. Box 4181 Austin, TX 78765		\$350.00	 	
					· ~、	
	Bringing cours	ation / Job title (See Instructions)			Texas, complete Schedule T)	
	Sales Manage	· · · · · · · · · · · · · · · · · · ·	Employer (See Ins	errocuons)		
	Date	Full name of contributor ut-of-state PAC (ID#] Taylor, Scott and Kim (*4))	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	12/20/2011	Contributor address; City; State; Zip Code 10919 Enchanted Rock Cove Austin, TX 78726		\$700.00 I		
					Texes, complete Schedule T)	
	Principal occupa Attorney/Home	ation / Job title (See Instructions) emaker	Employer (See Ins Armbrust & Brov		•	

Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 23/25 Report: 25/33 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Cole, Sheryl (Mrs.) 00001564 5 Full name of contributor out-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Tomme, Dean and Marci (6*) 12/15/2011 6 Contributor address; City: State; Zip Code \$700.00 P.O., Box 467 Lampasas, TX 76550 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) VP/None **DNT Construction/None** Date Amount of In-kind contribution contribution (\$) description (if applicable) Troilo, Arthur 12/09/2011 Contributor address; City; State; Zip Code \$100.00 700 E. 11th Street #300 Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Wainwright, Jon Contributor address; \$350.00 12/10/2011 City; State; Zip Code 4109 Ave F Austin, TX 78751 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) **Economist** MMC Full name of contributor Date ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Wheeler, Richard 12/28/2011 Contributor address: City; State; Zip Code \$350.00 1903 A, Crested Butte Dr. Austin, TX 78746 (If travel outside of Taxas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Lakeway/Lohmans Investments, Inc. Director Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) White, Neel and Pam description (if applicable) Contributor address: 12/14/2011 City; State; Zip Code \$700.00 4220 River Garden Trail Austin, TX 78746 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) President & CEO/None White Construction/None

	OTHER THAN PLEDGES OR LOANS					
	The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 24	//25 Report: 26/33	
2	FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)	
4	Date	5 Full name of contributor	*)	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)	
	12/16/2011	6 Contributor address; City; State; Zip Code 908 E. Live Oak St. Austin, TX 78704		\$700.00	 	
					Texas, complete Schedule T)	
9		pation / Job title (See Instructions) Service Manager	10 Employer (See In None/CDM Sm			
	Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/11/2011	Contributor address; City; State; Zip Code 4801 Broken Bow Pass Austin, TX 78745		\$700.00	 	
		Austri, 1770745				
<u> </u>	Delnolant accus	pation / Job title (See Instructions)	Frankryon (Can In	<u> </u>	Texas, complete Schedule T)	
		ector/Homemaker	Employer (See In SXSW/None	su ocuons)	,	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/29/2011	Contributor address; City; State; Zip Code 8209 Dark Ridge Cove Austin, TX 78737		\$200.00	 	
		_		(If travel outside of	Texas, complete Schedule T)	
	Principal occup Partner	ation / Job title (See Instructions)	Employer (See In Metcalfe, Wolff,	structions) Stuart and Willian	ns	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/15/2011	Contributor address; City; State; Zip Code 4101 Galacia Dr. Austin, TX 78759		\$700.00		
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup VP/None	ation / Job title (See Instructions)	Employer (See Inc Camp Dresser &	structions) & Mc Kee Inc/None	9	
2.1.1.1.1	Date	Full name of contributor uut-of-state PAC (ID# Wolff, David (*5))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/30/2011	Contributor address; City; State; Zip Code 1206 W. 8th St. Austin, TX 78701		\$350.00		
				(if travel outside of 1	Texas, complete Schedule T)	
		ation / Job title (See instructions)	Employer (See Ins	structions)	. ,	
	Partner		Golden Stuart &	Wolff LLP		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

The Instructs	on Guide explains how to complete this form.		1 PAGE#	
			Schedule: 2	5/25 Report: 27/33
FILER NAME	Cole, Sheryl (Mrs.)		3 ACCOUNT# 00001564	(Ethics Commission filers)
Date	5 Full name of contributor ☐ out-of-state PAC Zarbock, Kent (*6)	(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/01/2011	6 Contributor address; City; State; Zip Cox 705 W. Rim Dr. Austin, TX 78731	de	\$200.00	1 1
			- L	Texas, complete Schedule T)
Principal occup Manager of S	ation / Job title (See Instructions) ales	10 Employer (See I D. R. Horton	instructions)	
			**************************************	***************************************
		*		\
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		,		

POLITIC	CAL EXPENDITURES		SCHEDULE F
Advertising Exp Accounting/Ban Consulting Expe Event Expense Fees	king Legal Services Solicitation/Funds	Contract Lebor Loan Repairaising Expense Transportat Contribution trict Candidat Rental Expense OTHER (en	ment/Reimbursement ion Equipment & Related Expense is/Donations Made By e/Officeholder/Political Committee ter a category not listed above)
1 PAGE# Schedule: 1/6 R	eport: 28/33 2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT # (TEC filers) 00001564
4 Date 11/30/2011	5 Payee name Adisa Communications		
6 Amount (\$) \$2,800.00	7 Payee address City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (if travel outsi Announcement Media	de of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name Adisa Communications		
12/20/2011 Amount (\$)	Payee address City; State; Zip Code		
\$558.00	13492 Research Blvd. #120-631 Austin, TX 78750		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedule) Consulting Expense	Description (if trevel outs) Reimbursement for Can	de of Texas, complete Schedule T) npaign Expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 12/30/2011	Payee name Adisa Communications		ì
Amount (\$) \$6,000.00	Payee address City; State; Zip Code 13492 Research Blvd. #120-631 Austin, TX 78750	***	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (if travel outsi Social Media/Website	de of Texas, complete Schedule T)
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 12/17/2011	Payee name Central Market		
Amount (\$)	Payes address City; State; Zip Code		
\$127.00	4001 N. Lamar Austin, TX 78756		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outsi Staff lunch	de of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District

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

Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Cole, Sheryi (Mrs.) Schedule: 2/6 Report: 29/33 00001564 4 Date 5 Payee name H. Green Photography 11/22/2011 6 Amount (\$) Payee address City; State; Zip Code 2906 MLK Blvd. \$100.00 Austin, TX 78702 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense **Event photos** OF EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Jitahidi, Joia 08/01/2011 Amount (\$) Payee address City; State; Zip Code 5114 Balcones Woods Dr. \$750.00 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Media/Communications OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Jitahidi, Joia 08/29/2011 Amount (\$) Payee address City; State; Zip Code 5114 Balcones Woods Dr. \$750.00 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Media/Communications OF EXPENDITURE Candidate / Officeholder name Complete ONLY If Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Jitahidi, Joia 12/30/2011 Amount (\$) Payee address City; State; Zip Code 5114 Balcones Woods Dr. \$1,500.00 Austin, TX 78759 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Consulting Expense Media/Communications EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Candidate / Officeholder name

Complete ONLY If

direct expenditure to benefit C/OH

Office held:

Office sought:

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expens	t A
Accounting/Bankin	a
Consulting Expens	
	~
Event Expense	
Fare '	

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES

anse Salaries/Wages/Contract Labor
Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Consulting Expe Event Expense Fees	ense Food/Beverage Expense Ti Polling Expense Ti Printing Expense O	coliciation rungraising expense Travel Out Of District Office Overhead/Rental Expense E explains how to complete this fo	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) rm.
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 4/6 R	Cola Chand (Man)		00001564
4 Date	5 Payee name		
07/05/2011	McDonald, Stephanie		
6 Amount (\$)	7 Payee address City; State; Zip	Code	
\$37.87	802 Town Lake Blvd. Austin, TX 78704		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this Food/Beverage Expense	schedule) (b) Description Reimbursem	(If travel outside of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ight: Office held:
Date	Payee name		
12/30/2011	Message, Audience and Presentation		
Amount (\$)	Payee address City; State; Zip	Code	
\$2,500.00	2400 S. 4th St. Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this a Consulting Expense	schedule) Description Political strat	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ght: Office held:
Date	Payee name		
08/29/2011	NAACP		
Amount (\$)	Payee address City; State; Zip	Code	
\$150.00	1704 E. 12th St Austin, TX 78702		
	Category (See Categories listed at the top of this s	schedule) Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By	Contribution/	Donation
EXPENDITURE	Candidate/Officeholder/Political Committ	188	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ght: Office held:
Date	Payee name		
11/27/2011	Office Depot		
Amount (\$)	Payee address City; State; Zip	Code	
\$193.00	13201 Ranch Road 620 Austin, TX 78717		
	Category (See Categories listed at the top of this s	schedule) Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Office supplie	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ght: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

Δ	dvertisir	na Evr	MAN TO
		.A	~:
Α	ocountir	10/Bar	ikinc
	onsultin		
			a rec
E٠	vent Ex	oanse	
_			

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

P.O.Box 12070

EXPENDITURE CATEGORIES Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Politing Expense Travel Out of Dis Printing Expense Office Overhead/ The Instruction Guide explains how	Rental Expense OTHER (ente	/Officeholder/Political Committee er a category not ilsted above)
. 5465#		w to complete uns form.	1- 10001027
1 PAGE#	2 FILER NAME Cole, Sheryl (Mrs.)		3 ACCOUNT# (TEC filers)
Schedule: 5/6 Re 4 Date	TOTAL OM CO		00001564
1 '	5 Payee name Pay Pal		
11/30/2011			
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$1.13	2211 N. 1st St. Austin, CA 95131		!
8	(a) Category (See Categories listed at the top of this schedule)	1	e of Texas, complete Schedule T)
PURPOSE	Fees	Fees for online contributi	ons
EXPENDITURE			,
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 12/31/2011	Payee name Pay Pal		
Amount (\$)	Payee address City; State; Zip Code		-
\$3.05	2211 N. 1st St.		
•	San Jose, CA 95131		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Fees	Fees for online contributi	ons
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
12/30/2011	Rylo Consulting		
Amount (\$)	Payee address City; State; Zip Code		
\$4,000.00	908 E. 5th St.		
.,	Suite 210 Austin, TX 78702		
	Ausun, 12 70702		
DUDDO05	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Solicitation/Fundraising Expense	Fund raising activities	
EXPENDITURE			
Complete ONLY If direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
09/30/2011	South Austin Democrats		
Amount (\$)	Payee address City; State; Zip Code		
\$250.00	PO Box 152592		
7200.00	Austin, TX 78715		l
			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By	Political contributions	
EXPENDITURE	Candidate/Officeholder/Political Committee		ì
		<u> </u>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE V - attach to form C/OH PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF Reference 2-2-14, Austin City Code

Enter the name and address of any person who has solicited and obtained contributions on your behalf, during the reporting period, of \$200 per person from five or more individuals. (You need not include individuals who raise funds totaling \$5,000 or less through a fundraising event in that i n d i v i d u a l 's residence.)

Name of person soliciting

Contributions: Alice Glasco

Address: 5117 Valburn Ct., Austin, TX, 78731

Name of person soliciting

Contributions: Andrew Pastor

Address: 2908 Sparkling Brook Lane., Austin, TX, 78746

Name of person soliciting

Contributions: Jeannie Wiginton 908 E. Live Oak St., Austin, TX, 78704

Name of person soliciting

Contributions: David Armbrust

Address: 2807 Regents Park Austin, TX, 78746

Name of person soliciting

Contributions: Donald Reese

Address: 100 Congress Ave., #780., Austin, TX, 78701

Name of person soliciting

Contributions: Richard Maier

Address: 704 E. 45th St.., Austin, TX, 78751

Name of person soliciting

Contributions: Michael Whelan

4800 Laurel Canyon Dr., Austin, TX, 78731

2012

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

	OFFICEHOLDER FINANCE REPORT	774-1830,7 HT.	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION GU	אוטב explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers) 00000005	2 PAGE# 1 of 32
3 CANDIDATE / OFFICEHOLDER NAME	record of	MI	OFFICE USE ONLY Date Received OFFICE USE ONLY RE
4 CAND OFFICI MAILIN ADDRE	filed of	STATE; ZIP CODE	Date Hand-delivered Date Dos marked Receipt # Amount
5 CAMPAIGN TREASURE NAME		MI	Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	600 Congress Avenue Suite 2800 Austin, TX 78701	TE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 615-1207	EXTENSION	
8 REPORT TYPE	X January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROL	Month Day JGH 12/31/20	Year
10 ELECTION	ELECTION DATE ELECTION TYP Month Day Year Primary 05/12/2012	_	General Special
11 OFFICE	OFFICE HELD (# any) Austin City Council District 5	12 OFFICE SOUGHT (if known) Austin City Council E	
	GO TO F	PAGE 2	

Texas Ethics Commission

P.O. Box 12070 Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

	/ OFFICEHOLDER FINANCE REPORT			FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	JIDE explains how to complete this fo	orm. 1 ACCO (Ethics 00000	Commission filers)	2 PAGE# 1 of 32
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Dr. William		М	OFFICE USE ONLY
NAME	NICKNAME LAST Bill Spelma		SUFFIX	Date Received 012 LAN 1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; P.O. Box 2284 Austin, TX 78768	city;	STATE; ZIP CODE	Date Hand-delivered Date Dostmarked
Change of Address				Receipt # Amount
5 CAMPAIGN	MS/MRS/MR FIRST		MI	Date Processed
TREASURER NAME	Ms. Martha			Date Imaged
	NICKNAME LAST Smiley		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (NO PO BOX PLEASE); 600 Congress Avenue Suite 2800 Austin, TX 78701	APT / SUITE #;	CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 615-1207		EXTENSION	
8 REPORT TYPE	X January 15 30th day	before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
· · · · · · · · · · · · · · · · · · ·	July 15 8th day b	pefore election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year		Month Day	Year
	11/14/2011	THROUGH	12/31/201	1
10 ELECTION	ELECTION DATE EL Month Day Year 05/12/2012	Primary .	Runoff X	General Special
11 OFFICE	OFFICE HELD (If any) Austin City Council District 5		OFFICE SOUGHT (if known) Austin City Council Di	istrict 5
	G	GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT &	TOTALS		Cover	SHEET PG 2
13 C/OH NAME Speli	man, William (Dr.)		14 ACCOUNT# (00000005	Ethics Commission filers
15 NOTICE FROM	have been made wit	olice of political expenditures by political committees to support the conditate's or officeholder's knowledge or consent, Candidery receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIF#C	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
1		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	31,460.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	0.00
	4. TOTAL F	OLITICAL EXPENDITURES	\$	6,438.76
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	25,521.24
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	500.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all information required	. ,
	ANN MARGRETT FRAN MY COMMISSION EXPI October 17, 2014	Mayhna Wallan	Candidate or Officeholds	er
AFFIX NOTARY ST	TAMP / SEAL ABOVE	•	•	
Sworn to and subscribe		e said William Spelman Ify which, witness my hand and seal of office.	, this the	7day
my 2	mark ha	Au Harring Tra . W.	Ahlaru	
Signature of officer admin	Stering oath	Print name of officer administering oath	Title of officer adminis	stering oath

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS				
The Instruct	TION GUIDE explains how to complete this form.) <u></u>	1 PAGE # Schedule: 1/	27 Report: 3/32
2 FILER NAME	Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Abell, William	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/12/2011	6 Contributor address; City; State; Zip Code 1607 Kerr Street Austin, TX 78704		\$100.00]
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/08/2011	Contributor address; City; State; Zip Code 515 Congress Avenue Suite 1600 Austin, TX 78701		\$150.00	1 I · · I
			1	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/28/2011	Contributor address; City; State; Zip Code 1515 Oxford Avenue Austin, TX 78704		\$350.00	
·····			(If travel outside of	Texas, complete Schedule T)
Principal occup Principal	vation / Job title (See Instructions)	Employer (See In FORM Sustains	structions) able Planning & Co	ommunity Design
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 2807 Regents Park Austin, TX 78746		\$25.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 2807 Regents Park Austin, TX 78746		\$25.00 	
				exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruc	rion Guide explains how to complete this form.		1 PAGE# Schedule: 2/	27 Report: 4/32
2 FILER NAME	Spelman, William (Dr.)		3 ACCOUNT # 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Armstrong, Alfred)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/21/2011	6 Contributor address; City; State; Zip Code 9716 Crenata Cove Austin, TX 78759		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
g Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	istructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/28/2011	Contributor address; City; State; Zip Code 3707 Laurel Ledge Lane Austin, TX 78731		\$100.00	<u> </u>
	Austin, TATOTO		(if travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/23/2011	Contributor address; City; State; Zip Code 2408 Keating Lane Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Managing Pa	rtner	Employer (See In Shield Ranch	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Baer, Therese	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/19/2011	Contributor address; City; State; Zip Code 5904 Mountainclimb Drive Apartment 1 Austin, TX 78731	· · · · · · · · · · · · · · · · · · ·	\$350.00 	
				Texas, complete Schedule T)
Principal occup President	ation / Job title (See Instructions)	Employer (See Ins Baer Engineerin		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 309 McConnell Drive Austin, TX 78746	,	\$350.00 <mark> </mark> 	
			(If travel outside of]	「exas, complete Schedule T)
Principal occup *Attorney	ation / Job title (See Instructions)	Employer (See Ins Texas Attorney (structions) General	

Th	e Instructi	ON GUIDE explains how to complete this form.		1 PAGE#	27 Report: 5/32
2 FIL	ER NAME	Spelman, William (Dr.)		3 ACCOUNT # 00000005	(Ethics Commission filers)
4 [Date	5 Full name of contributor)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/3	31/2011	6 Contributor address; City; State; Zip Code 309 McConnell Drive Austin, TX 78746		\$350.00	1
					Texas, complete Schedule T)
1 -	torney	pation / Job title (See Instructions)	10 Employer (See In Armbrust & Bro		
	Date	Full name of contributor	#}	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/	19/2011	Contributor address; City; State; Zip Code 8608 Tallwood Drive Austin, TX 78759		\$100.00	!
		Austri, 17,70739			· · · · · · · · · · · · · · · · · · ·
Prin	cinal occur	ation / Job title (See Instructions)	Employer (See In	J	Texas, complete Schedule T)
			2 pio y o . (000 i .)		
D	ate	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/3	31/2011	Contributor address; City; State; Zip Code 11205 Limoncillo Court Austin, TX 78750	• • • • • • • • • • • • • • • • • • • •	\$350.00	
					Texas, complete Schedule T)
Princ *No		ation / Job title (See Instructions)	Employer (See In None	structions)	
Da	ate	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/3	1/2011	Contributor address; City; State; Zip Code 11205 Limonciilo Court Austin, TX 78750		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	ipal occupa orney	ation / Job title (See Instructions)	Employer (See In: Armbrust & Brown		
Da	ate	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/3		Contributor address; City; State; Zip Code 4108 Burnet Road Austin, TX 78756		\$50.00 	
				(If travel outside of	Texas, complete Schedule T)
Princ	ipal occupa	tion / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/	'27 Report: 6/32
2 FILER NAME	Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor uut-of-state PAC (ID: Bernstein, Erin)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/31/2011	6 Contributor address; City; State; Zip Code 805 West 5th Street Apt. 908 Austin, TX 78701		\$350.00	
9 Principal occu *None	upation / Job title (See Instructions)	10 Employer (See li None		Texas, complete Schedule T)
Date	Full name of contributor	-	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 805 West 5th Street Apt. 908 Austin, TX 78701		\$350.00	}
	Austri, 1770701		(If travel outside of	Texas, complete Schedule T)
Principal occu *Attorney	pation / Job title (See Instructions)	Employer (See In Armbrust & Bro		
Date	Full name of contributor	<i>i</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/28/2011	Contributor address; City; State; Zip Code 14741 Arrowhead Drive Volente, TX 78641	, , , , , , , , , , , , , , , , , , , ,	\$200.00	1 }
			<u> </u>	Texas, complete Schedule T)
Principal occup Executive Dir	pation / Job tille (See Instructions) rector	Employer (See In Downtown Ausi		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/26/2011	Contributor address; City; State; Zip Code 2605 Woodmont Avenue Austin, TX 78703		\$350.00	
				Texas, complete Schedule T)
Principal occup Owner	pation / Job title (See Instructions)	Employer (See In Burlington Vent		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/22/2011	Contributor address; City; State; Zip Code 208 West 4th Street Austin, TX 78701		\$250.00	
Drive in all a serve	otion / Joh Billo /Coo Instructions	Employer/Co. In	l	Texas, complete Schedule T)
Architect	eation / Job title (See Instructions)	Employer (See Ins Black & Vernoo		

O () I I L					
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/	27 Report: 7/32	
2 FILER NAME	Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)	
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/24/2011	6 Contributor address; City; State; Zip Code 4100 Jackson Avenue Apt. 250 Austin, TX 78731		\$200.00	1	
- 6:		1	1	Texas, complete Schedule T)	
9 Principal occu Professor	pation / Job title (See Instructions)	10 Employer (See In University of Te			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/22/2011	Contributor address; City; State; Zip Code 901 West 30th Street		\$50.00	[[
	Austin, TX 78705			Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/31/2011	Contributor address; City; State; Zip Code 602 Coquina Lane Austin, TX 78746		\$350.00	• 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup *Attorney	vation / Job title (See Instructions)	Employer (See Ins Armbrust & Brov			
Date	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/31/2011	Contributor address; City; State; Zip Code 602 Coquina Lane Austin, TX 78746	.,,	\$350.00		
			{If travel outside of	Texas, complete Schedule T)	
	ation / Job title (See Instructions) ction Consultant	Employer (See Ins Self	tructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/05/2011	Contributor address; City: State; Zip Code 111 Congress Avenue Suite 1400 Austin, TX 78701		\$350.00 		
	The State Constitution in the State Constitu	F		exas, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)		

OTHE	THAN FLEDGES OR LOA	INO		
The Instruc	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/	27 Report: 8/32
2 FILER NAME	Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Buie, Jed	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/29/2011	6 Contributor address; City; State; Zip Code 7905 Goldenrod Cove Austin, TX 78750		\$25.00	†
			(If travel outside of	Texas, complete Schedule T)
9 Principal ocçu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/29/2011	Contributor address; City; State; Zip Code 7905 Goldenrod Cove Austin, TX 78750		\$25.00	
				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 1601 Forest Trail Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup *Teacher	pation / Job title (See Instructions)	Employer (See In: Trinity Episcopa		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 1601 Forest Trail Austin, TX 78703		\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup *Attorney	ation / Job title (See Instructions)	Employer (See Ins Armbrust & Brov		
Date	Full name of contributor ut-of-state PAC (ID# Byars, Anne)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 2103 Schulle Avenue Austin, TX 78703		\$350.00 <mark> </mark> 	
Dale -!!	otion / Joh stilla (Con Josephina)	Emplaces (Co. 1)		(exas, complete Schedule T)
*None	ation / Job title (See Instructions)	Employer (See Ins None	aructions)	

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 7/27 Report: 9/32 2 FILER NAME Spelman, William (Dr.) 3 ACCOUNT # (Ethics Commission filers) 00000005 Date 5 Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) Byars, Sam 12/31/2011 6 Contributor address; City: State: Zip Code \$350.00 2103 Schulle Avenue Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Armbrust & Brown *Attorney Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Cartwright, Janice 12/29/2011 Contributor address; City; State; Zip Code \$25.00 1404 Dwyce Drive Austin, TX 78757 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# In-kind contribution Amount of contribution (\$) description (if applicable) CDM Political Action Committee 12/13/2011 Contributor address; City; State; Zip Code \$350.00 3050 Post Oak Boulevard Suite 300 Houston, TX 77056 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Chimenti, Danette Contributor address; City; State; Zip Code 12/01/2011 \$350.00 200 The Circle Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Clark, Antoinette 12/08/2011 Contributor address; City; State; Zip Code \$350.00 2200 Far Gallant Drive Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) None

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/	27 Report: 10/32
2	FILER NAME	Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)
4	Oate	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/07/2011	6 Contributor address; City; State; Zip Code 4210 River Garden Trail Austin, TX 78746		\$350.00	1 1 1
				l `	Texas, complete Schedule T)
9	Principal occup None	pation / Job title (See Instructions)	10 Employer (See In None	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2011	Contributor address; City; State; Zip Code 4210 River Garden Trail Austin, TX 78746		\$350.00	!
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In	structions)	
	Chairman		Cypress Real E	state Advisors	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/08/2011	Contributor address; City; State; Zip Code 2200 Far Gallant Drive Austin, TX 78746		\$350.00	[[[
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa Partner	ation / Job title (See Instructions)	Employer (See In: Cypress Reat E		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/31/2011	Contributor address; City; State; Zip Code 1400 Yaupon Valley Road Austin, TX 78746		\$350.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa *Retired	ation / Job title (See Instructions)	Employer (See Ins None	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1		Contributor address; City; State; Zip Code 1400 Yaupon Valley Road Austin, TX 78746		\$350.00 	
		- Approximation			rexas, complete Schedule T)
	Principal occupa *Attorney	tion / Job title (See Instructions)	Employer (See Ins Armbrust & Brov		

*Lab Technician

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 9/27 Report: 11/32 2 FILER NAME Spelman, William (Dr.) 3 ACCOUNT # (Ethics Commission filers) 00000005 5 Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Dailey, Robert 12/20/2011 6 Contributor address; City; State; Zip Code \$50.00 P.O. Box 200068 Austin, TX 78720 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Davis, lan 12/31/2011 Contributor address; City; State; Zip Code \$25.00 600 Bouldin Avenue Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Dealey, Amanda 12/30/2011 Contributor address; City; State; Zip Code \$350.00 5401 Ridge Oak Drive Austin, TX 78731 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Investor Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Dobbs, David 12/16/2011 Contributor address; City; State; Zip Code \$100.00 9702 Swansons Ranch Road Austin, TX 78748 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Eckert, Karen 12/31/2011 Contributor address; City; State; Zip Code \$350.00 100 Congress Avenue Suite 1300 Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

University of Texas

OTHER	THAN FEEDGES ON EOAI			
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 10	0/27 Report: 12/32
2 FILER NAME	Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor	* }	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/23/2011	6 Contributor address; City; State; Zip Code 1705 Rabb Road Austin, TX 78704		\$150.00	} []
			(If travel outside of	Texas, complete Schedule T)
•9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/21/2011	Contributor address; City; State; Zip Code 4105 Farhills Drive Austin, TX 78731		\$350.00	
			I	Texas, complete Schedule T)
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In Government Pa		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/05/2011	Contributor address; City; State; Zip Code P.O. Box 123 Austin, TX 78767		\$200.00	1
				Texas, complete Schedule T)
Principal occupa President	ation / Job title (See Instructions)	Employer (See In Staats Falkenbe		
Date	Full name of contributor	>	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/01/2011	Contributor address; City; State; Zip Code 301 Congress Avenue Suite 1050	.,,,,,,	\$200.00	
	Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
Principal occupa Attorney	ation / Job title (See Instructions)	Employer (See In: Reed & Scardin		147
Date	Full name of contributor out-of-state PAC (ID#_Fisher, Francis)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/26/2011	Contributor address; City; State; Zip Code 3208 Harris Park Avenue Austin, TX 78705		\$100.00 	
			(If travel outside of 7	Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins	structions)	*

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 11	I/27 Report: 13/32
2 FILER NAME	Spelman, William (Dr.)		3 ACCOUNT # 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IC Frede, Martha)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/22/2011	6 Contributor address; City; State; Zip Code 1000 Liberty Park Drive Apt. 106 Austin, TX 78746		\$100.00	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	_ <u></u>	TOXAGE COMPLETE CONTROLLER ()
Date	Full name of contributor ut-of-state PAC (ID George, R. James	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/2011	Contributor address; City; State; Zip Code P.O. Box 685193 Austin, TX 78768		\$300.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	#>	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/13/2011	Contributor address; City; State; Zip Code 1101 East 11th Street Austin, TX 78702		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Controller	pation / Job title (See Instructions)	Employer (See In Balcones Reso		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/13/2011	Contributor address; City; State; Zip Code 1101 East 11th Street Austin, TX 78702		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur CEO	pation / Job title (See Instructions)	Employer (See In: Balcones Resou		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/30/2011	Contributor address; City; State; Zip Code 5117 Valburn Court Austin, TX 78731		\$25.00 	
			·	Texas, complete Schedule T)
Principal occup	alion / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruc	The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 12/27 Report: 14/32		
2 FILER NAME	E Spelman, William (Dr.)		3 ACCOUNT # 00000005	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (III) Graham, Lawrence	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/22/2011	6 Contributor address; City; State; Zip Code 5909 Bull Creek Road Austin, TX 78757		\$150.00	} }	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	nstructions)		
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/21/2011	Contributor address; City; State; Zip Code 3711 Taylors Drive Austin, TX 78703		\$200.00	[
			<u></u>	Texas, complete Schedule T)	
Principal occu Property Ma	pation / Job title (See Instructions) nager	Employer (See Ir Griffith Properti	istructions) es and Investmen	ts	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/19/2011	Contributor address; City; State; Zip Code 111 Congress Avenue Suite 1400 Austin, TX 78701		\$25.00	 	
Principal occur	pation / Job title (See Instructions)	Employer (See In	l <u>. · </u>	Texas, complete Schedule T)	
Filliopal occu			su ucuons)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/19/2011	Contributor address; City; State; Zip Code 111 Congress Avenue Suite 1400 Austin, TX 78701		\$25.00	 	
				Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/22/2011	Contributor address; City; State; Zip Code 3307 Winding Creek Drive Austin, TX 78735		\$200.00 		
			<u> </u>	Texas, complete Schedule T)	
Principal occup CEO	vation / Job title (See Instructions)	Employer (See Ins Seton Brackenri			

Date

12/18/2011

Heidrick, Clarke

3702 Eastledge Drive Austin, TX 78731

Principal occupation / Job title (See Instructions)

Contributor address;

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guine explains how to complete this form. Schedule: 13/27 Report: 15/32 Spelman, William (Dr.) 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 00000005 5 Full name of contributor ut-of-state PAC (ID# Date In-kind contribution Amount of contribution (\$) description (if applicable) Hawkins, Kelley 12/31/2011 6 Contributor address: City; State; Zip Code \$350.00 5805 Carry Back Lane Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) *None None Date Amount of In-kind contribution contribution (\$) description (if applicable) Hawkins, Mark \$350.00 12/31/2011 Contributor address; City; State; Zip Code 5805 Carry Back Lane Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) *Attorney Armbrust & Brown Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) Hawthorne, Melissa description (if applicable) 12/05/2011 Contributor address; City; State; Zip Code \$350.00 1403 Foxwood Cove Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Austin Permit Service, Inc.

Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Hersh, Stuart 12/21/2011 Contributor address; City; State; Zip Code \$50.00 1307 Kinney Avenue Austin, TX 78704

(If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

Full name of contributor ut-of-state PAC (ID#_

City; State; Zip Code

In-kind contribution

description (if applicable)

(If travel outside of Texas, complete Schedule T)

Amount of contribution (\$)

Employer (See Instructions)

\$100.00

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	1/27 Report: 16/32
2 FILER NAME	Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Hill, Forest	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/21/2011	6 Contributor address; City; State; Zip Code 4100 Jackson Avenue Apt. 311 Austin, TX 78731		\$75.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	1 :	Texas, complete Schedule T)
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 3700 Hillbrook Drive Austin, TX 78731		\$350.00	.
			(If travel outside of	Texas, complete Schedule T)
Principal occup *Attorney	oation / Job title (See Instructions)	Employer (See In Armbrust & Bro		
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 3700 Hillbrook Drive Austin, TX 78731		\$350.00	
			L	Texas, complete Schedule T)
Principal occup *Attorney	ation / Job title (See Instructions)	Employer (See In Vinson & Elkins		
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 504 Furlong Drive Austin, TX 78746		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup *Retail Jewele	ation / Job title (See Instructions) er	Employer (See In: Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address: City; State; Zip Code 504 Furlong Drive Austin, TX 78746		\$350.00 	
				Texas, complete Schedule T)
Principal occupa *Attorney	ation / Job title (See Instructions)	Employer (See Ins Armbrust & Brov		

The Instru	істіом Guide explains how to complete this form.	9,000	1 PAGE# Schedule: 19	5/27 Report: 17/32
2 FILER NAM	4E Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IC Inman, Bobby	0#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/24/201	1 6 Contributor address; City; State; Zip Code 3200 Riva Ridge Road Austin, TX 78746		\$350.00	} }
			(If travel outside of	Texas, complete Schedule T)
9 Principal oc Investor	cupation / Job title (See Instructions)	10 Employer (See In Self	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/201	Contributor address; City; State; Zip Code 400 Pine Siskin Buda, TX 78610		\$350.00	
			/If traval outside of	Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See Ir	1	Texas, complete schedule 1)
Owner			and Recycling	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/201	Contributor address; City; State; Zip Code 400 Pine Siskin Buda, TX 78610		\$350.00	
			<u></u>	Texas, complete Schedule T)
Principal occ Vice Presid	ent	Employer (See In Gardner Metals		
Date	Full name of contributor	†)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 305 Riley Road Austin, TX 78746		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occ *None	upation / Job title (See Instructions)	Employer (See In None	L.`	
Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 305 Riley Road Austin, TX 78746		\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occi *Attorney	upation / Job title (See Instructions)	Employer (See Inc Armbrust & Brov	structions)	cana, complete schedule ()

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The Instruc	CTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16	3/27 Report: 18/32
2 FILER NAMI	E Spelman, William (Dr.)		3 ACCOUNT # 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: King, Robert	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/05/2011	6 Contributor address; City; State; Zip Code 4212 Park Hollow Court Austin, TX 78746		\$350.00	
				Texas, complete Schedule T)
9 Principal occ President	upation / Job title (See Instructions)	10 Employer (See Ir Good Company		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/19/2011	5904 Mountainclimb Drive	• • • • • • • • • • • • • • • • • • • •	\$350.00	
	Apartment 1 Austin, TX 78731		(If travel outside of	Texas, complete Schedule T)
Principal occi None	upation / Job title (See Instructions)	Employer (See In None	structions)	
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 10702 Hastings Lane Austin, TX 78750		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu *Attorney	pation / Job title (See Instructions)	Employer (See In Armbrust & Bro	structions) wn	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/31/2011	Contributor address; City; State; Zip Code 10702 Hastings Lane Austin, TX 78750		\$350.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occu *None	pation / Job title (See Instructions)	Employer (See Ins None	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/30/2011	Contributor address; City; State; Zip Code 614 West 31 1/2 Street Austin, TX 78705		\$350.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup Architect	pation / Job title (See Instructions)	Employer (See Ins Limbacher & Go		

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	The Instruct	IION GUIDE explains how to complete this form.		1 PAGE# Schedule: 1	7/27 Report: 19/32
2	FILER NAME	Spelman, William (Dr.)	•	3 ACCOUNT# 00000005	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID Littlefield, Sue	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/31/2011	6 Contributor address; City; State; Zip Code 204 Westhaven Drive Austin, TX 78746		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occu *Attorney	pation / Job title (See Instructions)	10 Employer (See In Armbrust & Bro		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/22/2011	Contributor address; City; State; Zip Code 1311-A East 6th Street Austin, TX 78702		\$350.00	1
					l Texas, complete Schedule 7)
	Real Estate	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/22/2011	Contributor address; City; State; Zip Code 1311-A East 6th Street Austin, TX 78702		\$350.00	! t !
		·		(If travel outside of	Texas, complete Schedule T)
	Principal occup Director	pation / Job title (See Instructions)	Employer (See Ins Texas Coppersr		
	Date	Full name of contributor	<i>f</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/29/2011	Contributor address; City; State; Zip Code 725 Patterson Avenue Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins Lowerre Frederi	structions) ck Perales Allmor	ı & Rockwell
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/16/2011	Contributor address; City; State; Zip Code 6004 Ronchamps Drive Round Rock, TX 78681		\$250.00 	
				(If travel outside of 3	Fexas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	. control of the date ()
	Associate		CDM	•	

The Instruction Guide explains how to complete this form.		1 PAGE # Schedule: 18/27 Report: 20/32		
2 FILER NAME	Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/30/2011	6 Contributor address; City; State; Zip Code 704 East 45 1/2 Street Austin, TX 78751		\$350.00	
			1 .	Texas, complete Schedule T)
9 Principal occu Vice Preside	pation / Job title (See Instructions) int	10 Employer (See in D.R. Horton	nstructions)	
Date	Full name of contributor uut-of-state PAC (ID Mangan, Andrew)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/22/2011	Contributor address; City; State; Zip Code 1906 Apricot Glen Drive Austin, TX 78746		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	. <u>!</u>	Texas, complete ochedile 1)
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/21/2011	Contributor address; City; State; Zip Code 1221 South Mopac Expressway Suite 115 Austin, TX 78746	••••••	\$25.00	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	raxas, complete ocheonie 1)
	,		,	i I
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/21/2011	Contributor address; City; State; Zip Code 1221 South Mopac Expressway Suite 115 Austin, TX 78746		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor ut-of-state PAC (ID# McCann, Jana	‡ }	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/08/2011	Contributor address; City; State; Zip Code 515 Congress Avenue Suite 1600 Austin, TX 78701		\$150.00	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	
-, <i></i>		, V V	,	

POLITICAL CONTRIBUTIONS OTHER THAN DIEDGES OR LOAMS

OTHE	R THAN PLEDGES OR LOA	'N2		
The Instru	ICTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19	9/27 Report: 21/32
2 FILER NAM	ME Spelman, William (Dr.)		3 ACCOUNT # 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/21/201	1 6 Contributor address; City; State; Zip Code 2316 Thrasher Lane Austin, TX 78741		\$50.00]] }
			(If travel outside of	Texas, complete Schedule T)
g Principal oc	cupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/30/201	Contributor address; City; State; Zip Code 5363 Austral Loop Austin, TX 78739		\$25.00	
				Toxas, complete Schedule 7)
Principal occ	cupation / Job title (See Instructions)	Employer (See In.	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/21/2011	Contributor address; City; State; Zip Code P.O. Box 40964 Austin, TX 78704		\$50.00	
				Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/27/2011	Contributor address; City; State; Zip Code 4600 Laurel Canyon Drive Austin, TX 78731		\$25.00	•
			(if travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/28/2011	Contributor address; City; State; Zip Code 400 North Lowell Lane Austin, TX 78733		\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Principal	ipation / Job title (See Instructions)	Employer (See Ins Moriarty & Assoc		

POLITICAL CONTRIBUTIONS

UIHER	THAN PLEDGES OR LOA	.NS		
The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 20	D/27 Report: 22/32
2 FILER NAME	Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Nias, Jim)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/21/2011	6 Contributor address; City; State; Zip Code 1116 Reagan Terrace Austin, TX 78704		\$350.00	{ []
				Texas, complete Schedule T)
9 Principal occur Partner	pation / Job title (See Instructions)	10 Employer (See In Jackson Walker		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/25/2011	Contributor address; City; State; Zip Code 111 Congress Avenue Suite 1400	•••••	\$350.00	
	Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
Principal occup	Deation / Job title (See Instructions)	Employer (See Ins	L	, Land 1997
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/2011	Contributor address; City; State; Zip Code 12912 Park Drive Austin, TX 78732		\$300.00 	i I I
				Texas, complete Schedule T)
Principal occupa Partner	ation / Job title (See Instructions)	Employer (See Ins Walsh Tarlton, L		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/21/2011	Contributor address; City; State; Zip Code 5403 Tortuga Trail Austin, TX 78731		\$100.00 <mark> </mark> 	I
			(if travel outside of 1	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	itructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/2011	Contributor address; City; State; Zip Code 6516 Rotan Drive Austin, TX 78749		\$350.00 	
	: (1) ::: (0			Texas, complete Schedule T)
Principal occupa Vice President	ation / Job title (See Instructions)	Employer (See Ins Espey Consultar		

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS					
The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 21	1/27 Report: 23/32	
2 FILER NAMI	E Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)	
4 Date	5 Full name of contributor	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/15/2011	6 Contributor address; City; State; Zip Code 6516 Rotan Drive Austin, TX 78749	••••••	\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occ CFO	upation / Job title (See Instructions)	10 Employer (See In Espey Consulta			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/21/2011	1/2011 Contributor address; City; State; Zip Code 1405 Hillmont Street Austin, TX 78704		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Engineer	upation / Job title (See Instructions)	Employer (See In Glenrose Engin			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/28/2011	O11 Contributor address; City; State; Zip Code 1503 Wildcat Hollow Austin, TX 78746		\$350.00	! ! !	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Commercial	pation / Job title (See Instructions) Real Estate	Employer (See In Southwest Stra			
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/31/2011	Contributor address; City; State; Zip Code 105 Brooks Hollow Road Lakeway, TX 78734		\$350.00 ·		
Principal occup	pation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete Schedule T)	
*Attorney		Armbrust & Brov	wn		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/31/2011	Contributor address; City; State; Zip Code 105 Brooks Hollow Road Lakeway, TX 78734		\$350.00 		
			(If travel outside of 1	Texas, complete Schedule T)	
Principal occup *None	oation / Job title (See Instructions)	Employer (See Ins None	structions)	÷	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to complete this form,			1 PAGE# Schedule: 22	2/27 Report: 24/32	
2 FILER NAME	E Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (IE Shapiro, Jim	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/12/2011	6 Contributor address; City; State; Zip Code 108 Woodview Court Austin, TX 78746		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occu Secretary	pation / Job title (See Instructions)	10 Employer (See In Austin Metal an			
Date	Full name of contributor ut-of-state PAC (ID Shapiro, Morris)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/14/2011	Contributor address; City; State; Zip Code 5104 Oak Ridge Drive Austin, TX 78731		\$350.00	! 	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	Texas, complete Schedule T)	
Owner	pation / Job title (See Instructions)	Employer (See In Shapiro Investr			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/12/2011	1 Contributor address; City; State; Zip Code 42 Sundown Parkway Austin, TX 78746		\$350.00	 	
			(if travel outside of	Texas, complete Schedule T)	
Principal occup President	nation / Job title (See Instructions)	Employer (See Ins Austin Metal and			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/01/2011	Contributor address; City; State; Zip Code 604 West 11th Street Austin, TX 78701		\$100.00 		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/31/2011	Contributor address; City; State; Zip Code 100 Congress Avenue Suite 1300		\$350.00 		
	Austin, TX 78701		186	·	
Oala din al ana	ation / lab title (Con landaustines)	Emplaces (Octable		Texas, complete Schedule T)	
*Attorney	ation / Job title (See Instructions)	Employer (See Ins Armbrust & Brov			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruct	NON GUIDE explains how to complete this form.		1 PAGE# Schedule: 20	3/27 Report: 25/32
2	FILER NAME	Spelman, William (Dr.)		3 ACCOUNT# 00000005	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Speck, Lawrence	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/26/2011	6 Contributor address; City; State; Zip Code 800 West 5th Street Apt. 1102 Austin, TX 78703		\$350.00	
9	Principal occup Architect	pation / Job title (See Instructions)	10 Employer (See In PageSoutherlar	structions)	Taxas, complete ochedulo ()
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/12/2011	Contributor address; City; State; Zip Code 823 Congress Avenue Suite 1111 Austin, TX 78701		\$350.00	[
	,	/ Addition of the control of the con		(If travel outside of	Texas, complete Schedule T)
	Principal occup Office Manag	pation / Job title (See Instructions) per	Employer (See In T. Stacy & Asso		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/12/2011	Contributor address; City; State; Zip Code 823 Congress Avenue Suite 1111 Austin, TX 78701		\$350.00	 Texas, complete Schedule T)
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See Ins T. Stacy & Asso		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/31/2011	Contributor address; City; State; Zip Code 2900 Greenlee Drive Austin, TX 78703		\$25.00	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
	*	anoth out the (out manusions)	Employe: (Occ ma		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
•	12/31/2011	Contributor address; City; State; Zip Code 2900 Greenlee Drive Austin, TX 78703		\$25.00 	
	Delaginal again	sting / Job title (See legtrations)	Employer (Con Inc	· · · · · · · · · · · · · · · · · · ·	(exas, complete Schedule T)
	*	tion / Job title (See Instructions)	Employer (See Ins	ir detions)	

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS					
The Instruct	אסוז Guide explains how to complete this form.		1 PAGE# Schedule: 24	1/27 Report: 26/32	
2 FILER NAME	Spelman, William (Dr.)		3 ACCOUNT # 00000005	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID Taylor, Kirn	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
12/31/2011	6 Contributor address; City; State; Zip Code 10919 Enchanted Rock Cove Austin, TX 78726		\$350.00	↓ ↓	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occu *None	pation / Job title (See Instructions)	10 Employer (See In None	nstructions)		
Date	Full name of contributor ut-of-state PAC (ID Taylor, Scott	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/31/2011	Contributor address; City; State; Zip Code 10919 Enchanted Rock Cove Austin, TX 78726		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu *Attorney	pation / Job title (See Instructions)	Employer (See Ir Armbrust & Bro	nstructions)	,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/21/2011	Contributor address; City; State; Zip Code P.O. Box 2388 Austin, TX 78768		\$100.00	i ! !	
			<u> </u>	Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/23/2011	Contributor address; City; State; Zip Code 8520 Dunsmere Drive Austin, TX 78749	•••••	\$50.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Warren, Milissa)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/23/2011	Contributor address; City; State; Zip Code 8520 Dunsmere Drive Austin, TX 78749		\$50.00 		
			(If travel outside of 1	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		

Full name of contributor

Contributor address;

4600 Laurel Canyon Drive Austin, TX 78731

Whellan, Michael

Principal occupation / Job title (See Instructions)

Date

11/27/2011

ut-of-state PAC (ID#

City; State; Zip Code

Amount of

contribution (\$)

Employer (See Instructions)

\$25.00

(If travel outside of Texas, complete Schedule T)

Austin, Texas 78711-2070 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 25/27 Report: 27/32 2 FILER NAME Spelman, William (Dr.) 3 ACCOUNT # (Ethics Commission filers) 00000005 Full name of contributor ut-of-state PAC (ID# Date 7 Amount of In-kind contribution contribution (\$) Warshaw, Larry description (if applicable) 6 Contributor address; City; State; Zip Code 12/01/2011 \$350.00 1000 East 8th Street Austin, TX 78702 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Real Estate Self Date Amount of In-kind contribution Warshaw, Paige contribution (\$) description (if applicable) 12/01/2011 Contributor address; City; State: Zip Code \$350.00 1000 East 8th Street Austin, TX 78702 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) **Event Services** Self Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Whatley, John Contributor address; 12/31/2011 City; State; Zip Code \$30.00 907 East 37th Street Austin, TX 78705 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date In-kind contribution Amount of contribution (\$) description (if applicable) Wheeler, Richard 12/21/2011 Contributor address; City; State; Zip Code \$350.00 1903A Crested Butte Drive Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

In-kind contribution

description (if applicable)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruct	юм Guide explains how to complete this form.		1 PAGE # Schedule: 26	6/27 Report: 28/32
2 FILER NAME	Spelman, William (Dr.)		3 ACCOUNT # 00000005	(Ethics Commission filers)
4 Date	5 Full name of contributor	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/21/2011	6 Contributor address; City; State; Zip Code 2611 Ektom Drive Unit D Austin, TX 78745		\$5.00	Texas, complete Schedule T}
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	structions)	
Date	Full name of contributor ut-of-state PAC (IE Wiginton, Jeannie)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/16/2011	Contributor address; City; State; Zip Code 908 East Live Oak Street Austin, TX 78704		\$350.00	{
			(If travel outside of	Texas, complete Schedule T)
Principal occup Client Service	pation / Job title (See Instructions) es Manager	Employer (See In CDM	structions)	*
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/24/2011	Contributor address; City; State; Zip Code 79 Pascal Lane Austin, TX 78746	•••••	\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/24/2011	12/24/2011 Contributor address; City: State; Zip Code 79 Pascal Lane Austin, TX 78746			
Sincipal as	Co. (Joh Billo (Oca Ladausticae)	F		Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	in-kind contribution description (if applicable)
12/13/2011	Contributor address; City; State; Zip Code 4101 Galacia Drive Austin, TX 78759	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$350.00 <mark> </mark> I	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occupa Vice Presiden	ation / Job title (See Instructions) t	Employer (See Ins CDM	structions)	
				·

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS						
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/27 Report: 29/32			
2	FILER NAME	Spelman, William (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000005			
4	Date	5 Full name of contributor	#)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)			
	12/31/2011	6 Contributor address; City; State; Zip Code 2904 Windsor Trail Valparaiso, IN 46385	······································	\$250.00			
	_			(If travel outside of Texas, complete Schedule T)			
9	Principat occup *President	ation / Job title (See Instructions)	10 Employer (See In White Lodging	structions)			
			•				

Texas Ethics Commi	ssion P.O.Box 12070	Austin, Te	exas 78711-2070	(512)463-5800	TDD 1-800-735-298
LOANS					SCHEDULE E
	UIDE explains how to complete the	his form.			1 Report: 30/32
2 FILER NAME S	pelman, William (Dr.)			3 ACCOUNT# 0 00000005	Ethics Commission filers)
4 TOTAL OF UN	ITEMIZED LOANS:		ಎಎಎಎ ಎ		\$
5 Date of loan 11/19/2011	7 Name of lender Spelman, William	Out	of-state PAC (ID#)	9 Loan Amount (\$) \$500.00
6 Is lender a financial Institution?	Jouz Avenue r	State;	Zip Code	•••	10 Interest rate
No	Austin, TX 78751				11 Maturity date
12 Principal occupation	/ Job title (See Instructions)		13 Employer (See Instruction	ions)	<u> </u>
14 Description of Collar	eral		15 Check if personal funds	were deposited into	political account
16 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City;	State;	Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation	1		21 Employer		-

SCHEDULE F

Advertising Expense Accounting/Banking-Consulting Expense Event Expense

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

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

Polling Expense Printing Expense Travel Out Of District
Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Spelman, William (Dr.) Schedule: 1/2 Report; 31/32 00000005 5 Payee name 4 Date Badgley, Shawn 12/20/2011 Payee address City; State; Zip Code 6 Amount (\$) 1005 Edgecliff Terrace \$2,000.00 Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE Consulting Expense Political and Fundraising Consulting OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name CheckMark Typesetting 12/15/2011 Payee address Amount (\$) City; State; Zip Code 3217 North IH-35 \$692.80 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Printing Expense Lapel and Bumper Stickers OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name NAACP 11/30/2011 Payee address Amount (\$) City; State; Zip Code 1704 East 12th Street \$75.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Sponsorship** EXPENDITURE Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Payee name 12/11/2011 **Opinion Analysts** Amount (\$) Pavee address City; State; Zip Code 906 Rio Grande Street \$500.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) **PURPOSE** Polling Expense Poll OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Administration Francisco
Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Foot

Gifts/Awards/Memorial Expense Glis/Awarus/Memorial E)
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Cut Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Loan repayment/reinflovernent 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# 2 FILER NAME 3 ACCOUNT # (TEC filers) Spelman, William (Dr.) Schedule: 2/2 Report: 32/32 00000005 4 Date 5 Payee name PayPal 12/31/2011 Payee address City; State; Zip Code 6 Amount (\$) 1840 Embarcadero Road \$306.96 Palo Alto, CA 94303 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE Cumulative transaction fees for online fundraising Solicitation/Fundraising Expense OF for entire period EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Payee name Date United States Postal Service 12/17/2011 Payee address Amount (\$) City; State; Zip Code 510 Guadalupe Street \$792.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Postage OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Vertical Response, Inc. 12/21/2011 Payee address City; State; Zip Code Amount (\$) 501 2nd Street \$72.00 Suite 700 San Francisco, CA 94107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Office Overhead/Rental Expense **Email Service** OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 12/20/2011 Wick, Jim Amount (\$) Payee address City: State: Zip Code 2611 Ektom Drive \$2,000.00 Unit D Austin, TX 78745 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Consulting Expense Political and Fundraising Consulting OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF

Name of Candidate/Officeholder:WILLIAM	/ SPELMAN					
Enter the name and address of any person who has solicited and obtained contributions on your behalf during the reporting period of \$200 per person from five or more individuals. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)						
Name of person soliciting contributions	Address					
DAVID ARMBRUST*	2807 REGENTS PARK, AUSTIN, TEXAS 78746					
	1					

Reminder: This form is to identify bundlers, i.e. individuals who solicit and obtain contributions on your behalf. However, please remember there is a separate form to identify the *actual* donors (C/OH).

ALL CONTRIBUTIONS SHOWN ON C/OH FROM "BUNDLERS" ARE MARKED WITH ASTERISKS AS SHOWN ABOVE IN THEIR RESPECTIVE EMPLOYER/OCCUPATION INFORMATION.

ANNUAL RECONCILIATION

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

Name of candidate, officehold	er or campaign committee: _	WILLIAM SPELMAN
		ount maintained during 20 1, enter stitution, use a copy of this schedule.
The name of the financial instit	tution: UNIVERSITY FEDERA	L CREDIT UNION
Type of account: FREE CHECK	KING	,
The beginning balance: \$0.0	0	
The ending balance: \$13,5 Enter the following information December 31:		ccount that have not cleared by
Date	Payee	Amount
N/A		
Enter the following information by the contributor's financial in		butions and deposited but dishonored
Date of receipt	Contributor	Amount
N/A		
	- MAAAAAA	
Amount of interest or dividends	earned:	
Office of the City Clerk, 20.36 F5	Approved b	by the Ethics Review Commission 2/3/2010 Page 1 of 2

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

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
11/23/2011	\$.10	
11/23/2011	\$.04	
12/06/2011		\$1.95

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

Date of receipt	Contributor	Amount

12/31/2011 JOSHUA AND ERIN BERNSTEIN \$700 12/31/2011 FRANK AND JANICE BROWN \$700 12/31/2011 BRUCE AND NORA SCRAFFORD \$700 12/31/2011 SCOTT AND KIM TAYLOR \$700 12/31/2011 WAYNE AND DESIREE HOLLINGSWORTH \$700 12/31/2011 MICHAEL AND CLAUDIA BURNETT \$700 12/31/2011 MARK AND KELLEY HAWKINS \$700 12/31/2011 JOHN AND ASHLEY BARTRAM \$700 12/31/2011 GREGG AND ROBIN KRUMME \$700 12/31/2011 DAVID SMITH AND KAREN ECKERT \$700 12/31/2011 KEN AND ANNETTE JONES \$700 12/31/2011 BRIAN AND KIMBERLY BECKHAM \$700 12/31/2011 SUE LITTLEFIELD \$350 12/31/2011 SHARLENE AND PATRICK COLLINS \$700 12/31/2011 JEFF AND LISA HOBBS \$700 12/31/2011 SAM AND ANNE BYARS \$700 12/31/2011 DENO YIANKES \$250 12/31/2011 RICHARD AND ALISON SUTTLE \$50

THE FOLLOWING CONTRIBUTIONS WERE MADE ONLINE BUT NOT DEPOSITED BY 12/31/2011:

12/28/2011 DAVID ANDERSON \$350 12/28/2011 TOM AUSLEY \$100 12/29/2011 JANICE CARTWRIGHT \$25 12/29/2011 JED AND SUSAN BUIE \$50 12/29/2011 RICHARD LOWERRE \$350 12/30/2011 NIKELLE MEADE \$25 12/30/2011 AMANDA DEALEY \$350 12/30/2011 LAURIE LIMBACHER \$350

12/31/2011 DAVID AND CHERYL ARMBRUST \$50

12/31/2011 JOHN WHATLEY \$30 12/31/2011 IAN DAVIS \$25

ANNUAL RECONCILIATION OF CAMPAIGN DEBT

(To be filed by officeholders only during an election year) Period Covered: January 1, 20_11__ to December 31, 20_11__

Name of Officeholde	er: WILLIAM SPELMAN		
Campaign debt** ex	isting as of the first day of	the calendar year:	\$0.00
Campaign debt** ex	isting as of the last day of t	the calendar year:	\$0.00
Enter the following tyear:	information on all campaig	gn debt existing as o	f December 31 of the reporting
	te and the date of maturity		e creditor, the principal amount nder \$50 may be reported as an
Creditor	Principal amount owe	d Interest rate	Date of maturity
	mpaign debts, enter the na or \$50 may be reported as a		and the principal amount owed.
Cr	editor	Principa	nl amount owed
WILLIAM SPELMA	N	\$500.00	A The second sec

SCHEDULE X - attach to form C/OH	(C&E)
Reference 2-2-42, Austin City Code	•

(c) Enter the total of campaign debts under \$50 if they are not itemized under (a) or (b) above.

^{**} Campaign debt is the actual outstanding obligation of the candidate or candidate's committee as of a particular date, minus all funds held by the candidate or candidate's committee in cash or bank accounts on that date.

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers) 00121212	2 Total pages filed:
3 CANDIDATE/	MS/MRS/MR FIRST	М	OFFICE USE ONLY
OFFICEHOLDER NAME	William		Date Received
	NICKNAME LAST	SUFFIX	1
	Bill Spelman		201
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; 301 W. 2nd St. Austin, TX 78701	STATE; ZIP CODE	Date Hand-delivered of Postmar Amouth
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 974.2256	EXTENSION	Date Processed 3 00
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged
NAME	Ms. Martha NICKNAME LAST Smiley	SUFFIX	. Co
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 600 Congress Ave., Si Austin, TX 78701	CITY; STATE; te. 2800	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 615.1207	EXTENSION	
9 REPORTTYPE	X January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 /31	Year /2011
11 ELECTION	Month Day Year ELECTION TYPE 05 / 09 / 09 Primary	Runoff X	General Special
12 OFFICE	OFFICE HELD (If any) Council Member, Place 5	13 OFFICE SOUGHT (if know	m)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITUE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATIO Name	RES MADE BY OTHERS WITHOUT TH	E CANDIDATE'S PRIOR CONSENT OR APPROVAL.
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Cod	de	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	William Spe	man	16 ACCOUNT # (Ethics Commission Filers 00121212
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY II	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL P	MIZED \$ 309.06	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3126.32
CONTRIBUTION BALANCE	5. TOTAL P	DAY \$ 10927.76	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ 0
19 AFFIDAVIT	NN MARGRETT FRANKI IY COMMISSION EXPIRE October 17, 2014	is true and correct and includes all me under Title 15, Election Code.	of perjury, that the accompanying report ill information required to be reported by ndidate or Officeholder
AFFIX NOTARY STAM		Willia Solman	thin the
Sworn to and subs		me, by the said Will am Spelman 1, 2012 , to certify which, witness	my hand and seal of office.
Signature of officer admi	Meth JACub Ristering oath	Printed name of officer administering oath	Title of officer administering oath

1	EXPENDITURE CATEGORIA	• •	
Advertising Expense Accounting/Banking Consulting Expense	Legal Services Solicitation Food/Beverage Expense Travel In		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense Fees	• • • • • • • • • • • • • • • • • • • •	it Of District erhead/Rental Expense how to complete this fo	Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) rm.
Total pages Schedule F	2 FILER NAME William Spelman		3 ACCOUNT # (Ethics Commission Filer 0121212
07/02/11	5 Payee name iContact		
7.00	7 Payee address; City: State: Zip C 2635 Meridian P Durham, NC 277	kwy., Ste. 200	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Advertising expense-email services	ule) (b) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit to		Office sough	nt Office held
Date 08/01/11	Payee name Umbrella Media		
Amount (\$)	Payee address; City; State; Zip C 111 W Anderson		
58.47	Austin, TX 78752	cone, Juice D213	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheduled Advertising expense-website services	Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit (Office sough	t Office held
Date 08/02/11	Рауее пате iContact		
Amount (\$)	Payee address: City; State; Zip C		
7.00	2635 Meridian Pk Durham, NC 2771	• •	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Advertising expense-email services		(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C		Office sough	t Office held
Date 08/03/11	Payee name American Federation of Labor and C	ongress of Industrial O	rganizations
Amount (\$)	Payee address; City; State; Zip Co	ode	· · · · · · · · · · · · · · · · · · ·
215.00	1106 Lavaca St. Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu Advertising expense-Labor Day Ad	Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit (Office sought	Office held

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/M Legal Services Solicitation Food/Beverage Expense Travel In Polling Expense Travel Ou Printing Expense Office Ove	Vages/Contract Labor n/Fundraising Expense District t Of District or head/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	The Instruction Guide explains i	how to complete this form.
1 Total pages Schedule F: 2/7	2 FILER NAME William Spelman	3 ACCOUNT # (Ethics Commission Filer 00121212
1 Date 08/12/11	5 Payee name Texas Ethics Commission	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
250.00	P. O. Box 12070	
	Austin, TX 78711-2	070
PURPOSE	a) Category (See categories listed at the top of this schedu	
OF	fees	fines
EXPENDITURE	-	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/15/11	Payee name Capital Area Democratic Women	
Amount (\$)	Payee address; City; State; Zip C	ode
100.00	P.O. Box 2211 Austin TX 78768	
PURPOSE	Category (See categories listed at the top of this schedu	le) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising expense-Celebration of C	hampions
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08/15/11	South Austin Democrats	
Amount (\$)	Payee address; City; State; Zip Co	ode
25.00	PO Box 152592	
}	Austin, TX 78715	
PURPOSE	Category (See categories listed at the top of this schedu	(e) Description (If travel outside of Texas, complete Schedule T)
OF	Advertising expense-Yeller Dawg Award	s
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
exhemiting to peligit O/OU		
	Раума пама	
Date 08/15/11	Payee name Deena Estrada Salinas	
Date	Deena Estrada Salinas Payee address; City; State; Zip Co	ode .
Date 08/15/11	Deena Estrada Salinas	ode .
Date 08/15/11 Amount (\$)	Deena Estrada Salinas Payee address; City: State; Zip Co 2611 Ektom Drive, Unit D	
Date 08/15/11 Amount (\$) 287.90	Deena Estrada Salinas Payee address; City; State; Zip Co 2611 Ektom Drive, Unit D Austin, TX 78745	
Date 08/15/11 Amount (\$) 287.90 PURPOSE OF	Deena Estrada Salinas Payee address; City; State; Zip Co 2611 Ektom Drive, Unit D Austin, TX 78745 Category (See categories listed at the top of this schedul contract labor Candidate / Officeholder name	

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	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/C Solicitation/Fundra Travel in District Travel Out Of Dis Office Overhead/f	ontract Labor Lo aising Expense Ti Co trict Rental Expense O	oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
	The Instruction Guid	e explains how to	complete this form	•
1 Total pages Schedule F: 3/7	2 FILER NAME William Spelma	n		3 ACCOUNT # (Ethics Commission Filers) 00121212
4 Date 09/02/11	5 Payee name iContact			
6 Amount (\$) 7.00	7 Payee address; City; St 2635 Meridian Pkwy., Durham, NC 27713	ate; Zip Code Ste. 200		
8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising expense-email se	ervices	4	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	3	Office sought	Office held
Date 09/27/11	Payee name American Airlines	3	**	
Amount (\$) 420.80	Payee address; City: St P.O. Box 619612 M DFW Airport, TX 75			
PURPOSE	Category (See categories listed at the top	p of this schedule)		твуе! outside of Texas, complete Schedule Т)
OF EXPENDITURE	travel expense-flight to Wasi	hington, D.C.	American Society	of Criminology Award Recipient
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	,	Office sought	Office held
Date 09/28/11	Payee name CVS Pharmacy			
Amount (\$) 108.00	2101 S.	ate; Zip Code Lamar TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top reimbursement for Deena Est	· ·	Description (If the staff gift	revel outside of Texes, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
Date 09/28/11	Payee name Babies R Us			
Amount (\$)		ite; Zip Code		All the Control of th
20.00		lie Ln. Ste 160 lley, TX 78745		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top reimbursement for Deena Es	1	Description (II tr staff gift	avel outside of Texas, complete Schedula T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS NE	EDED

Advertising Expense Accounting/Banking Consulting Expense Accounting/Banking Consulting Expense Politific Expense Printing Ex		EXPENDITURE (CATEGORIES	FOR BOX 8(a	1)	
1 Total pages Schedule F: 4/7	Accounting/Banking Consulting Expense Event Expense	Legal Services Food/Beverage Expense Polling Expense	Solicitation/Fundra Travel In District Travel Out Of Dist	ising Expense	Transportation Equi Contributions/Donat Candidate/Office	pment & Related Expense ions Made By holder/Political Committee
4 Oste 10/04/11 5 Payee name iContact 6 Amount (\$) 7 Payee address; City; State; Zip Code 2635 Meridian Pkwy, Ste. 200 Durham, NC 27713 8 PURPOSE EXPENDITURE (a) Category (See categories listed at the top of this schedule) Advertising expense-email services 9 Complete QNLY if direct expenditure to benefit C/OH Date 10/16/11 Payee address; City; State; Zip Code 111 W Anderson Lane, Suite D215 Austin, TX 78752 PURPOSE Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) Advertising expense-email services Candidate / Office held Date 10/16/11 Payee address; City; State; Zip Code 111 W Anderson Lane, Suite D215 Austin, TX 78752 PURPOSE Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) Advertising expense-website services Complete QNLY if direct expenditure to benefit C/OH Date 09/27/11 Payee name Babies R Us Amount (\$) Payee address: City; State; Zip Code 5207 Brodie Ln. Ste 160 Sunset Valley, TX 78745 PURPOSE Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) reimbursement for Barksdale English Staff gift Candidate / Office held Complete QNLY if direct expenditure to benefit C/OH Date 9/27/11 Payee name Special Olympics Category (See categories; State City; State; Zip Code Special Olympics Special Olympics Special Olympics Special Olympics Special Olympics Fayee address: City; State; Zip Code Austin, Texas 78752 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Areas 78752 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Areas 78752 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		The Instruction Guide	explains how to	complete this fo	orm.	
10/04/11 6 Amount (\$) 7 Payee address; City; State: Zip Code 2635 Meridian Pkwy., Ste. 200 Durham, NC 27713 8 PURPOSE OF EXPENDITURE 9 Complete QNIY if direct expenditure to benefit CiOH Payee name 10/16/11 Payee address; City; State: Zip Code 111 W Anderson Lane, Suite D215 Austin, TX 78752 PURPOSE EXPENDITURE Candidate / Officeholder name Complete QNIY if direct expenditure to benefit CiOH Payee address; City: State: Zip Code 111 W Anderson Lane, Suite D215 Austin, TX 78752 PURPOSE EXPENDITURE Candidate / Officeholder name Complete QNIY if direct expenditure to benefit CiOH Payee name Babies R Us Payee address; City: State: Zip Code 11 N X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	` - .	2 FILER NAME William Spelman				
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Sunset Valley, TX 78745 PURPOSE Category (See categories listed at the top of this schedule) OF reimbursement for Barksdale English Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Payee name Special Olympics Amount (\$) Payee address: City: State; Zip Code 7715 Chevy Chase Drive, Suite 120 Austin, Texas 78752 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	Amount (\$)	Payee address; City; State	; Zip Code			
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Date Special Olympics Amount (\$) Payee address: City: State; Zip Code 7715 Chevy Chase Drive, Suite 120 Austin, Texas 78752 PURPOSE Category (See categories listed at the top of this schedule) Date Special Olympics City: State; Zip Code 7715 Chevy Chase Drive, Suite 120 Austin, Texas 78752		reimbursement for Barksdale Eng	glish			
10/26/11 Special Olympics Amount (\$) Payee address: City: State; Zip Code 7715 Chevy Chase Drive, Suite 120 Austin, Texas 78752 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)				Office sough	ht	Office held
Amount (\$) Payee address: City: State: Zip Code 7715 Chevy Chase Drive, Suite 120 Austin, Texas 78752 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	Date					
7715 Chevy Chase Drive, Suite 120 Austin, Texas 78752 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	10/26/11	Special Olympics				
50.00 Austin, Texas 78752 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	Amount (\$)					
POR OGE	50.00	•	uite 120			
EXPENDITURE	OF	Category (See categories listed at the top of Contribution expense	f this schedule)	Description	(If trave) outside of Texas.	complete Schedule T)
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			-	Office sough	nt	Office held

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Poiling Expense Travel Out Of Difference Office Overhead	Contract Labor traising Expense tt Contributions/Donations Made By Candidate/Officeholder/Political Committee t/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee t/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule F: 5/7	2 FILER NAME William Spelman	3 ACCOUNT # (Ethics Commission Filers) 00121212
4 Date 10/26/11	5 Payee name Mobile Loaves & Fishes	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 903 S. Capital of Texas H Austin, TX 78746	lighway
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution expense	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 10/26/11	Payee name Liveable City	
Amount (\$)	Payee address; City; State; Zip Code	
100.00	PO Box 5991 Austin, TX 78763	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising expense-Vision Awards	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
11/01/11	iContact	
Amount (\$)	Payee address; City; State; Zip Code	
76.16	2635 Meridian Pkwy., Ste. 200 Durham, NC 27713	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense-email services	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 10/24/11	Payee name The Austin Project	
Amount (\$)	Payee address; City; State; Zip Code	
150.00	S221 Ledesma Rd. Austin, TX 78721	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution expense-The Rostow Awards	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

Advertising Expense	EXPENDITURE	CALEGURIES	FOR BOX 8(a		
Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R	ising Expense	Contributions/Dona Candidate/Office	ipment & Related Expense
	The Instruction Guide	explains how to	complete this fo	rm.	
Total pages Schedule F: 6/7	2 FILER NAME William Spelman			3 ACCOUNT 0012	# (Ethics Commission Filers 1212
Date 11/09/11	5 Payee name Texas Civil Rights P	roject			
250.00	1405 Mor	te; Zip Code ntopolis Drive (78741-3436	***************************************		
PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Contribution expense-Bill o	f Rights Dinner			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sough	nt	Office held
Date 11/10/11	Payee name Planned Parenthood	l			
Amount (\$)	Payee address; City; Sta	te; Zip Code			
500.00	201 East Austin, T	: Ben White Blvd. IX 78704	., Building B		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Contribution expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt	Office held
Date	Payee name				
11/01/11	Umbrella Media				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
19.49	111 W Anderson L Austin, TX 78752	ane, Suite D215			
B115000	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
PURPOSE	Advertising expense-website ser	nicoe			
PURPOSE OF EXPENDITURE	Advertising expense website ser	vices			
OF	Candidate / Officeholder name	vices	Office sough	nt	Office held
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name				
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Payee name Austin National As Payee address; City; Stat				
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 12/01/11	Candidate / Officeholder name H Payee name Austin National As	ssociation for the			
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 12/01/11 Amount (\$)	Candidate / Officeholder name H Payee name Austin National As Payee address; City; Stat 704 E. 12th Street	ssociation for the	Advancement Description	of Colored Peop	

Texas Ethics Commission

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	<u> </u>	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C	` '	Loan Repayment/Reimbu	ırsement
Accounting/Banking	Legal Services	Solicitation/Fundra		Transportation Equipmen	
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations !	
Event Expense	Polling Expense	Travel Out Of Dis	trict	Candidate/Officeholde	
Fees	Printing Expense	Office Overhead/f		OTHER (enter a category	not listed above)
	The Instruction Guide		•	, , ,	,,
4 Tables of Galacia	7				
1 Total pages Schedule F:	2 FILER NAME				ics Commission Filers)
7/7	William Spelman	ì		00121212	
4 Date	5 Payee name				
12/02/11	iContact				
6 Amount (\$)	7 David Address			·····	
6 Amount (\$)	j	ate; Zip Code			
74.00	263S Me	eridian Pkwy., Ste	2. 200		
	Đurham,	NC 27713			
			,		
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas, comp	ilete Schedule T)
OF	Advertising expense-email	services			
EXPENDITURE			<u> </u>		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt	Office held
0-4-	Payan nace	· · · · · · · · · · · · · · · · · · ·			
Date 13/03/11	Payee name CVS Pharmacy				
12/02/11	CVST Harmacy				
Amount (\$)	Payee address; City: St	ate; Zip Code			
(4)	2101-B S Lamar Blv	• •			
61.93		u			
J =	Austin, TX 78704				
0107007	Category (See categories listed at the top	n of this paper dulas	Description	//district of Town	Jan Cakadula 7
PURPOSE OF	- '	o or unis schedule)	Description	(If travel outside of Texas, comp	ilete Schedule 1)
EXPENDITURE	Other-office supplies				
Complete ONLY if direct	Candidate / Officeholder name		Office sough	it (Office held
expenditure to benefit C/O		•			
Date	Payee name				
12/7/11	East Austin Conse	rvancv			
14/1/11				**************************************	
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
F0.00	P.O. Box 6462				
50.00					
	Austin, TX 78762				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, comp	lete Schedule T)
OF		•		,,	•
EXPENDITURE	Contribution-50 Giving 50 Even	ι			
Complete ONLY is discort	Candidate / Officeholder name		Office sough	į (Office held
Complete ONLY if direct expenditure to benefit C/O			Cinco Bough	•	Carrie I GIG
Date	Payee name	, ,			
12/18/11	Randall's				
Amount (\$)		ite; Zip Code			
	1500 W 35th St				ļ
36.36 °	Austin, TX 78703				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, compl	ete Schedule T)
OF	Other office cumplies	·	•		,
EXPENDITURE	Other-office supplies				
Complete Child is discort	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/O			Cinde sough		Suice Held
-Appenditure to bollotte 010					
	ATTACH ADDITIONAL CO	OPIES OF THIS S	SCHEDULE AS I	NEEDED	(
····					

1	ONTRIBUTION OR POLITICAL EXPENDEL OUTSIDE OF TEXAS	OITURE SCHEDULE T
The Insti	uction Guide explains how to complete this form.	1 Total pages Schedule T: 1/1
2 FILER NAME Wi	liam Spelman	3 ACCOUNT # (Ethics Commission Filers) 00121212
	/ Corporation or Labor Organization / Pledgor / Payee American Airlines	
	diture reported on: hedule A Schedule B Schedule C Schedule hedule H Schedule N COH-UC COH-T	D X Schedule F Schedule G PAC-C PAC-E
6 Dates of travel	7 Name of person(s) traveling William Spelman	
11/15/11- 11/17/11	8 Departure city or name of departure location Austin, TX	
	9 Destination city or name of destination location Washington, D.C.	
10 Means of transportat airplane	ion 11 Purpose of travel (including name of conference, se American Society of Criminology Award R	
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee	
	ure reported on: nedule A Schedule B Schedule C Schedule nedule H Schedule N COH-UC COH-T Name of person(s) traveling	D Schedule F Schedule G PAC-C PAC-E
Succession waves	Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, semi	nar, or other event)
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee	
	ure reported on: edule A Schedule B Schedule C Schedule edule H Schedule N COH-UC COH-T	D Schedule F Schedule G PAC-C PAC-E
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	· ·
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, semi	nar, or other event)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

ANNUAL RECONCILIATION

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

Name of candidate, officeholde	er or campaign committee: <u>W</u>	'illiam Spelman					
For each checking, savings or other financial institution account maintained during 2011, enter the following information indicated. For each additional institution, use a copy of this schedule.							
The name of the financial instit	ution: University Federal C	edit Union					
Type of account: Checking							
The beginning balance: \$16,96	57.23						
The ending balance: \$10,72	5.83						
Enter the following information December 31:	for checks issued on that acc	ount that have not cleared by					
Date	Payee	Amount					
12/19/11	William Spelman	\$211.49					
Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution:							
Date of receipt	Contributor	Amount					

	A AMA	*					
Amount of interest or dividends earned:							

Approved by the Ethics Review Commission 2/3/2010

Page 1 of 2

SCHEDULE W - 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		
•				

2015

Texas Ethics Commission

P.O. Box 12070

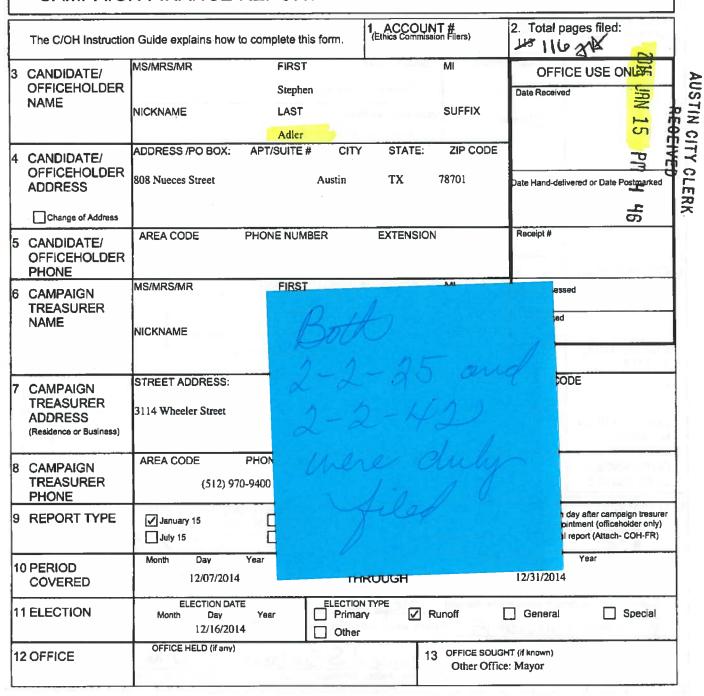
Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-325-8506)

CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH Cover Sheet PG 1 & 2



2015

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-325-8506)

CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH Cover Sheet PG 1 & 2

	The C/OH Instruction Guide explains how to complete this form.			orm,	1 ACCOU (Ethics Commi	INT # ssion Filers)	2. Total pages filed	l:	-
3	CANDIDATE/ OFFICEHOLDER	MS/MRS/MR	FIRST			MI	OFFICE USE	DNIZE:	
	NAME	NICKNAŅE	Stephen LAST			SUFFIX	Date Received	JAN 15	
4	CANDIDATE/	ADDRESS /PO BOX:	Adler APT/SUITE#	CITY	STATE:	ZIP CODE		יבואר יבואר	۲. ا
	OFFICEHOLDER ADDRESS	808 Nueces Street	A .	ustin	TX	78701	Date Hand-delivered or Date	Postmarked	
	Change of Address							94	ŀ
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	₹	EXTENSIO	PN	Receipt #		
6	CAMPAIGN	MS/MRS/MR	FIRST			MI	Date Processed		
	TREASURER NAME		Eugene				Date Imaged		l
		NICKNAME	LAST			SUFFIX			
			Sepulveda						
7	CAMPAIGN	STREET ADDRESS:	APT/SU	ITE#	CITY	STATE:	ZIP CODE		1
	TREASURER ADDRESS (Residence or Business)	3114 Wheeler Street			Austin	TX	78705		
8	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSIO	N			1
	TREASURER PHONE	(512) 970)-9400						
9	REPORT TYPE	January 15	30th day bef			noff ceeded \$500 limit	15th day after camp appointment (officet	holder only)	
10	PERIOD COVERED	Month Day 12/07/2014	Year	THR	OUGH	Month	Day Year 12/31/2014		
11	ELECTION	ELECTION DATE Month Day 12/16/2014	Year 🔲	LECTION 1 Primary Other		Runoff [] General	Special	
12	OFFICE	OFFICE HELD (if any)			1.	3 OFFICE SOUGH Other Office:			

Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-325-8506)

14 C/OH NAME	Stephen Adler		15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLD	OLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE O NO OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION	CONDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	Progress for Austin PAC	
	SPECIFIC	COMMITTEE ADDRESS 6411 Burleson Rd Austin, TX 78744	
		COMMITTEE CAMPAIGN TREASURER NAME	
		Marc Winkelman	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		6711 Burleson Road Austin, TX 78744	
17 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2 TOTAL POLITICAL (OTHER THAN PLE	CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$74,112.00
EXPENDITURE TOTALS	3 TOTAL POLITICAL I	\$0.00	
	4 TOTAL POLITICAL (EXPENDITURES	\$180,384.40
CONTRIBUTION BALANCE	5 TOTAL POLITICAL OF REPORTING PE	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PRIOD	\$0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$387,238.57
M > 7 /4 / 2 /2	SHANNON S. SHELTON IY COMMISSION EXPIRES March 6, 2016	I swear, or affirm, under penalty of point is true and correct and includes all in me under Title 15, Election Code	erjury, that the accompanying report formation required to be reported by
AFFIX NOTARY S	TAMP / SEAL ABOVE	Signature of Cand	lidate or Officeholder
Swom to and subscr	ibed before me, by the said	Stephen 1. Adler	this the
15th day of	anuango 15_ 1	o certify which, witness my hand and seal of office.	
Thanos	Inolton :	SHANNON S. SHECTON	Normey
Signature of officer addr	inistering oath Prin	nted name of officer administering oath Title	of officer administering oath
	<i>.</i>		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to	Total pages Sch 65	edule A:			
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	Out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/07/2014	William Abell		_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	1607 Kerr Ave Austin, TX 78704-1	424				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions) 10					oyer (See Instruction	s)
retail store ov	vner	***************************************		В	icycle Sport Shop	
4. Date	5. Full name of contributor	aut-of-s	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/15/2014	Paige G Alam				\$350.00	, , , , , , , , , , , , , , , , , , , ,
	6. Contributor address:	City	State	ZIP Code		
	1401 Gaston Ave Austin, TX 78703	1-2513				•
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	:)		1 .	oyer (See Instruction:	s)
Author				G	raham Blanchard	
4. Date	5. Full name of contributor	out-of-s	tate PAC			8. In-kind contribution
12/13/2014	Laurie Allan				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	1114 S 1st St Austin, TX 78704-235	55				
					(if travel outside or	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	•	10 Emplo	oyer (See Instructions	5)
					-M	
4. Date	5. Full name of contributor	out-of-si	ate PAC _		7. Amount of	8. In-kind contribution
4. Date 12/16/2014	5. Full name of contributor Cheryl Armbrust	out-of-si	tate PAC _		contribution	In-kind contribution description (if applicable)
		out-of-si	state	ZIP Code		
12/16/2014	Cheryl Armbrust	City	State		contribution	
12/16/2014	Cheryl Armbrust 6. Contributor address:	City	State		contribution \$25.00	
12/16/2014	Cheryl Armbrust 6. Contributor address:	City estin, TX 78	State		contribution \$25.00	description (if applicable) Texas, complete Schedule T)

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

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Inst	truction Guide explains how t	Total pages School 65	edule A:			
2. FILER NAME St	tephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date 5.	. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/16/2014 Da	avid Armbrust				contribution	description (if applicable)
6.	. Contributor address:	City	State	ZIP Code	\$25.00	
100	O Congress Ave Ste 1300 Austin	, TX 78701	-2744			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions)				10 Emplo	oyer (See Instruction	s)
4. Date 5.	Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/16/2014 TI	homas C. Arndt				contribution	description (if applicable)
6.	Contributor address:	City	State	ZIP Code	\$350.00	
199	907 Kennemer Dr Pflugerville, 7	ΓX 78660-50	063			
					(if travel outside o	Texas, complete Schedule T)
Principal occupation	on / Job title (See Instruction	s)			oyer (See Instruction:	· ·
Engineer			×	D.	annenbaum Engineerin	ng Corporation
4. Date 5.	Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/16/2014 Joi	n Aune				\$100.00	description (ii applicable)
6.	Contributor address:	City	State	ZIP Code	\$100.00	
374	King Arthur Ct Austin, TX 787	746-5043				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occupation	on / Job title (See Instruction:	s)		10 Emplo	oyer (See Instruction	s)
4. Date 5.	Full name of contributor	out-of-st	tate PAC _		7. Amount of	8. In-kind contribution
12/12/2014 AI	lice Bailey				contribution \$50.00	description (if applicable)
6.	Contributor address:	City	State	ZIP Code	\$30.00	
180	7 Pearl St Austin, TX 78701-10	126				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occupation	on / Job title (See Instructions	s)		10 Emplo	yer (See Instructions	s)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to	o complete this form	n.	1. Total pages Sch	edule A:	
2. FILER NAME	Stephen Adler			3. ACCOUNT#(E	thics Commission Filers)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution	
12/10/2014	Ken Bailey			contribution	description (if applicable)	
	6. Contributor address:	City State	ZIP Code	\$250.00		
	4004 Merimac Austin, TX 78731-1	307				
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occu Fire Fighter	pation / Job title (See Instructions	s)	i .	oyer (See Instruction etired	s)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Justin Bankston	-		contribution	description (if applicable)	
	6. Contributor address:	City State	ZIP Code	\$350.00		
	3510 Werner Ave Austin, TX 7872	2-1816				
				(if travel outside o	Texas, complete Schedule T)	
Principal occu Web Develor	pation / Job title (See Instructions per	s)	1	oyer (See Instruction XSW	s)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution	
12/13/2014	Michelle Bartholomew			contribution	description (if applicable)	
	6. Contributor address:	City State	ZIP Code	\$350.00		
	5716 W Highway 290 Ste 100 Aust	in, TX 78735-8719				
				(if travel outside o	Texas, complete Schedule T)	
,	pation / Job title (See Instructions	5)		10 Employer (See Instructions)		
Homemaker		· · · · · · · · · · · · · · · · · · ·	N	one		
4. Date	5. Full name of contributor	out-of-state PAC	·····	7. Amount of contribution	8. In-kind contribution description (if applicable)	
12/13/2014	Steve Bartholomew			\$350.00	doddipaon (ii dppilodbio)	
	6. Contributor address:	City State	ZIP Code			
	5716 W Highway 290 # 100 Austin	, TX 78735-8702				
				(if travel outside o	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions	;)	1 .	oyer (See Instructions	-	
Builder			M	S 2011 General Contro	actors, LLC	

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

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (E	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution	
12/10/2014	Jet Bartlett	_	_	, , , , , , , , , , , , , , , , , , , ,	contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$150.00		
	2508 Greenlee Dr # 1 Austin, TX 78	3703-1715					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)	•	10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	aut-of-s	tate PAC		7. Amount of	8. In-kind contribution	
12/16/2014	John Bartram	_			contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	309 McConnell Dr West Lake Hills,	-					
	509 NICCONNET DI WEST LAKE TIMS,	11. 10140	/- 		/if traval autoida a	Texas, complete Schedule T)	
9 Principal occur	l pation / Job title (See Instructions	,		10 Emple	oyer (See Instruction	<u> </u>	
Attorney		,			rmbrust & Brown, PLI		
4. Date	5. Full name of contributor	Out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
12/08/2014	Paula Beaird		_		contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$25.00		
	1710 Valeria St Austin, TX 78704						
	1110 valora berrasan, 111 vovo				(if travel outside o	Texas, complete Schedule T)	
9. Principal occur	pation / Job title (See Instructions))		10 Emplo	oyer (See Instruction	<u> </u>	
		, 					
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Kimberly Beckham				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350,00		
	11205 Limoncillo Ct Austin, TX 787	750-3688					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions))		10 Emplo	yer (See Instruction	s)	
Attorney				A	rmbrust & Brown, PLI	.c	

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SCHEDULE A

The	Instruction Guide explains how t	Total pages Sch 65	edule A:			
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-st	ate PAC		7. Amount of	8. In-kind contribution
12/07/2014	Christopher Bell				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	806 W 10th St Ste B Austin, TX 78	8701-2060				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	Out-of-st	ate PAC		7. Amount of	8. In-kind contribution
12/07/2014	Karla Bell	_	•		contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	3411 Southill Cir Austin, TX 7870.	•		•		
	5411 Boudin Cir Hustin, 172 7070.	5-1045			(if traval autoida a	Texas, complete Schedule T)
9 Principal occu	I pation / Job title (See Instruction:	s)		10 Emplo	oyer (See Instruction	
None				1	one	
4. Date	5. Full name of contributor	out-of-sta	ate PAC		7. Amount of	8. In-kind contribution
12/08/2014	Rudy Belton	_			contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	505 E Huntland Dr Ste 530 Austin,	.TX 78752-3	760			
	,				(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	yer (See Instruction:	
Investment R	eal Estate	•		Be	elco Equities, Inc.	
4. Date	5. Full name of contributor	out-of-sta	ate PAC			8. In-kind contribution
12/08/2014	Sally Belton	 -			contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	112 Birnam Wood Ct Austin, TX 7	8746-4500				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instructions	s)		10 Emplo	yer (See Instruction:	
Real Estate				Be	elco Equities, Inc.	

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P.O. Box 12070

SCHEDULE A

The	The Instruction Guide explains how to complete this form.					1. Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler		,		3. ACCOUNT#(Et	hics Commission Filers)	
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of	8. In-kind contribution	
12/16/2014	Ashley Rose Bennett				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$110.00		
	1208 Grosvener Ct Austin, TX 78	746-6856					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions) 10 Emp				10 Emplo	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-	state PAC _		7. Amount of	8. In-kind contribution	
12/16/2014	Taylor Bennett				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	1208 Grosvener Ct Austin, TX 78	746-6856					
					(if travel outside o	Texas, complete Schedule T)	
Principal occup Student	pation / Job title (See Instruction	ns)	· · · · · · · · · · · · · · · · · · ·	1 .	oyer (See Instructions one	s)	
4. Date	5. Full name of contributor	Out-of-s	state PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Marc Birnbaum				contribution \$350.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	Ψ.500.00		
	4305 W Lovers Ln Dallas, TX 752	09-2803					
					(if travel outside o	Texas, complete Schedule T)	
	pation / Job title (See Instruction	s)			oyer (See Instruction:	s)	
Real Estate				M	AB Investments		
4. Date	5. Full name of contributor	out-of-s	tate PAC _		1	In-kind contribution description (if applicable)	
12/15/2014	Heyden Black Walker				\$25.00	(" app)	
	6. Contributor address:	City	State	ZIP Code			
	6006 Cary Dr Austin, TX 78757-3	112					
				· · r: · ·		Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instruction	s)		10 Emplo	yer (See Instructions	S)	

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SCHEDULE A

The	The Instruction Guide explains how to complete this form.				Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (E	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-state PAC			7. Amount of	8. In-kind contribution
12/15/2014	Joel Blanchard	_			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP	Code	\$200.00	
	7108 Teaberry Dr Austin, TX 78745	-6435				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instructions)		10	0 Emplo	yer (See Instruction	s)
Account Mar	ager			Bı	uzz Points	
4. Date	5. Full name of contributor	out-of-state PAC			7. Amount of contribution	8. In-kind contribution description (if applicable)
12/16/2014	Scott Blech				\$50.00	, , , , ,
	6. Contributor address:	City State	ZIP	Code		
	3503 Needles Dr Austin, TX 78746-1	1457				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		1(Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC			7. Amount of	8. In-kind contribution
12/15/2014	Marla Bommarito-Crouch				contribution	description (if applicable)
	6. Contributor address:	City State	ZIP	Code	\$350.00	
	4705 Island Cv Austin, TX 78731-51	44				
					(if travel outside o	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)		10	•	yer (See Instruction	s)
Interior Desig	n			Th	ne Bommarito Group	
4. Date	5. Full name of contributor	out-of-state PAC			7. Amount of	8. In-kind contribution
12/11/2014	Ave Bonar				contribution	description (if applicable)
	6. Contributor address:	City State	ZIP	Code	\$50.00	
	2423 Forest Ave Austin, TX 78704-5	521				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	ation / Job title (See Instructions)		10) Emplo	yer (See Instructions	5)

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SCHEDULE A

The	The Instruction Guide explains how to complete this form.					edule A:
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	itate PAC		7. Amount of	8. In-kind contribution
12/10/2014	Carolyn Bowles				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$300.00	
	13009 On The Lake Rd Austin, TX	78732-603	0			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s)			oyer (See Instruction	s)
Realtor .				St	elf	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	8. In-kind contribution
12/11/2014	Andrew Bowman				\$250.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$230.00	
	212 W 33rd St Austin, TX 78705-2	316				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	5)		10 Emplo	oyer (See Instruction	s)
Founder				Pi	oneer Green Energy	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/08/2014	Bruce Bramhall				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	202 Applewood Dr Pflugerville, TX	78660-280	04			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instructions)		10 Emplo	yer (See Instruction:	s)
4. Date	5. Full name of contributor	Out-of-st	tate PAC		7. Amount of	8. In-kind contribution
12/15/2014	Russell B. Bridges	_	_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$200.00	
	 6405 Cascada Dr Austin, TX 78750	-8156				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	yer (See Instruction:	s)
Government A	Affairs Manager			31	M	

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SCHEDULE A

The	Instruction Guide explains how to corr	plete this form	1.	Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler		,	3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Janice Brown	-		contribution	description (if applicable)
	6. Contributor address: Ci	ty State	ZIP Code	\$350.00	
	602 Coquina Ln West Lake Hills, TX 78'	746-4536			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	yer (See Instruction	s)
College Selec	tion Counselor		C	ollege Application Pro	cessing Service of
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
12/16/2014	JULIA BROWN			contribution	description (if applicable)
	6. Contributor address: Cit	ty State	ZIP Code	\$40.00	
	4406 Adelphi Ln Austin, TX 78727-5201	·			
	•			(if travel outside o	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions) 10 Em				yer (See Instruction:	s)
4. Date	5. Full name of contributor 🔲 o	ut-of-state PAC _			8. In-kind contribution
12/16/2014	Sabrina Brown			contribution	description (if applicable)
	6. Contributor address: Cit	ty State	ZIP Code	\$350.00	
	1220 Colorado St Ste 220 Austin, TX 787	701-1859			
				(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	**********	10 Emplo	yer (See Instructions	s)
Government l	Relations Consultant		Se	elf	A - A - A - A - A - A - A - A - A - A -
4. Date	5. Full name of contributor	ut-of-state PAC _			8. In-kind contribution
12/10/2014	Bonnie G. Bruce				description (if applicable)
	6. Contributor address: Cit	y State	ZIP Code	\$50.00	
	3211 Bay Hill Ln Round Rock, TX 78664	I-6135			
	·			(if travel outside o	Texas, complete Schedule T)
9. Principal occup	eation / Job title (See Instructions)		10 Emplo	yer (See Instructions	5)

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this form	Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler		ACCOUNT # (Ethics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of 8. In-kind contribution
12/10/2014	Mark J. Bruce		contribution description (if applicable)
	6. Contributor address: City State	ZIP Cod	s50.00
	3211 Bay Hill Ln Round Rock, TX 78664-6135		·
			(if travel outside of Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 E	mployer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of 8. In-kind contribution
12/11/2014	Cecelia Burke		contribution description (if applicable)
	6. Contributor address: City State	ZIP Cod	
	6500 Santolina Cv Austin, TX 78731-2806		
			(if travel outside of Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 E	mployer (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of 8. In-kind contribution
12/16/2014	Michael Burnett		contribution description (if applicable)
	6. Contributor address: City State	ZIP Cod	\$350.00 lde
	1601 Forest Trl Austin, TX 78703-3231		
•	·		(if travel outside of Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instructions)	10 E	mployer (See Instructions)
Attorney			Armbrust & Brown, PLLC
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of 8. In-kind contribution
12/16/2014	Robert Burton		contribution description (if applicable)
	6. Contributor address: City State	ZIP Cod	le \$350.00
	2125 Sea Eagle Vw Austin, TX 78738-5382		
			(if travel outside of Texas, complete Schedule T)
9. Principal occup	ation / Job title (See Instructions)	10 E	mployer (See Instructions)
Attorney			Winstead PC

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SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (E	thics Commission Filers)	
4. Date 12/16/2014	5. Full name of contributor James Bushnell 6. Contributor address: 5104 Portmamock Ct Austin, TX 7	City	State PAC	ZIP Code	7. Amount of contribution \$100.00	In-kind contribution description (if applicable) Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction		
4. Date 12/16/2014	5. Full name of contributor Anne Byars 6. Contributor address: 2103 Schulle Ave Austin, TX 7870	City	state PAC _	ZIP Code	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occul Farmer	pation / Job title (See Instruction	s)	·	1	(if travel outside o oyer (See Instruction elf-employed	Texas, complete Schedule T) s)	
4. Date 12/16/2014	5. Full name of contributor Samuel Byars 6. Contributor address: 2103 Schulle Ave Austin, TX 7870	out-of-s City 03-2141	State State	ZIP Code	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
9. Principal occup Attorney	pation / Job title (See Instructions	s)		1 .	(if travel outside or over (See Instructions ombrust & Brown, PLI	•	
	5. Full name of contributorBoyce Cabaniss6. Contributor address:209 E Elizabeth St Austin, TX 7870		state PAC _	ZIP Code	contribution \$100.00 (if travel outside o	8. In-kind contribution description (if applicable) Texas, complete Schedule T)	
9. Principal occup	eation / Job title (See Instructions	s)		10 Emplo	yer (See Instruction:	5)	

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SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution	
12/10/2014	Gary Calabrese				contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$350.00		
	7752 El Dorado Dr Austin, TX 787.	37-3005					
					(if travel outside o	Texas, complete Schedule T)	
				oyer (See Instruction	s)		
	5. Full name of contributor				7 0t of	8. In-kind contribution	
4. Date		out-of-s	state PAC		7. Amount of contribution	description (if applicable)	
12/09/2014	Andrea Campana				\$100.00	· · · · · ·	
	Contributor address:	City	State	ZIP Code			
	2716 Barton Creek Blvd 2014 Austi	n, TX 787	35-1638				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Patrick Carlson				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	1609 Mohle Dr Austin, TX 78703-1	937					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occur	pation / Job title (See Instructions)		1	oyer (See Instructions	· ·	
Attorney				A:	rmbrust & Brown, PLL	.C	
4. Date	5. Full name of contributor	out-of-si	tate PAC			8. In-kind contribution	
12/07/2014	James Casey				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	10123 Treasure Island Dr Austin, TX	X 78730					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	oation / Job title (See Instructions))		10 Emplo	yer (See Instructions	3)	
Retired				Re	etired		

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SCHEDULE A

The	Instruction Guide explains how	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler				3. ACCOUNT#(E	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
12/08/2014	Whitney Casey				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	600 W 7th St Austin, TX 78701-2	710				
					(if travel outside o	Texas, complete Schedule T)
					oyer (See Instruction	s)
Spokesperso	n			N	latch.com	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/16/2014	Peter Cesaro				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$25.00	
	54 Rainey St Apt 713 Austin, TX	78701-4393				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	18)	Marketter	10 Emplo	oyer (See Instruction	5)
4. Date	5. Full name of contributor	out-of-si	tate PAC		7. Amount of	8. In-kind contribution
12/16/2014	George K. Chang				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	15224 Interlachen Dr Austin, TX 7	78717-3867				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ns)		10 Emplo	yer (See Instruction	5)
Retired				N	one	
4. Date	5. Full name of contributor	out-of-st	tate PAC _			8. In-kind contribution
12/10/2014	Emmi Chen					description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$200.00	
	2507 Walter St Austin, TX 78702-	2836				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instructions	6)
Instructor				R	ed Bird Pilates	

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SCHEDULE A

The	Instruction Guide explains how t	1.	Total pages Schedule A: 65			
2. FILER NAME	Stephen Adler				3. ACCOUNT#(Et	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Sheng T Chen				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	5000 Mission Oaks Blvd Unit 24 A	Austin, TX 7	78735 - 6742	2		
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	is)		10 Emplo	oyer (See Instruction	s)
Dentist				Se	elf	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/10/2014	Yi Chen				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code		
	11505 Lafitte Ln Austin, TX 78739	9-1462				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	ıs)	,	10 Emplo	oyer (See Instruction:	s)
Homemaker				N	one	
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
12/12/2014	Jim Chudleigh				contribution \$350.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	νο,υυεφ	
	7620 Deer Run Volente, TX 78641	1-6108		ı		
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction:	s)
Physician				CI	hudleigh PA	
4. Date	5. Full name of contributor	out-of-s	state PAC	· · · · · · · · · · · · · · · · · · ·	7. Amount of contribution	8. In-kind contribution
12/12/2014	Phyllis Chudleigh				\$350.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$550.00	
	7620 Deer Run Volente, TX 78641	6108				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instructions	s)
Real Estate A	gent .			Se	elf	

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SCHEDULE A

The	Instruction Guide explains how to complete this	Total pages Schedule A: 65			
2. FILER NAME	Stephen Adler			3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributorout-of-state PA	.с		7. Amount of	8. In-kind contribution
12/10/2014	Michael J. Cihock			contribution	description (if applicable)
	6. Contributor address: City Sta	te Z	IP Code	\$350.00	
	5310 Musket Rdg Austin, TX 78759-6222				
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	oyer (See Instruction	s)		
Associate At	torney		N N	/ills & Estate Lawyers	
4. Date	5. Full name of contributorout-of-state PA	'C		7. Amount of contribution	In-kind contribution description (if applicable)
12/12/2014	Andrew Wilson Clements			\$350.00	, , , ,
	6. Contributor address: City Sta	te Z	IP Code		
	4528 Ruiz St Austin, TX 78723-3331				
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)
Architect			St	ate of Texas DSHS	
4. Date	5. Full name of contributor out-of-state PA	c		7. Amount of	8. In-kind contribution
12/15/2014	Rance Clouse			contribution	description (if applicable)
	6. Contributor address: City Stat	e Z	IP Code	\$350.00	
	2001 S Mo Pac Expy Apt 924 Austin, TX 78746-757	9			
				(if travel outside o	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)		1	yer (See Instruction:	
Real Estate			Fo	ortis Realty Services, L	LC
4. Date	5. Full name of contributorout-of-state PA	С		7. Amount of	8. In-kind contribution
12/15/2014	Jeffrey Coddington			contribution	description (if applicable)
	6. Contributor address: City Stat	e Z	IP Code	\$350.00	
	200 W Cesar Chavez St Ste 250 Austin, TX 78701-4	049			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	yer (See Instruction:	s)
Real Estate			C	ushman & Wakefield I	Oxford Commercial

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SCHEDULE A

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The	Instruction Guide explains how to	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
12/16/2014	John Conley				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	707 Cardinal Ln # C2 Austin, TX 7	78704-6910				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	9. Principal occupation / Job title (See Instructions) 10 Emplo					s)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
12/08/2014	Kevin Cooper				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	2904 Mossback Ln Austin, TX 787	39-4834				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions) 10 E					oyer (See Instruction	s)
Governmenta	l Affairs Advisor			In	dependent Proprietor	
4. Date	5. Full name of contributor	out-of-s	itate PAC _	,	7. Amount of contribution	8. In-kind contribution description (if applicable)
12/15/2014	Jacklyn Cooper-Williams				\$50.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$30.00	
	2111 Bronte Dr Austin, TX 78752-	2101				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction:	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/10/2014	Andrew Coulter				contribution \$25.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$23.00	
	302 W 38th St Apt 117 Austin, TX	78705-140	3			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	3)		10 Emplo	oyer (See Instruction	s)

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SCHEDULE A

The	Instruction Guide explains how to	complete	this form	1.		Total pages Sch 65	edule A:
2. FILER NAME	Stephen Adler					3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	Out-of-s	state PAC _	-		7. Amount of	8. In-kind contribution
12/08/2014	Ben Crenshaw					contribution	description (if applicable)
	6. Contributor address:	City	State	ZIF	Code	\$350.00	
	PO Box 50568 Austin, TX 78763-05	568					
						(if travel outside o	Texas, complete Schedule T)
						oyer (See Instruction	·
Professional (Golfer	····			Po	GA Tour, Coore & Cre	nshaw
4. Date	5. Full name of contributor	out-of-s	state PAC _			7. Amount of	8. In-kind contribution
12/10/2014	Cecilia Crossley					contribution \$25.00	description (if applicable)
	6. Contributor address:	City	State	ZIF	Code	\$25.00	
	3100 Catalina Dr Austin, TX 78741	-7035					
	·					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions))			10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC _			7. Amount of	8. In-kind contribution
12/12/2014	Julia Cuba					contribution	description (if applicable)
·	Contributor address:	City	State	ZIF	Code	\$100.00	
	2010 Hamilton Ave Austin, TX 7870	02-2822					
						(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions))		1	10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC _			7. Amount of	8. In-kind contribution
12/11/2014	Sandra Cunningham					contribution	description (if applicable)
	6. Contributor address:	City	State	ZIF	Code	\$50.00	
	4005 enclave Mesa curcle Austin, TX	X 78731					
						(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions))		1	0 Emplo	yer (See Instructions	3)
			•				

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SCHEDULE A

The	Instruction Guide explains how to	Total pages Sch 65	Total pages Schedule A: 65		
2. FILER NAME	Stephen Adler		,	3. ACCOUNT#(E	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-state PAG		7. Amount of	8. In-kind contribution
12/16/2014	Mark J. Curry			contribution	description (if applicable)
	6. Contributor address:	City State	e ZIP Coo	\$300.00	
	4000 Tablerock Dr Austin, TX 7873	1-1425			
				(if travel outside o	Texas, complete Schedule T)
1	pation / Job title (See Instructions)	mployer (See Instruction	s)		
Community I	Bank President			Wells Fargo	
4. Date	Full name of contributor	out-of-state PAC	>	7. Amount of	8. In-kind contribution
12/08/2014	Lisa Danley-Herring			contribution \$25,00	description (if applicable)
	6. Contributor address:	City State	ZIP Cod		
	1000 E 38th St Austin, TX 78705-18	113			,
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		10 E	mployer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state PAC	;	7. Amount of	8. In-kind contribution
12/11/2014	Ann Daughety	_	•	contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Cod	s350.00	
	4001 Eagles Landing Cv Austin, TX	78735-6359			
				(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instructions)		10 Er	mployer (See Instruction	•
Realtor				Stanberry and Associate	S
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/14/2014	Bill Davies			\$350.00	description (ii applicable)
	6. Contributor address:	City State	ZIP Cod		
ļ	7425 Bonniebrook Dr Austin, TX 78	735-1805			
	, <u></u>			(if travel outside o	Texas, complete Schedule T)
9. Principal occup	ation / Job title (See Instructions)		10 Er	mployer (See Instruction	s)
Banker				Jp Morgan Chase bank I	NA

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how t	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler	-			3. ACCOUNT # (E	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/14/2014	Polly B Davies	_	_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	7425 Bonniebrook Dr Austin, TX	78735-1805	:			
,					(if travel outside o	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions) 10 Empl					oyer (See Instruction	s)
None				N	lone .	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/14/2014	Stephen Davis				\$350.00	
	Contributor address:	City	State	ZIP Code		
	200 Congress Ave Unit 41Q Austi	n, TX 7870 l	-4565			
					(if travel outside o	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) 10 E					oyer (See Instruction	s)
Retired				N	one	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/15/2014	Justin Demerath				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	808 West Ave Austin, TX 78701-2	208				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
						,
4. Date	5. Full name of contributor	out-of-si	ate PAC		7. Amount of	8. In-kind contribution
12/16/2014	Susan H Denn		_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	3422 S Lamar Blvd Austin, TX 78	704-7931				
Ī					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	eation / Job title (See Instructions	s)		10 Emple	oyer (See Instruction:	5)
Property Man	ager			S	elf	

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SCHEDULE A

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The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (EI	hics Commission Filers)	
4. Date	5. Full name of contributor	aut-of-	state PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Joe DiQuinzio				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	500 W 7th St Austin, TX 78701-28	818					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	ıs)	• • • • • • • • • • • • • • • • • • • •	10 Empl	oyer (See Instruction	s)	
Real Estate				Ja	adCo Development		
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)	
12/16/2014	Matt Dow				\$350.00	describition (ii applicable)	
	6. Contributor address:	City	State	ZIP Code	\$330.00		
	6109 Shadow Mountain Dr Austin	, TX 78731	-4162				
					(if travel outside o	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			10 Emplo	oyer (See Instruction	s)		
Lawyer				Ja	ickson Walker L.L.P.		
4. Date	5. Full name of contributor	out-of-:	state PAC _		7. Amount of	8. In-kind contribution	
12/10/2014	Benita A. Dryden				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	4311 Bunny Run Austin, TX 7874	6-1020					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction:	s)	
Sr. Vice Pres	ident			C	ommercial Texas		
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)	
12/10/2014	Kenny Dryden				\$350.00	description (ii applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00	<u> </u>	
	3303 Northland Dr Ste 212 Austin	TX 78731-	4955				
					(if travel outside o	Texas, complete Schedule T)	
9 Principal occur				40 51	yer (See Instructions	-1	
o. Timoporosoap	pation / Job title (See Instruction	5)		110 Empir	byer (See manuchom	s)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler				3. ACCOUNT#(E	thics Commission Filers)
4. Date 12/16/2014	5. Full name of contributor Lenora DuBose	_	state PAC _		7. Amount of contribution \$100.00	In-kind contribution description (if applicable)
	6. Contributor address: 8804 Collingwood Dr Austin, TX	City 78748-5205	State	ZIP Code	(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Empl	oyer (See Instruction	s)
4. Date 12/16/2014	5. Full name of contributorClaude Ducloux6. Contributor address:3512 Native Dancer Cv Austin, TX	City	State PAC	ZIP Code	7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Empl	oyer (See Instruction	s)
4. Date 12/16/2014	5. Full name of contributorJustin Dunlap6. Contributor address:4412 Rosedale Ave Austin, TX 78	City	state PAC _	ZIP Code	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
	pation / Job title (See Instruction orney General	s)		(if travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Attorney General of Texas		
4. Date 12/16/2014	Full name of contributor James Brandon Easterling Contributor address:	Out-of-s	state PAC _	ZIP Code	7. Amount of contribution \$350.00	In-kind contribution description (if applicable)
	3411 Foothill Ter Austin, TX 7873	1-5826			(if travel outside o	Texas, complete Schedule T)
 Principal occup Real Estate 	pation / Job title (See Instruction	s)		· ·	oyer (See Instruction: Iliance Residential	s)

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SCHEDULE A

The	Instruction Guide explains how	l.	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date 12/12/2014 9. Principal occu	5. Full name of contributor Michael Edenbaum 6. Contributor address: 400 Soft Cloud Cv Austin, TX 78 pation / Job title (See Instruction)	City 717-5485	State PAC _	ZIP Code	7. Amount of contribution \$20.00 (if travel outside ooyer (See Instruction	8. In-kind contribution description (if applicable) Texas, complete Schedule T)	
4. Date 12/16/2014	5. Full name of contributor Mindy Ellmer 6. Contributor address: 200 Congress Ave Unit 40FF Aust	City	State	ZIP Code	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable) Texas, complete Schedule T)	
Principal occu Consultant	pation / Job title (See Instruction	ns)			oyer (See Instruction elf		
4. Date 12/15/2014	5. Full name of contributorMichael Engels6. Contributor address:808 atterson Avenue Austin, TX 7	City	State PAC _	ZIP Code	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)	
Principal occul Real Estate	l pation / Job title (See Instruction	s)		1 .	(if travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) CWS Capital Partners		
4. Date 12/16/2014	Full name of contributor Edward Espinoza Contributor address: To Pressler St Apt 4131 Austin, T	City	State	ZIP Code	7. Amount of contribution \$100.00 (if travel outside o	8. In-kind contribution description (if applicable) Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction:	s)	

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Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (EI	thics Commission Filers)	
4. Date	5. Full name of contributor	aut-of-s	state PAC _		7. Amount of	8. In-kind contribution	
12/16/2014	Darrick Eugene				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	10101 Pinehurst Dr Austin, TX 78	747-1303					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Emplo	oyer (See Instruction	s)	
Attomey				D	arrick W. Eugene & A	ssociates, PC	
4. Date	5. Full name of contributor	Out-of-s	state PAC		7. Amount of	8. In-kind contribution	
12/11/2014	Michael Eyman				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	6313 Poncha Pass Austin, TX 7874	49-1883					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions)				10 Emple	oyer (See Instruction	s)	
Supply Chain	Manager			Sı	unPower Corporation		
4. Date	5. Full name of contributor	out-of-s	state PAC _			8. In-kind contribution	
12/16/2014	Judy Fisher				contribution	description (if applicable)	
	Contributor address:	City	State	ZIP Code	\$350.00		
	2602 Broken Oak Dr Austin, TX 7	8745-5900					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occur	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction:	s)	
Vice Presider	ıt			Jo	ourneyman Group		
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution	
12/16/2014	Robert W. Fisher				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	2602 Broken Oak Dr Austin, TX 7	8745-5900					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	oation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction:	s)	
Residential Co	onstruction Inspector			V	eritas		

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Texas Ethics Commission

SCHEDULE A

The	Instruction Guide explains how to complete	e this form	•	Total pages Schedule A: 65		
2. FILER NAME	Stephen Adler			3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributorout-of	-state PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Kevin Flahive			contribution	description (if applicable)	
	6. Contributor address: City	State	ZIP Code	\$25.00		
	5010 Finley Dr Austin, TX 78731-5612					
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)						
4. Date	5. Full name of contributorout-of	-state PAC		7. Amount of	8. In-kind contribution	
12/12/2014	Barbara Formichelli			contribution	description (if applicable)	
	6. Contributor address: City	State	ZIP Code	\$50.00		
	8209 Ito Cv Austin, TX 78729-8006					
	. 1			(if travel outside o	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributorout-of	-state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)	
12/16/2014	Hugh Forrest			\$350.00	(בור מים מים מים מים מים מים מים מים מים מים	
	6. Contributor address: City	State	ZIP Code	1		
	703B E 50th St # B Austin, TX 78751-2615					
				(if travel outside o	Texas, complete Schedule T)	
 Principal occup event planner 	pation / Job title (See Instructions)	. 1	1 '	10 Employer (See Instructions) SXSW		
4. Date	5. Full name of contributor out-of	state PAC _		7. Amount of	8. In-kind contribution	
12/11/2014	Carol Fowler			contribution	description (if applicable)	
	6. Contributor address: City	State	ZIP Code	\$250.00		
	10 Woodstone Sq Austin, TX 78703-1164					
	-			(if travel outside of	Texas, complete Schedule T)	
9. Principal occup	eation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)	
Retired	11.00	·	N	one		

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P.O. Box 12070

SCHEDULE A

(512) 463-5800

F :					1 Total agens Cab	adula A.
The	Instruction Guide explains how t	to complete	this form	1.	Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler			1 10 A A A A A A A A A A A A A A A A A A	3. ACCOUNT#(E	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
12/10/2014	Charles François				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
,	5815 Buckpasser Cv. Austin, TX 7	78746-1450				
		-			(if travel outside o	Texas, complete Schedule T)
9, Principal occu	pation / Job title (See Instruction	is)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
12/08/2014	Jean Freeland'Graves		_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$250.00	
	900 W 17th St Austin, TX 78701-1	1007				
			:		(if travel outside o	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions) 10				10 Emplo	oyer (See Instruction	s)
Retired				N	one	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/16/2014	Regan Gammon III				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	3125 Hemphill Park Austin, TX 78	3705-2822				
					(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instruction	s)			oyer (See Instruction	
Vice Presiden	it .			K	imberlin Family Partne	rship
4. Date	5. Full name of contributor	ut-of-s	tate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
12/15/2014	William B. Gammon				\$350.00	description (it applicable)
	6. Contributor address:	City	State	ZIP Code		
	8304 Zyle Rd Austin, TX 78737-34	103				
					(if travel outside o	Texas, complete Schedule T)
•	oation / Job title (See Instruction	s)		1 '	oyer (See Instruction	-
attomey				J G	ammon Law Office, Pl	LC

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to		Total pages Schedule A: 65			
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/16/2014	William Gammon III				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	3125 Hemphill Park Austin, TX 78	705-2822				
1			•		(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)
Insurance Ag	ent			<u> </u>	Villiam Gammon Insura	ince
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
12/12/2014	Helmut Gass				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	2017 Buckley Ln Round Rock, TX	78664-460	7			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instructions	5)		10 Emplo	oyer (See Instruction	s)
Director				A	1 Technology Products	s, Inc.
4. Date	5. Full name of contributor	aut-of-sl	tate PAC _		7. Amount of	8. In-kind contribution
12/12/2014	Renate Gass				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	2017 Buckley Ln Round Rock, TX	78664-4607	7 .			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)	<u></u>	'	oyer (See Instruction:	s)
Accounting				D	TLandgroup, Inc.	
4. Date	5. Full name of contributor	out-of-st	ate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
12/15/2014	Mojdeh Gharbi				\$250.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$250.50	
	5514 Shoalwood Ave Austin, TX 78	8756-1622				
					(if travel outside o	Texas, complete Schedule T)
•	eation / Job title (See Instructions	s)			oyer (See Instruction:	3)
VP of Market	ing & Operations			C	ertain Affinity, Inc.	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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The	Instruction Guide explains how to	o complete	this form	l .	1. Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler		-		3. ACCOUNT#(E	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Kurt D Goll				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	1925 Cypress Pt W Austin, TX 787	46-7108			1	
					(if travel outside o	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) 10 Emplo				oyer (See Instruction	s)	
Real Estate				С	arrington Oaks, LLC	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/16/2014	Michelle L Goll				\$350.00	description (ii applicable)
	Contributor address:	City	State	ZIP Code	\$350,00	
	1925 Cypress Pt W Austin, TX 787	46-7108			İ	,
					(if travel outside o	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions) 10 Em				10 Emplo	oyer (See Instruction	s)
· Interior Desig	gner	,		S	elf	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/08/2014	Rex Gore				contribution \$350.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$330.00	,
	1304 W Oltorf St Austin, TX 78704	1-5333				
					(if travel outside o	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions	s)		1 '	oyer (See Instruction	s)
President				P.	Is of Texas, Inc.	
4. Date	5. Full name of contributor	Out-of-st	tate PAC		7. Amount of contribution	8. In-kind contribution
12/13/2014	Matthew Green				\$200.00	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$200,000	
	2911 Stratford Dr Austin, TX 78740	5-4628				
					(if travel outside o	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions	;)			oyer (See Instruction:	s)
Real Estate				T	he Kor Group	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler				3. ACCOUNT#(Et	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	itate PAC _		7. Amount of	8. In-kind contribution
12/11/2014	Brad B Greenblum				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	3345 Bee Caves Rd Ste 208 West I	Lake Hills, T	ΓX 78746-	6766		
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	Dout-of-st	tate PAC			8. In-kind contribution
12/16/2014	Bob Edward Gregory	_	_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	2939 Westlake Cv Austin, TX 7874	46-1961				
,					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	10 Empl	oyer (See Instructions			
Solid Waste	& Recyclables			T	exas Disposal Systems	
4. Date	5. Full name of contributor	out-of-st	tate PAC _		7. Amount of	8. In-kind contribution
12/16/2014	Kay Gregory				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	2939 Westlake Cv Austin, TX 7874	46-1961				
					(if travel outside of	Texas, complete Schedule T)
Principal occup Homemaker	pation / Job title (See Instructions	s)		I .	oyer (See Instructions Ione	s)
4. Date	5. Full name of contributor	Tout-of-st	tate PAC		7. Amount of	8. In-kind contribution
12/12/2014	Joshua Grimes				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	1781 Spyglass Dr Apt 326 Austin,	•				
	1701 opyglass 21 ripi 320 riasan,	110 10140 1	,,,		(if travel outside o	Texas, complete Schedule T)
9. Principal occur	L pation / Job title (See Instructions	s)		10 Empl	oyer (See Instructions	<u> </u>
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SCHEDULE A

The	Instruction Guide explains how to	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/12/2014	Beth Guillot	_	_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	2216 Thornton Rd Austin, TX 7876	04-5084				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	Out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/13/2014	David Hampton				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$250.00	
		City	State	ZIP Code		
	2508 Indian Trl Austin, TX 78703-	2340				·
					<u> </u>	Texas, complete Schedule T)
				•	oyer (See Instruction:	s)
Chief Execut	ive Officer			I M	187	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	8. In-kind contribution
12/14/2014	Greg Hartman					description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	3307 Winding Creek Dr Austin, TX	C 78735-147	74			
	-				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	 s)		10 Emplo	yer (See Instruction	s)
healthcare ad	ministration			Se	eton Healthcare Family	
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of	8. In-kind contribution
12/16/2014	Jeremy Hartman	_	-		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	1608 Haskell St # B Austin, TX 787	702-5416				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instructions	;)		10 Emplo	yer (See Instructions	
Attomey	·	-		1 '	ate of Texas, Court of	

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SCHEDULE A

The	Instruction Guide explains how to	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler				3. ACCOUNT#(Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Michele Haussmann				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	5612 Parade Rdg Austin, TX 78731	1-3350				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	3)	10 Emplo	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/12/2014	Becky Head				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	7502 Downridge Dr Austin, TX 783	731-1106				
			:		(if travel outside o	Texas, complete Schedule T)
9. Principal occu	9. Principal occupation / Job title (See Instructions)			10 Emplo	oyer (See Instruction	s)
Administrato	r .			M	lorrison & Head	
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/12/2014	Ray Head				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	00,000	
	7502 Downridge Dr Austin, TX 787	731-1106				
					(if travel outside o	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions	;)		·	oyer (See Instruction:	s)
Partner				M	orrison & Head, LP	
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/09/2014	Marina Henderson				\$100.00	description (it applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	-
	1815 Rockmoor Ave Austin, TX 78	703-2028				
					(if travel outside o	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions	.)		10 Emplo	yer (See Instructions	s)

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SCHEDULE A

The	Instruction Guide explains how t	Total pages Schedule A: 65					
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	Full name of contributor William Herring	out-of-st	ate PAC	1	7. Amount of contribution	In-kind contribution description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$25.00		
	1000 E 38th St Austin, TX 78705-				(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s)	
4. Date 12/15/2014	5. Full name of contributor Max Hoberman 6. Contributor address: 5514 Shoalwood Ave Austin, TX 7	out-of-st City 18756-1622	State	ZIP Code	7. Amount of contribution \$250.00	8. In-kind contribution description (if applicable)	
			<u>:</u>		(if travel outside o	Texas, complete Schedule T)	
Principal occup President	pation / Job title (See Instruction	s)			oyer (See Instructions ertain Affinity, Inc.	•	
4. Date 12/08/2014	5. Full name of contributor Michael Hochman 6. Contributor address: 2305 Island Wood Rd Austin, TX 7	Out-of-sta City 78733-2117	State	ZIP Code	7. Amount of contribution \$100.00	In-kind contribution description (if applicable)	
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions	3)		10 Emplo	oyer (See Instructions	s)	
4. Date	5. Full name of contributor	out-of-sta	ate PAC _		7. Amount of	8. In-kind contribution	
12/12/2014	Leon Holland				contribution \$25.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	42 3.00		
ļ	10705 Leafwood Ln Austin, TX 78	750-3490					
					<u> </u>	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions	3)		10 Emplo	oyer (See Instructions	s)	

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P.O. Box 12070

SCHEDULE A

					7	
The	Instruction Guide explains how to	I.	Total pages Schedule A: 65			
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-t	state PAC _		7. Amount of	8. In-kind contribution
12/12/2014	Peggy Holland				contribution \$25.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$23.00	
	10705 Leafwood Ln Austin, TX 78	750-3490				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	9. Principal occupation / Job title (See Instructions) 10 Emp					s)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
12/16/2014	Wayne Hollingsworth				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	100 Congress Ave Ste 1300 Austin.	, TX 78701	-2744			
	_				(if travel outside o	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions) 10				10 Empl	oyer (See Instruction	s)
Attorney				A	rmbrust & Brown, PLI	<u>.c</u>
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/16/2014	Paul Hornsby				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$330.00	
	15767 Booth Cir Leander, TX 7864	1-9684				
					(if travel outside o	Texas, complete Schedule T)
•	pation / Job title (See Instructions	i)			oyer (See Instructions	s)
Appraiser			-	P	aul Hornsby and Co.	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
12/16/2014	Christina C. Hsu				\$350.00	accomplian (ii applicable)
	6. Contributor address:	City	State	ZIP Code	4330	
	15224 Interlachen Dr Austin, TX 78	3717-3867				
						Texas, complete Schedule T)
•	pation / Job title (See Instructions	;)		1	oyer (See Instruction:	s)
Attorney				1 0	elf	

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SCHEDULE A

r					T. =	
The	Instruction Guide explains how to	o complete	this form	l .	Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (E	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
12/10/2014	Patrick Hudson				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	7105 Beauford Dr Austin, TX 7875	50-8151				
			,		(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		,	oyer (See Instruction	•
Attorney				N	IcLean & Howard, LL	?
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
12/10/2014	Sarah Hudson				\$350.00	
	6. Contributor address:	City	State	ZIP Code		
	7105 Beauford Dr Austin, TX 7875	50-8151				
			:		(if travel outside o	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) 10 Em					oyer (See Instruction	s)
Creative Inter	m			T	angelo	
4. Date	5. Full name of contributor	out-of-s	tate PAC			8. In-kind contribution
12/10/2014	Kenneth Hunter				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	4 Sugar Creek Dr West Lake Hills,	TX 78746-	5533			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction	s) .
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/16/2014	Denise Hutto				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
;	1608 Haskell St # B Austin, TX 78	702-5416				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	5)		10 Emplo	oyer (See Instruction:	s)
Accounting				S	XSW	

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SCHEDULE A

The	Instruction Guide explains how t	to complete	this form	1.	Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (EI	hics Commission Filers)
4. Date	5. Full name of contributor	Out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/16/2014	Kathy Hutto				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	2607 Trail Of The Madrones Aust	in, TX 7874	6-2342			,
					(if travel outside o	Texas, complete Schedule T)
,	pation / Job title (See Instruction	ıs)		, ,	oyer (See Instruction	s)
Government	al Affairs Consultant			Ja	ckson Walker LLP	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/10/2014	Carey Ibrahimbejovic				contribution \$20.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$20.00	
	2202 Rabb Glen St Austin, TX 787	704-3948				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	Out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/08/2014	William Ikard				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	2901 Via Fortuna Ste 450 Austin,	TX 78746-0	007		•	
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		·	yer (See Instruction:	3)
Partner				<u> </u>	ard Wynne LLP	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	8. In-kind contribution
12/10/2014	Jonathan Ivester				\$350.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	00.00دو	
	404 Rio Grande St 201 Austin, TX	78701-2862	2			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instruction	s)		10 Emplo	yer (See Instruction:	5)
Senior Vice P	resident			Si	licon Labs	1

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(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler		*		3. ACCOUNT#(E	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution
12/16/2014	William Jang	_			contribution	description (if applicable)
-	6. Contributor address:	City	State	ZIP Code	\$50.00	
	314 E Highland Mall Blvd Ste 40	6 Austin, TX	C 78752-37	732		
					(if travel outside o	Texas, complete Schedule T)
9. 'Principal occu	pation / Job title (See Instruction	ns) 		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	Out-of-	state PAC		7. Amount of	8. In-kind contribution
12/07/2014	Lance Johnson				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$25.00	
	15521 Gustine Cv Austin, TX 787	•				
;	13321 Ousune Cv Ausum, 12 767	17-3464	:		/if traval autoido o	Texas, complete Schedule T)
9 Principal occur	I pation / Job title (See Instruction	10 Emple	oyer (See Instruction	<u></u>		
		,				
4. Date	5. Full name of contributor	Dout-of-	state PAC		7. Amount of	8. In-kind contribution
12/07/2014	Robert Johnston		-		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	12710 Cedar St Austin, TX 78732	-1806				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	ns)		10 Emplo	oyer (See Instruction:	
Retirement P	an Consultant and Advisor			v	ALIC	
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
12/10/2014	Annette Jones	-			contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	519 Buckeye Trl Austin, TX 7874	6-4425				
	•				(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instructions	
Homemaker				1	one	

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SCHEDULE A

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The	Instruction Guide explains how to	I.	Total pages Schedule A: 65		
2. FILER NAME	Stephen Adler			3. ACCOUNT # (Et	hics Commission Filers)
4. Date	Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Brent Jones			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$350.00	
÷	5930 Highland Hills Dr Austin, TX	78731-4015			
:				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)	10 Emplo	yer (See Instruction	s)
Architect			A	merican Realty	
4. Date	5. Full name of contributor	out-of-state PAC	······································	7. Amount of contribution	In-kind contribution description (if applicable)
12/15/2014	Charlie Jones			\$350.00	
	6. Contributor address:	City State	ZIP Code		•
	300 W 6th St Austin, TX 78701-39:	54			
		;		(if travel outside o	Texas, complete Schedule T)
· · · · · · · · · · · · · · · · · · ·				oyer (See Instruction:	s)
Partner			C.	3 Presents	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/12/2014	George Jones			\$100.00	, , , , , , , , , , , , , , , , , , , ,
·	6. Contributor address:	City State	ZIP Code	******	
	6102 Mountainclimb Dr Austin, TX	78731-3824			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	·)	10 Emplo	oyer (See Instructions	5)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Ginny Jones			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$350.00	
	3211 Stratford Hills Ln Austin, TX	78746-4684			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	ation / Job title (See Instructions)	10 Emplo	yer (See Instruction:	s)
Homemaker			Se	elf	

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SCHEDULE A

(**·						
The	Instruction Guide explains how to	o complete	this form	1.	Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
12/10/2014	Ken Jones				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
-	519 Buckeye Trl West Lake Hills,	TX 78746-/	1425			
					(if travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions	s)		1 .	oyer (See Instruction	s)
Attorney				A	rmbrust & Brown	
4. Date	5. Full name of contributor	Out-of-s	state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/16/2014	Laura Jones	~ ''	.		\$350.00	
	Contributor address:	City	State	ZIP Code		
	5930 Highland Hills Dr Austin, TX	. 78731-401	15			
		·····				Texas, complete Schedule T)
	, ,				oyer (See Instruction:	s)
Digital Strate	gy			36	elf	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
12/15/2014	Melanie Jones				\$350.00	describitori (ii applicable)
	Contributor address:	City	State	ZIP Code	\$330.00	
	4620 Lake View Dr Austin, TX 787	731-4716				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	oation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction:	s)
. Homemaker				N	one	
4. Date	5. Full name of contributor	Out-of-s	tate PAC _			8. In-kind contribution
12/07/2014	Bret Kadison					description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$200.00	
	901 S Mo Pac Expy Ste 1-220 Austi	in, TX 7874	46-5908			
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	(ذ		10 Emplo	oyer (See Instructions	s)
Private Equity	<i>'</i>			Bı	razos Resources	

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SCHEDULE A

The	Instruction Guide explains how	to complete	e this form	7.	Total pages Schedule A:		
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Ethics Commission Filers)		
 Date 12/16/2014 Principal occu Date 12/15/2014 	5. Full name of contributor Paul Karagas 6. Contributor address: 6009 Club Ter Austin, TX 78741- pation / Job title (See Instruction 5. Full name of contributor George Kasee 6. Contributor address:	City 3301 ns) out-of-t	State PAC	ZIP Code 10 Emple	7. Amount of contribution \$5.00 (if travel outside or over (See Instruction 7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable) Texas, complete Schedule T) s) 8. In-kind contribution description (if applicable)	
Principal occur Business Dev	917 Challenger Lakeway, TX 7875 pation / Job title (See Instruction velopment			1	(if travel outside o	Texas, complete Schedule T)	
4. Date 12/15/2014	5. Full name of contributorMichael L Kasper6. Contributor address:4002 Balcones Dr Austin, TX 787	City	State	ZIP Code	7. Amount of contribution \$100.00	In-kind contribution description (if applicable)	
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Emplo	if travel outside o	Texas, complete Schedule T)	
4. Date 12/15/2014	5. Full name of contributor Russell Keene 6. Contributor address: 2600 Maria Anna Rd Austin, TX 7	City	state PAC _	ZIP Code	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable) Texas, complete Schedule T)	
 Principal occup Partner 	pation / Job title (See Instruction	s)		1	oyer (See Instructions rossnore Group, LLC	s)	

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SCHEDULE A

The	Instruction Guide explains how to	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date 12/15/2014	Full name of contributor Joseph Kelly Contributor address:	Out-of-stat	state	ZIP Code	7. Amount of contribution \$50.00	8. In-kind contribution description (if applicable)
	411 Brazos St Apt 209 Austin, TX	-		2.11 0000	(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s)
4. Date 12/11/2014	Full name of contributor William Kemp Contributor address: Concho Creek Bnd Austin, T.	•	State	ZIP Code	7. Amount of contribution \$25.00	8. In-kind contribution description (if applicable)
						Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s) 		10 Emplo	oyer (See Instructions	s)
4. Date 12/08/2014	5. Full name of contributorBurke Kennedy6. Contributor address:603 Davis St 1209 Austin, TX 7876	•	e PAC	ZIP Code	7. Amount of contribution \$250.00	8. In-kind contribution description (if applicable)
9. Principal occup Broker	pation / Job title (See Instructions	s)		(if travel outside of Texas, complete Schedule T) 10 Employer (See Instructions)		
4. Date	5. Full name of contributor	out-of-state	PAC			8. In-kind contribution
12/16/2014	Kathleen Kerr 6. Contributor address: 1503 Wild Cat Holw West Lake Hi			ZIP Code	contribution \$250.00	description (if applicable)
	1505 Tria Carriotte Treat Earc III	110, 143 /0/40	2010		(if travel outside or	Texas, complete Schedule T)
9. Principal occup	ation / Job title (See Instructions consulting	s)		1 .	yer (See Instructions MKerr Environmental	·

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this fo		Total pages Schedule A: 65			
2. FILER NAME	Stephen Adler			3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributorout-of-state PAC	:		7. Amount of	8. In-kind contribution	
12/08/2014	Ramzi Khazen			contribution	description (if applicable)	
	6. Contributor address: City State	e ZI	P Code	\$100.00		
	2604 Rollingwood Dr West Lake Hills, TX 78746-564	46				
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	10 Employer (See Instructions)		
4. Date	5. Full name of contributorout-of-state PAC	;		7. Amount of	8. In-kind contribution	
12/15/2014	Art Kidd			contribution	description (if applicable)	
	6. Contributor address: City State	: ZI	P Code	\$200.00		
	411 W Saint Elmo Rd Apt 29 Austin, TX 78745-3377					
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	yer (See Instruction		
Musician			Se	elf		
4. Date	5. Full name of contributorout-of-state PAC			7. Amount of	8. In-kind contribution	
12/15/2014	Kay Kidd			contribution	description (if applicable)	
	6. Contributor address: City State	ZI	P Code	\$200.00		
	411 W Saint Elmo Rd Apt 29 Austin, TX 78745-3377					
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	yer (See Instruction:	3)	
musician	**************************************		K	ay Kidd		
4. Date	5. Full name of contributorout-of-state PAC			7. Amount of	8. In-kind contribution	
12/16/2014	Bill King			contribution \$200.00	description (if applicable)	
	6. Contributor address: City State	ZI	P Code	\$200.00		
	4507 Shoal Creek Blvd Austin, TX 78756-2912					
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	yer (See Instructions	5)	
Judge			Re	etired		

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SCHEDULE A

The	Instruction Guide explains how	to complete th	nis form	-	Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	thics Commission Filers)
4. Date	5. Full name of contributor	Out-of-state	e PAC		7. Amount of	8. In-kind contribution
12/15/2014	Frank King		•	contribution	description (if applicable)	
	6. Contributor address:	City 5	State	ZIP Code	\$50.00	
	1601 Miriam Ave Unit 221 Austin	n, TX 78702 -1 5	56			:
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	ipation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-state	PAC _		7. Amount of	8. In-kind contribution
12/08/2014	Robert King				contribution	description (if applicable)
	6. Contributor address:	City S	State	ZIP Code	\$200.00	
	4212 Park Hollow Ct Austin, TX	78746-1249				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ns)		10 Emplo	oyer (See Instruction:	s)
Consultant				G	ood Company Associa	tes
4. Date	5. Full name of contributor	out-of-state	PAC _		7. Amount of	8. In-kind contribution
12/16/2014	Darin Klein				contribution	description (if applicable)
	6. Contributor address:	City S	State	ZIP Code	\$350.00	
	4004 Cherrywood Rd Austin, TX	78722-1222				
					(if travel outside of	Texas, complete Schedule T)
Principal occur Comptroller	pation / Job title (See Instruction	18)			oyer (See Instructions XSW	s)
4. Date	5. Full name of contributor	out-of-state	PAC _			8. In-kind contribution
12/16/2014	Barney Knight				1	description (if applicable)
	6. Contributor address:	City S	State	ZIP Code	\$350.00	
i	1008 Huntridge Dr Austin, TX 787	758-3913				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instruction	ıs) .			oyer (See Instructions	5)
Attorney				K	night & Partners	

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SCHEDULE A

Th	The Instruction Guide explains how to complete this form.				Total pages Schedule A: 65		
2. FILER NAM	E Stephen Adler				3. ACCOUNT # (E	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Linda J Knight				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	1008 Huntridge Dr Austin, TX 78	758-3913					
,					(if travel outside o	Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions) 10 Emplo					oyer (See Instruction	s)	
None				N	one		
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution	
12/15/2014	Daphne Konderla				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$50.00		
	115 Squires Dr Lakeway, TX 787	34-4658					
	,				(if travel outside o	Texas, complete Schedule T)	
9. Principal occ	cupation / Job title (See Instruction	18)		10 Emple	oyer (See Instruction	s)	
4 Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution	
12/10/2014	Scot Krieger		, a.		contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	2905 Montebello Ct Austin, TX 78	3746-6816					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occ	upation / Job title (See Instruction	ns)		10 Emplo	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	Out-of-s	tate PAC _		7. Amount of	8. In-kind contribution	
12/16/2014	Gregg Krumme	_			contribution	description (if applicable)	
	6. Contributor address:	City	State	ŽIP Code	\$350,00		
	10702 Hastings Ln Austin, TX 783	750-4042					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occ	upation / Job title (See Instruction	s)			yer (See Instruction:	*	
Attorney			,	A	rmbrust & Brown PLL	C ·	

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SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A; 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT#(E	thics Commission Filers)	
4. Date	5. Full name of contributor	out-of-:	state PAC		7. Amount of	8. In-kind contribution	
12/13/2014	Carolyn LaMarsh Thompson				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	1710 Mount Larson Rd Austin, TX	K 78746-296	52				
: .					(if travel outside o	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) 10 Employ				oyer (See Instruction	s)		
4. Date	5. Full name of contributor	Out-of-s	state PAC		7. Amount of	8. In-kind contribution	
12/09/2014	Alan Laves				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	6324 Bon Terra Dr Austin, TX 78	•	4.0.0				
	0324 Bull Tella Di Austili, IA 76	/31-3043				Tours assessable Cabadula T	
9. Principal occupation / Job title (See Instructions) 10 Emplo					oyer (See Instruction	Texas, complete Schedule T)	
Attorney	pation / 300 tille (See instruction	13)		1 '	kin Gump Strauss Hau	·	
4. Date	5. Full name of contributor	out-of-s	hata BAC		7. Amount of	8. In-kind contribution	
12/09/2014	Daemie Laves	[_]out-oi-s	MAIST AU		contribution	description (if applicable)	
12/0//2014	6. Contributor address:	City	State	ZIP Code	\$250.00		
		•	Otale	211- Code			
	6324 Bon Terra Dr Austin, TX 787	/31-3843					
·		·····	······································	140 5 (1	Texas, complete Schedule T)	
9. Principal occup Homemaker	pation / Job title (See Instruction	·s)		•	oyer (See Instruction	s)	
4. Date	Full name of contributor	out-of-s	tate PAC	···		8. In-kind contribution	
12/12/2014	Bruce Levy					description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	4000 Enclave Mesa Cir Austin, TX	78731-214	2				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction:	s)	
			•	1			

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SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution	
12/12/2014	Jonathan Levy	_	_		contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$150.00		
	4202 Deepwoods Dr Austin, TX 78	8731-2031					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
12/12/2014	Marcia Levy	_			contribution	description (if applicable)	
•	Contributor address:	City	State	ZIP Code	\$350.00		
	4000 Enclave Mesa Cir Austin, TX	78731-214	12				
	7000 2.1012 70 11100 011 1210111, 221		-		(if travel outside o	Texas, complete Schedule T)	
9. Principal occupation / Job title (See Instructions)			10 Emple	oyer (See Instruction	<u> </u>		
None				[one		
4. Date	5. Full name of contributor	Out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
12/11/2014	Derek Lewis				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	2300 McCullough St Austin, TX 78	8703-1721					
	•				(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	oation / Job title (See Instruction:	s)		10 Emplo	oyer (See Instructions	s)	
Real Estate				St	tream Realty Partners		
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution	
12/09/2014	Britt Lindelow				contribution \$350.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	2502 Bridle Path Austin, TX 78703	3-3212					
į					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	eation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction:	s)	
Homemaker				N	one		

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SCHEDULE A

The	Instruction Guide explains how t	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date 12/09/2014	5. Full name of contributorJan Lindelow6. Contributor address:2502 Bridle Path Austin, TX 7870	City 3-3212	State PAC _	ZIP Code	7. Amount of contribution \$350.00 (if travel outside o	In-kind contribution description (if applicable) Texas, complete Schedule T)
,	pation / Job title (See Instruction	ns)		1 .	oyer (See Instruction	s)
4. Date	Full name of contributor Gary Lindner	out-of-s	state PAC _	20	7. Amount of contribution	8. In-kind contribution description (if applicable)
	Contributor address: 421 Seventh St Comfort, TX 7801	City 3-2317	State	ZIP Code	\$75.00	
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	is)		10 Emplo	oyer (See Instruction	s)
4. Date 12/11/2014	Full name of contributor Rachel Lomas Contributor address:	City	state PAC _	ZIP Code	7. Amount of contribution \$250.00	8. In-kind contribution description (if applicable)
	212 W 33rd St Austin, TX 78705-2				<u> </u>	Texas, complete Schedule T)
9. Principal occup Consultant	pation / Job title (See Instruction	s) 		1 '	oyer (See Instructions elf	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/10/2014	Joe R Long 6. Contributor address: 2308 Woodlawn Blvd Austin, TX	City	State	ZIP Code	contribution \$350.00	description (if applicable)
	2300 WOODIAWII DIVU AUSUII, IA	/0/03-241/			(if travel outside o	Texas, complete Schedule T)
9. Principal occup Investor	pation / Job title (See Instruction	s)		1	byer (See Instructions R. Long Investments	s)

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SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-sta	te PAC _		7. Amount of	8. In-kind contribution	
12/10/2014	Teresa Long				contribution \$350.00	description (if applicable)	
·	Contributor address:	City	State	ZIP Code	\$350.00		
	2308 Woodlawn Blvd Austin, TX 787	703-2417					
					(if travel outside o	Texas, complete Schedule T)	
l , , , , , , , , , , , , , , , , , , ,	pation / Job title (See Instructions)				oyer (See Instruction	s)	
Retired				N	one		
4. Date	5. Full name of contributor	out-of-sta	ite PAC		7. Amount of contribution	In-kind contribution description (if applicable)	
12/08/2014	Michele R Lynch				\$25.00	dosonphon (ii applicable)	
	6. Contributor address:	City	State	ZIP Code			
	2634 Cascade Falls Dr Austin, TX 78	738-5315					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)		,	10 Emplo	oyer (See Instruction	s)	
4. Date	5. Full name of contributor [out-of-sta	te PAC		7. Amount of	8. In-kind contribution	
12/08/2014	Shaun Lynch				contribution \$25.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$23.00	·	
	2634 Cascade Falls Dr Austin, TX 78	738-5315					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occur	pation / Job title (See Instructions)			10 Emplo	oyer (See Instructions	5)	
4. Date	5. Full name of contributor	out-of-sta	te PAC		7. Amount of	B. In-kind contribution	
12/10/2014	Holly Mace				contribution \$100.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	4907 Southcrest Dr Austin, TX 78746	-5532					
					(if travel outside of	Texas, complete Schedule T)	
9. Principal occup	ation / Job title (See Instructions)			10 Emplo	oyer (See Instructions	s)	

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SCHEDULE A

(512) 463-5800

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT#(E	thics Commission Filers)	
4. Date	5. Full name of contributor	Out-of-	state PAC		7. Amount of	8. In-kind contribution	
12/15/2014	Lucy Macqueen				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$100.00		
	64 Sundown Pkwy Austin, TX 78	746-5258					
,					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Christopher Maher	_			contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	 	۔ P Austin, TX	C 78703-50	074			
				,	(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction		
Chief Execut	ive Officer			F	osforus		
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Carlyne M Majewski	-			contribution	description (if applicable)	
•	6. Contributor address:	City	State	ZIP Code	\$350.00		
	 1800 Parkside Ln Austin, TX 7874	15-3613					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	s)		10 Emple	oyer (See Instruction		
Management			······································	s	xsw		
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Alex Markled				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	11405 Eagles Glen Dr Austin, TX	78732-2088					
	-				(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instruction	s)		10 Empk	oyer (See Instruction	s)	
Executive Vic	ce President			C	DM Smith		

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SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)	
4. Date 12/10/2014	5. Full name of contributorKuzama N. Markled6. Contributor address:11405 Eagles Glen Dr Austin, TX 78	,	-	IP Code	7. Amount of contribution \$350.00	In-kind contribution description (if applicable) Texas, complete Schedule T)	
					pyer (See Instruction one	<u> </u>	
4. Date 12/15/2014	5. Full name of contributor Steven Martens 6. Contributor address: 4708 Highland Ter Austin, TX 78731	out-of-state P City Sta		iP Code	7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) 10 Emplo					(if travel outside of over (See Instructions	Texas, complete Schedule T) s)	
4. Date 12/15/2014	5. Full name of contributor Matthew D Martin 6. Contributor address: 8700 Brodie Ln Apt 815 Austin, TX 7	Out-of-state Processing City Sta		P Code	contribution \$350.00	8. In-kind contribution description (if applicable) Texas, complete Schedule T)	
9. Principal occup Realtor	pation / Job title (See Instructions)				pyer (See Instructions att Martin Real Estate		
	5. Full name of contributor Vera Massaro 6. Contributor address: 3000 Savoy PI Ste 201 Austin, TX 78 eation / Job title (See Instructions)	out-of-state Pa		P Code	7. Amount of contribution \$50.00 (if travel outside of copyer (See Instructions	8. In-kind contribution description (if applicable) Texas, complete Schedule T)	
a. minicipal occup	anon 1000 une (See instructions)	٠		io empio	yer (See msnuchom	?)	

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SCHEDULE A

The	Instruction Guide explains how to complete this form.		Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler		3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
12/08/2014	Sally S Metcalfe		contribution	description (if applicable)
	6. Contributor address: City State Z	IP Code	\$25.00	
	901 S. Mopac Expressway, Plaza One, Suite 3600 Austin, T	X 78746		
·			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Emple	oyer (See Instruction	s)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
12/08/2014	Steven Metcalfe		contribution	description (if applicable)
	6. Contributor address: City State Z	IP Code	\$25.00	
	388 Cortona Dr West Lake Hills, TX 78746-4438			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor Out-of-state PAC		7. Amount of	8. In-kind contribution
12/12/2014	Hani Michel		contribution	description (if applicable)
	6. Contributor address: City State Z	IP Code	\$100.00	
	10503 Tweedsmuir Dr Austin, TX 78750-3445			
			(if travel outside of	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction	
4. Date	Full name of contributor		7. Amount of	8. In-kind contribution
12/12/2014	Soheir Michel		contribution	description (if applicable)
i	6. Contributor address: City State Z	IP Code	\$100.00	
	10503 Tweedsmuir Dr Austin, TX 78750-3445			
			(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction:	s)

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SCHEDULE A

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler		÷		3. ACCOUNT # (E	hics Commission Filers)	
4. Date	5. Full name of contributor	Out-of-s	state PAC		7. Amount of	8. In-kind contribution	
12/10/2014	Patrick McCluskey				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$25.00		
	8002 Tallyho Trl Austin, TX 7872	9				,	
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution	
12/10/2014	Carlotta McLean				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	2402 Rockmoor Ave Austin, TX 78	8703-1517	•				
			•		(if travel outside o	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			,	oyer (See Instruction	·		
Broker				L	and Advisors Organiza	tion	
4. Date	5. Full name of contributor	Out-of-s	tate PAC		7. Amount of	8. In-kind contribution	
12/10/2014	William McLean				contribution \$350.00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$330.00		
	2402 Rockmoor Ave Austin, TX 78	3703-1517					
					(if travel outside o	Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions	s)		1 '	oyer (See Instruction	·	
. Attorney				M	cLean & Howard, LLI	Real Property	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)	
12/08/2014	Robert McPartland				\$350.00	description (ii applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	3909 Pebble Path Austin, TX 7873	l-1 4 01				,	
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	yer (See Instruction	s)	
Retired				N	опе		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler				3. ACCOUNT#(E	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution
12/15/2014	Pete McRae				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	807 Blanco St Austin, TX 78703-	4966				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occi	upation / Job title (See Instruction	ns)		10 Emple	oyer (See Instruction	s)
Partner				B	right Ray Energy Solu	tions
4. Date	5. Full name of contributor	Out-of-	state PAC		7. Amount of	8. In-kind contribution
12/15/2014	AJ Meade				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	101 Crestwood Ct West Lake Hill	s, TX 78746	5-4693			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	upation / Job title (See Instruction	ns)		10 Emplo	oyer (See Instruction	s)
Insurance ag	gent			С	antaro Advisors	
4. Date	5. Full name of contributor	out-of-	state PAC _		7. Amount of	8. In-kind contribution
12/16/2014	Nikelle Meade				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$25.00	
	5363 Austral Loop Austin, TX 787	739-1715			·	
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Emplo	oyer (See Instruction	s)
		****			····	
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of	8. In-kind contribution
12/12/2014	Tom Mercer				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	5915 Bullard Dr Austin, TX 78757	7				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s)
Real Estate				ת	M Development, LLC	!

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SCHEDULE A

The	Instruction Guide explains how to	complete	this form	1.	Total pages Sch 65	edule A:
2. FILER NAME	Stephen Adler					hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of contribution	8. In-kind contribution
12/16/2014	Ronnie Miksch				\$350.00	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$550.00	
	13016 Partridge Bend Dr Austin, TX	X 78729-64	1 59			
					(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instructions	}			oyer (See Instruction:	5)
Banker				F	rost	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/16/2014	Don Miller				\$350.00	, ,, ,,
	Contributor address:	City	State	ZIP Code		
	512 E Riverside Dr Ste 200 Austin,	TX 7 8704-	1306			
-					(if travel outside o	Texas, complete Schedule T)
Principal occuj	oation / Job title (See Instructions)		10 Emplo	oyer (See Instructions	3)
President and	Owner			C	ounty Line Restaurants	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
12/16/2014	Mohammad K. Minhas				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	1105 Huntridge Dr Austin, TX 7875	8-3946				
					(if travel outside o	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)		10 Emplo	oyer (See Instructions	3)
Partner				M	KM Hotel Group LLC	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/12/2014	Scott Morse				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	2630 Exposition Blvd Ste 119 Austi	n, TX 7870	03-1763			
					(if travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions))		10 Emplo	oyer (See Instructions	5)
Attorney				L	aw Office of Scott Mor	se

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SCHEDULE A

The	Instruction Guide explains how t	o complete	this form	•	Total pages Sch 65	edule A:
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
12/11/2014	Randa Myers				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$100.00	
	5317 Old Spicewood Springs Rd. A	Austin, TX	78751			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s) .
4. Date	5. Full name of contributor	out-of-s	itale PAC		7. Amount of	8. In-kind contribution
12/16/2014	Robert Neblett				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
•	6 Beecher Ln Austin, TX 78746-32	218				
,	. •				(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Emple	oyer (See Instruction:	s)
Attorney				Ja	ckson Walker LLP	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	8. In-kind contribution
12/12/2014	David Negrete		,		\$175.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	3175.00	
	1405 Tamar Ln Austin, TX 78727-	3334				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instructions	5)
4. Date	5. Full name of contributor	out-of-s	tate PAC			8. In-kind contribution
12/12/2014	Diana Negrete					description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$175.00	
	1405 Tamar Ln Austin, TX 78727-	3334				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	ation / Job title (See Instructions	s)		10 Emplo	yer (See Instructions	5)
				ı		j

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POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how t	o complete	this form	i.	Total pages Sch 65	edule A:
2. FILER NAME	Stephen Adler			<u> </u>	3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	Out-of-s	state PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
12/16/2014	Anne Nelson-Sweat				\$50.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code		
	8529 Dunsmere Dr Austin, TX 787	149-3437				
						Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)	······	10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/16/2014	Tom Nuckols				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	4550.00	
	2910 Kassarine Pass Austin, TX 78	3704-4655				
			~··		(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instruction	s)			oyer (See Instruction	s)
lawyer				1	ravis County	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
12/16/2014	Harriet O'Neill				\$350.00	(app
	6. Contributor address:	City	State	ZIP Code		4
	919 Congress Ave Ste 1400 Austin	, TX 78701	-2114			•
					<u> </u>	Texas, complete Schedule T)
9. Principal occup Attomey	pation / Job title (See Instructions	s)		1 -	oyer (See Instruction aw Office of Harriet O	
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/15/2014	Guy Oliver				contribution \$300.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$300.00	
	1200 Verdant Way Austin, TX 787	46-6767				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	ation / Job title (See Instructions	5)		1	oyer (See Instruction:	s)
Senior manag	ement			M	itg Management Inc	

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SCHEDULE A

The	Instruction Guide explains how to	o complete	this form	1,	Total pages School 65	edule A:
2. FILER NAME	Stephen Adler			Mild I	3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of	8. In-kind contribution
12/15/2014	Jason Oliver				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$300.00	
	3267 Bee Caves Rd Ste 107 Austin	1, TX 78746	5-6773			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		1 .	oyer (See Instruction:	s)
Land Manage	er			V	&S Enterprises	
4. Date	5. Full name of contributor	aut-of-s	state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/15/2014	Kerianne Oliver			,	\$300.00	description (п аррисавіе)
	6. Contributor address:	City	State	ZIP Code	00.000	
	1200 Verdant Way Austin, TX 787	146-6767			!	
					(if travel outside o	Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instruction:	s)		10 Emplo	oyer (See Instructions	s)
Homemaker				No.	one	
4. Date	5. Full name of contributor	out-of-s	state PAC _			8. In-kind contribution description (if applicable)
12/15/2014	Stacy Oliver			1	contribution \$300.00	description (ii applicable)
	Contributor address:	City	State	ZIP Code	\$500.00	
	3267 Bee Caves Rd Ste 107 Austin	, TX 78746	-6773			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instructions	s)			oyer (See Instructions	5)
Owner				V	&S Enterprises	
4. Date	5. Full name of contributor	out-of-st	tate PAC			8. In-kind contribution
12/15/2014	Vicki Oliver				\$300.00	description (if applicable)
			State	ZIP Code	\$300.00	
	6. Contributor address:	City	State	ZIF COUE	ξ <u></u>	
	6. Contributor address: 3267 Bee Caves Rd Ste 107 Austin	•		ZIP Code		
		•		ZIP Code	(if travel outside o	Texas, complete Schedule T)
		, TX 78746			(if travel outside of open (See Instructions	

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SCHEDULE A

The	Instruction Guide explains how	to complete the	his form.		Total pages School 65	edule A:
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-stat	te PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/15/2014	Joe Osborn 6. Contributor address: 3612 Windsor Rd Austin, TX 7876		State	ZIP Code	\$100.00	,
					(if travel outside o	Texas, complete Schedule T)
9. Principal occi	upation / Job title (See Instruction	ns)		10 Emplo	oyer (See Instruction	s)
4. Date 12/12/2014	5. Full name of contributor Elizabeth Ozmun 6. Contributor address: 1707 N River Hills Rd Apt B Aust	•	State	ZIP Code	7. Amount of contribution \$100.00	8. In-kind contribution description (if applicable)
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	15)		10 Emplo	oyer (See Instruction	s)
4. Date 12/10/2014	5. Full name of contributor Alice Parkhouse 6. Contributor address: 203 Canyon Rim Dr Austin, TX 78		e PAC	ZIP Code	7. Amount of contribution \$50.00	B. In-kind contribution description (if applicable)
					(if travel outside of	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ns)		10 Emplo	oyer (See Instructions	s)
4. Date	5. Full name of contributor	out-of-state	e PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/10/2014	William Parkhouse 6. Contributor address: 203 Canyon Rim Dr Austin, TX 78	•	State	ZIP Code	\$50.00	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instructions	s)

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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to	complete th	nis form.		Total pages Sch 65	eđule A:
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-stat	e PAC		7. Amount of	8. In-kind contribution
12/16/2014	Richard Parsons				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$25.00	
	1502 Bluebonnet Ln Austin, TX 78	704-2802				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	i)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-stat	e PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/10/2014	Hanoch Patt				\$350.00	
	Contributor address:	City	State	ZIP Code		
	3005 Scenic Dr Austin, TX 78703-1	1057				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)			oyer (See Instruction:	•
Physician				Pe	ediatrix Medical Group)
4. Date	5. Full name of contributor	out-of-stat	e PAC		7. Amount of contribution	8. In-kind contribution
12/16/2014	James Paver				\$250.00	description (if applicable)
	6. Contributor address:	City	State :	ZIP Code	\$230.00	
	7301 Burnet Rd Ste 102 Austin, TX	78757-2255				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instructions)	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		yer (See Instruction:	s)
Director				St	epping Stone Schools	
4. Date	5. Full name of contributor	out-of-state	e PAC		7. Amount of	8. In-kind contribution
12/10/2014	Brent Peffer				contribution \$50.00	description (if applicable)
	6. Contributor address:	City	State 2	ZIP Code	\$30.00	
	11403 Maidenstone Dr Austin, TX 7	78759-4431				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	yer (See Instructions	3)

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SCHEDULE A

The	Instruction Guide explains how t	to complete	this form	٦.	Total pages School 65	edule A:
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-st	tate PAC		7. Amount of	8. In-kind contribution
12/16/2014	LaTonya Pegues				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$25.00	
	1701 Intervail Dr Austin, TX 7874	16-7632				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	is)		10 Empio	oyer (See Instructions	s)
4. Date	5. Full name of contributor	Out-of-st	ate PAC			8. In-kind contribution
12/16/2014	Jesse Penn	_	•			description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$250.00	
	 10924 Pilgrimage Dr Apt 214 Aust	tin, TX 7875	4-6069			
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup Engineer	pation / Job title (See Instruction	s)		1	oyer (See Instructions P&Y, Inc.	s)
4. Date	5. Full name of contributor	out-of-sta	ate PAC			8. In-kind contribution
12/16/2014	Wesley Peoples				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	7511 Fireoak Dr Austin, TX 78759)-6439				
					(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instruction:	s)		f	oyer (See Instructions	s)
Builder				w	es Peoples Homes	
4. Date	5. Full name of contributor	out-of-sta	ate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
12/15/2014	Jim Person				\$350.00	decomplian in approache,
	6. Contributor address:	City	State	ZIP Code	-	
	1207B W 9th St Austin, TX 78703	-4801				
					(if travel outside o	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instructions	s)
Investor				Se	:lf	

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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

					
The	Instruction Guide explains how to	complete this form	1.	1. Total pages Sch	edule A:
2. FILER NAME	Stephen Adler			3. ACCOUNT#(Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/15/2014	Lee H Person			\$350,00	description (ii applicable)
	6. Contributor address:	City State	ZIP Code	\$350,00	
	1207B W 9th St Austin, TX 78703-	4801		•	
				(if travel outside o	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions	3)	1	oyer (See Instruction	s)
Investor			s	elf	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/16/2014	Larry Peterson			\$250.00	()
	6. Contributor address:	City State	ZIP Code		
	11011 Domain Dr Apt 8447 Austin,	, TX 78758-7779			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	;)	10 Empl	oyer (See Instruction	s)
Consultant			ד	exas Foundation for In	novative Communities
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
12/11/2014	Tuan Pham			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$350.00	
	2108 Hartford Rd Austin, TX 78703	3-3125			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instructions	;)	10 Empl	oyer (See Instruction	s)
Solar Industr	y Professional		P	owerFin Partners LLC	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Shannon Powers			contribution \$25.00	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$23.00	
	5010 Finley Dr Austin, TX 78731-5	612			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)
			1		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.					Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (EI	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/07/2014	Gary Prant				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$50.00	
	6602 Ladera Norte Austin, TX 7873	31-2692		•		
					(if travel outside o	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions) 10 Emplo					oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/07/2014	Michele Prant				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$50.00	
	6602 Ladera Norte Austin, TX 7873	1-2692				
,					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/13/2014	Austin Pyhrr				contribution \$350.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	10806 River Terrace Cir Austin, TX	78733-17	11			
					(if travel outside o	Texas, complete Schedule T)
			, ,	yer (See Instruction	s)	
Accountant	***************************************			<u> </u>	mst and Young	
4. Date	5. Full name of contributor	out-of-st	tate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/16/2014	Mason Quintana				\$100.00	, , , , , , , , , , , , , , , , , , ,
	6. Contributor address:	City	State	ZIP Code		
	3007 Stardust Dr Austin, TX 78757-	2044				
					<u> </u>	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions))		10 Emplo	yer (See Instruction	s)
				1		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to co	omplete th	is form.		Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-state	PAC		7. Amount of	8. In-kind contribution
12/15/2014	Agatha Rady				contribution	description (if applicable)
	6. Contributor address:	City 5	State	ZIP Code	\$350.00	
	13276 N Highway 183 Ste 105 Austin,	TX 78750	-3225			
					(if travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)		•	1	oyer (See Instruction	5)
Retired				N	one	
4. Date	5. Full name of contributor	out-of-state	PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/15/2014	Richard Z Rady			*	\$350.00	description (ii applicable)
	Contributor address:	City S	State	ZIP Code	\$350.00	
	13276 N Highway 183 Ste 105 Austin,	TX 78750	-3225			
					(if travel outside o	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)			10 Emplo	yer (See Instructions	s)
Retired				N-N-	one	
4. Date	5. Full name of contributor	out-of-state	PAC			8. In-kind contribution description (if applicable)
12/15/2014	Jim Ray				\$350.00	description (ii applicable)
	6. Contributor address:	City S	State	ZIP Code	\$330.00	
	518 Cliff Dr Austin, TX 78704-1413					
					(if travel outside o	Texas, complete Schedule T)
	oation / Job title (See Instructions)			10 Emplo	yer (See Instructions	5)
Public Affair	s Consulting			Ra	ay Associates, Inc.	
4. Date	5. Full name of contributor	out-of-state	PAC			8. In-kind contribution
12/16/2014	Julian Read				\$350.00	description (if applicable)
	6. Contributor address:	City 5	State	ZIP Code	\$350.00	
	3702 Balcones Dr Austin, TX 78731-58	806				
					(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)			10 Emplo	yer (See Instructions	3)
retired				no	ne	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

The	The Instruction Guide explains how to complete this form.				Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-st	ate PAC		7. Amount of	8. In-kind contribution
12/15/2014	Carl Richie				contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	11208 Sacahuista Ct Austin, TX 78750	0-3416				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)			1 -	oyer (See Instruction	s)
Attorney				Se	elf Employed	
4. Date	5. Full name of contributor	out-of-st	ate PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/07/2014	Jonathan Ring		,		\$350.00	
	6. Contributor address:	City	State	ZIP Code		
	1305 Hillside Ave Austin, TX 78704-1	1826				
					(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instructions)		,		oyer (See Instruction:	s)
Founder				C	aringo, Inc.	
4. Date	5. Full name of contributor	out-of-sta	ate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/15/2014	Wes Ritchie				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$550.00	
	1601 Surrey Hill Dr Austin, TX 78746	-7337				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions) 10 E.			1 '	Employer (See Instructions)		
Attorney	· · · · · · · · · · · · · · · · · · ·			R	ash Chapman Schreibe	r Leaverton &Morrison
4. Date	5. Full name of contributor	out-of-sta	ate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
12/15/2014	Jim Ritts				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$550.00	
	1405 Woodlawn Blvd Austin, TX 7870	03-3420				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	ation / Job title (See Instructions)			10 Emplo	yer (See Instruction:	3)
Executive Dir	ector			A A	ustin Theatre Alliance	

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SCHEDULE A

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The	Instruction Guide explains how to complete	this form.		1. Total pages Sch	edule A:
2. FILER NAME	Stephen Adler		-	3. ACCOUNT#(E	hics Commission Filers)
4. Date 12/13/2014	Full name of contributorout-of-sta Brett Robinson	ate PAC		7. Amount of contribution	In-kind contribution description (if applicable)
	6. Contributor address: City 1913 Cross Draw Trl Leander, TX 78641-8682	State	ZIP Code	\$175.00	Texas, complete Schedule T)
9. Principal occu	Pation / Job title (See Instructions)		10 Empl	oyer (See Instruction	<u> </u>
4. Date 12/13/2014	Full name of contributorout-of-state Robbie Robinson Contributor address: City 1913 Cross Draw Trl Leander, TX 78641-8682		ZIP Code	7. Amount of contribution \$175.00	In-kind contribution description (if applicable) Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Emple	oyer (See Instruction	<u> </u>
4. Date 12/15/2014	5. Full name of contributor out-of-state Sara Rodell 6. Contributor address: City 421 W 3rd St Apt 709 Austin, TX 78701-4165		ZIP Code	7. Amount of contribution \$150.00	8. In-kind contribution description (if applicable)
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	(if travel outside o	Texas, complete Schedule T)
4. Date 12/16/2014	5. Full name of contributor		ZIP Code	7. Amount of contribution \$100.00	In-kind contribution description (if applicable)
	7600 Basil Cv Austin, TX 78750-7937				

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SCHEDULE A

2. FILER NAME Stephen Adler 4. Date 5. Full name of contributor Cookie Ruiz 6. Contributor address: City State ZIP Code 7600 Basil Cv Austin, TX 78750 10 Employer (See Instructions) Executive Director 4. Date 12/16/2014 5. Full name of contributor Good Basil Cv Austin, TX 78750 10 Employer (See Instructions) Ballet Austin 7. Amount of contribution (if applica) 8. In-kind contributor Fixed Schematic PAC Total PAC Tot	n ble)
Cookie Ruiz 6. Contributor address: City State ZIP Code 7600 Basil Cv Austin, TX 78750 9. Principal occupation / Job title (See Instructions) Executive Director 10 Employer (See Instructions) Ballet Austin 7. Amount of contribution 4. Date 12/16/2014 Jamie Ruiz 6. Contributor address: City State ZIP Code 2612 W 12th St Unit 7 Austin, TX 78703-4508 (if travel outside of Texas, complete Scherosc	ble)
12/16/2014 Cookie Ruiz 6. Contributor address: City State ZIP Code 7600 Basil Cv Austin, TX 78750 (if travel outside of Texas, complete Scherology of Te	
6. Contributor address: City State ZIP Code 7600 Basil Cv Austin, TX 78750 9. Principal occupation / Job title (See Instructions) Executive Director 5. Full name of contributor 12/16/2014 Jamie Ruiz 6. Contributor address: City State ZIP Code 2612 W 12th St Unit 7 Austin, TX 78703-4508 6. Contributor address: City State ZIP Code 2612 W 12th St Unit 7 Austin, TX 78703-4508 (if travel outside of Texas, complete Scherolder) (if travel outside of Texas, complete Scherolder) (if travel outside of Texas, complete Scherolder)	dule T)
9. Principal occupation / Job title (See Instructions) Executive Director 9. Principal occupation / Job title (See Instructions) Executive Director 9. Principal occupation / Job title (See Instructions) Ballet Austin 7. Amount of contribution description (if applical structions) 8. In-kind contribution frontribution 3100.00 8. In-kind contribution 4. Date 12/16/2014 9. Contributor address: 12/16/2014 9. Contributor address: 12/16/2014 13/16/2014 14/16/2014 15/16/2014 16/16/2014 17/16/2014 18/100.00 19/16/2014 10/1	dule T)
9. Principal occupation / Job title (See Instructions) Executive Director 4. Date 12/16/2014 5. Full name of contributor Jamie Ruiz 6. Contributor address: City State ZIP Code 2612 W 12th St Unit 7 Austin, TX 78703-4508 10 Employer (See Instructions) Ballet Austin 7. Amount of contribution contribution \$100.00 \$100.00 (if travel outside of Texas, complete Scherolder)	dule T)
Executive Director Ballet Austin 7. Amount of contribution light applica 12/16/2014 Jamie Ruiz 6. Contributor address: City State ZIP Code 2612 W 12th St Unit 7 Austin, TX 78703-4508 (if travel outside of Texas, complete Scherolders)	
4. Date 5. Full name of contributor out-of-state PAC 12/16/2014 Jamie Ruiz 6. Contributor address: City State ZIP Code 2612 W 12th St Unit 7 Austin, TX 78703-4508 (if travel outside of Texas, complete Schere	
Jamie Ruiz 6. Contributor address: City State ZIP Code 2612 W 12th St Unit 7 Austin, TX 78703-4508 (if travel outside of Texas, complete Scher	
6. Contributor address: City State ZIP Code 2612 W 12th St Unit 7 Austin, TX 78703-4508 (if travel outside of Texas, complete Schero	
2612 W 12th St Unit 7 Austin, TX 78703-4508 (if travel outside of Texas, complete Schero	ŕ
(if travel outside of Texas, complete Scher	
9. Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	dule T)
4. Date 5. Full name of contributor Out-of-state PAC 7. Amount of 8. In-kind contribution	
12/11/2014 JR Ruiz contribution description (if applica	ote)
6. Contributor address: City State ZIP Code \$250.00	
2612 W 12th St Unit 7 Austin, TX 78703-4508	ı
(if travel outside of Texas, complete Schee	iule T)
9. Principal occupation / Job title (See Instructions) Management Consulting 10 Employer (See Instructions) Deloitte	
4. Date 5. Full name of contributor Out-of-state PAC 7. Amount of 8. In-kind contribution)
12/11/2014 Riki Rushing contribution description (if applica	hlo\
6. Contributor address: City State ZIP Code \$100.00	oie)
1119 Redbud Trl West Lake Hills, TX 78746-3415	ole)
(if travel outside of Texas, complete Sche	oie)
9. Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	

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SCHEDULE A

The	Instruction Guide explains how t	o complete	e this form	1.	Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution
12/15/2014	Derlis Salinas	_	_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$25.00	
	1221 S Mo Pac Expy Ste 365 Aust	iin, TX 7874	46-7637		,	
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instructions	s)
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution
12/10/2014	Samuel Scheer		_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$20.00	
	PO Box 28399 Austin, TX 78755-8	•	•		!	
	PO BOX 20377 Ausum, 17. 70755-0	3377			/if traval autaida a	Tower complete Schodule T
9 Principal occur	pation / Job title (See Instruction	e)		10 Emple	oyer (See Instructions	Texas, complete Schedule T)
J. I Intolpai 0000;	Janotty dob tho (odd mondolol.			10 Empir	Jyer (Oee mod doco	<i>-</i>
4. Date	5. Full name of contributor	out-of-s	state PAC			8. In-kind contribution
12/16/2014	Robert M Schmidt		-			description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	3422 S Lamar Blvd Austin, TX 78	704-7931		,		
				I	(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instructions	s)
Investor				Se	elf	
4. Date	5. Full name of contributor	Out-of-s	state PAC _			8. In-kind contribution
12/10/2014	Ben Schotz			!	\$100,00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100,00	
	1711 San Gabriel St Austin, TX 78	701-1028				
	i				(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	yer (See Instructions	s)
	,	-,		-	• •	•

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(512) 463-5800

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to	Total pages Schedule A: 65				
2. FILER NAME	Stephen Adler			3. ACCOUNT # (E	thics Commission Filers)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution	
12/10/2014	Jane Schotz			contribution	description (if applicable)	
	Contributor address:	City State	ZIP Code	\$250.00		
	1711 San Gabriel St Austin, TX 78	701-1028				
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	s)		oyer (See Instruction	•	
Teacher			R	awson Saunders School	ol .	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Caroline Schultz		•	contribution	description (if applicable)	
	6. Contributor address:	City State	ZIP Code	\$350.00		
	13216 Mansfield Dr Austin, TX 78	732-1725				
				(if travel outside o	Texas, complete Schedule T)	
, ,	pation / Job title (See Instruction:	s)	10 Emplo	oyer (See Instruction	s)	
Homemaker			N	one		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Bruce Scrafford			contribution	description (if applicable)	
	6. Contributor address:	City State	ZIP Code	\$350.00		
	100 Congress Ave Ste 1300 Austin	, TX 78701-2744				
			:	(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions	s)	10 Emplo	10 Employer (See Instructions)		
lawyer			ar	mbrust and brown		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution	
12/10/2014	Enrique Serna			contribution	description (if applicable)	
	6. Contributor address:	City State	ZIP Code	\$250.00		
	1307 Kinney Ave Apt 120 Austin,	ΓX 78704-2279				
				(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	oation / Job title (See Instructions	5)	10 Emplo	yer (See Instruction	5)	
Senior Landso	ane Architect		C	onsort. Inc.		

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

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SCHEDULE A

The	Instruction Guide explains how to complete this for	Total pages Schedule A: 65		
2. FILER NAME	Stephen Adler		3. ACCOUNT # (E	thics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Rob Shands		contribution	description (if applicable)
	6. Contributor address: City State	ZIP Code	\$50.00	
	2525 S Lamar Blvd Apt 304 Austin, TX 78704-4789			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor Out-of-state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Rick Sheldon		contribution	description (if applicable)
	6. Contributor address: City State	ZIP Code	\$300.00	
	4006 Green Oak Dr Waco, TX 76710-1442			
			(if travel outside o	Texas, complete Schedule T)
•	pation / Job title (See Instructions)	1 '	oyer (See Instruction	-
President		R	ick Sheldon Real Estat	e, LLC
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
12/15/2014	Ted Siff		contribution	description (if applicable)
	6. Contributor address: City State	ZIP Code	\$200.00	
	604 W 11th St Austin, TX 78701-2007			
			(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)	10 Emplo	oyer (See Instruction:	s)
Chief Operat	ing Officer	Pa	ark Place Publications	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Dudley Simmons		contribution \$100.00	description (if applicable)
	6. Contributor address: City State	ZIP Code	\$100.00	
	2412 Jarratt Ave Austin, TX 78703-2431			
			E	l <u>.</u>
			(if travel outside o	Texas, complete Schedule T)

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Austin, Texas 78711-2070

(512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how	to complete	e this form	l.	Total pages Sch 65	edule A:
2. FILER NAME	Stephen Adler				3. ACCOUNT#(E	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Mike Sloan				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	4306 Ramsey Ave Austin, TX 787	756-3207				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	าร)		1	oyer (See Instruction	s)
energy const	istant			V	irtus Energy	·
4. Date	5. Full name of contributor	Out-of-	state PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)
12/16/2014	Susan Sloan				\$100.00	description (is applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	4306 Ramsey Ave Austin, TX 787	56-3207				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	is)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	Dout of	state PAC		7. Amount of	8. In-kind contribution
12/15/2014	Karen Sonleitner	Попесия	President LVC _		contribution	description (if applicable)
12/13/2014	6. Contributor address:	City	State	ZIP Code	\$100.00	
		•	State	ZIF COde		
	1712 Pasadena Dr Austin, TX 787	57-1842				
O Dissipal saw	nation / Joh Aitle /Con Instruction			140 F1		Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction			TO Emplo	oyer (See Instruction	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution
12/08/2014	Nav Sooch				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	600 W 7th St Austin, TX 78701-27	710				
					(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction	s) .
Chief Operati	ng Officer			į K	etra, Inc	

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SCHEDULE A

The	Instruction Guide explains how to	complete	this form	1.		Total pages Schedule A: 65	
2. FILER NAME	Stephen Adler					3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC _			7. Amount of	8. In-kind contribution
12/08/2014	Donald Stuart					contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP	Code	\$125.00	
	4105 Long Champ Dr Austin, TX 7	8746-1150					
						(if travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions	s)		1	0 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-st	ate PAC			7. Amount of	8. In-kind contribution
12/08/2014	Loraine Stuart	_				contribution	description (if applicable)
	6. Contributor address:	City	State	ZłP	Code	\$125.00	
	4105 Long Champ Dr Austin, TX 7	8746-1150					
					,	(if travel outside o	Texas, complete Schedule T)
9. Principal occuj	pation / Job title (See Instructions	s)		1	0 Emplo	oyer (See Instruction	
4. Date	5. Full name of contributor	Out-of-st	oto DAC			7. Amount of	8. In-kind contribution
12/16/2014	Alison Suttle		ale PAC			contribution	description (if applicable)
12/10/2014	Contributor address:	City	State	710	Code	\$25.00	
		•		4 11"	Code		
	100 Congress Ave Ste 1300 Austin,	1X /8/01-	2/44				
O Principal const	rotico / Joh titlo /Cao Instructiona			14	0 Emple		Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	·)			O Empic	oyer (See Instructions	»;
4. Date	5. Full name of contributor	out-of-st	ate PAC			7. Amount of	8. In-kind contribution
12/16/2014	Richard Suttle					contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP	Code	\$25.00	
	100 Congress Ave Ste 1300 Austin,	TX 78701-	2744				
						(if travel outside o	Texas, complete Schedule T)
9. Principal occup	oation / Job title (See Instructions)		1	0 Emplo	yer (See Instructions	s)

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SCHEDULE A

The	Instruction Guide explains how t	o complete	this form	·	Total pages Sch 65	edule A:
2. FILER NAME	Stephen Adler				3. ACCOUNT # (EI	hics Commission Filers)
4. Date	5. Full name of contributor	aut-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/11/2014	Alison Swartwood				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	12604 Rush Creek Ln Austin, TX	78732-1992				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Empl	oyer (See Instruction	s)
Homemaker				N N	Ione	
4. Date .	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/11/2014	Slater Swartwood Jr.				contribution \$350.00	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	12604 Rush Creek Ln Austin, TX	78732-1992				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Empl	oyer (See Instruction	s)
Marketing				F	orce Multiplier Solutio	ns/Busuard
4. Date	5. Full name of contributor	out-of-si	tate PAC _		7. Amount of	8. In-kind contribution
12/15/2014	Rommanee Swasdee				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	201 S Tumbleweed Trl Austin, TX	78733-4012	2			·
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Emplo	oyer (See Instruction:	s)
4. Date	5. Full name of contributor	out-of-st	ate PAC		7. Amount of	8. In-kind contribution
12/16/2014	Roland Swenson				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	1507 Yaupon Valley Rd West Lake	Hills, TX 7	8746-340	0		
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	oation / Job title (See Instructions	s)		10 Emplo	oyer (See Instructions	s)
Director					XSW	

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

www.ethics.state.tx.us Revised 04/19/2013

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to	complete	this form	•	1. Total pages Sch	edule A:	
2. FILER NAME	Stephen Adler	,			3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributor	out-of-si	ate PAC _		7. Amount of	8. In-kind contribution	
12/09/2014	Rusty Tally				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$199.00		
	54 Rainey St Ph 22 Austin, TX 7870	1-4387					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions))	-	10 Empl	oyer (See Instruction:	s)	
Sr. Vice Pres	ident - Investments			U	BS Financial Services	Inc.!The Tally Group	
4. Date	5. Full name of contributor	out-of-st	ate PAC _		7. Amount of contribution	8. In-kind contribution description (if applicable)	
12/12/2014	Rusty Tally				\$151.00	, , ,	
	Contributor address:	City	State	ZIP Code			
	54 Rainey St Ph 22 Austin, TX 7870	1-4387					
,					(if travel outside o	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)				10 Emplo	oyer (See Instruction:	s)	
Sr. Vice Presi	dent - Investments			U	BS Financial Services	Inc.!The Tally Group	
4. Date	5. Full name of contributor	out-of-st	ate PAC _		7. Amount of	8. In-kind contribution	
12/12/2014	Eric Taube				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	2201 Four Oaks Ln Austin Austin, T	X 78704-4	626				
					(if travel outside o	Texas, complete Schedule T)	
Principal occup attorney	pation / Job title (See Instructions)			- 1	10 Employer (See Instructions) self		
4. Date	5. Full name of contributor	Out-of-st	ate PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Scott Taylor				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$350.00		
	10919 Enchanted Rock Cv Austin, T	X 78726-1	336				
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	eation / Job title (See Instructions)			10 Emplo	yer (See Instructions	S)	
Attorney				A	rmbrust & Brown		

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SCHEDULE A

The	Instruction Guide explains how t	1.	Total pages Schedule A: 65			
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-sta	ate PAC		7. Amount of	8. In-kind contribution
12/12/2014	Tim Tekippe				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	13521 Coleto Creek Trl Austin, T	X 78732-2073	3			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	upation / Job title (See Instruction	1S) ·		10 Emplo	oyer (See Instruction	s)
4. Date	5. Full name of contributor	Out-of-sta	ate PAC		7. Amount of	8. In-kind contribution
12/16/2014	Lawrence E Temple	_	-		contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$350.00	
	400 W 15th St Ste 1510 Austin, T	•		_ :		
	100 11 1001 01 010 12 12 12 12 12 12 12 12 12 12 12 12 12	16 10101 10.1	,		(if travel outside c	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	 ns)		10 Emple	oyer (See Instructions	
Attorney	•	·		Sr	elf	
4. Date	5. Full name of contributor	out-of-sta	ate PAC _			8. In-kind contribution
12/15/2014	Travis Thomas				contribution	description (if applicable)
i I	6. Contributor address:	City	State	ZIP Code	\$350.00	
	4500 Tortuga Cv Austin, TX 7873	1-4541				
					(if travel outside o	Texas, complete Schedule T)
	pation / Job title (See Instruction	ıs)		1	oyer (See Instructions	s)
consultant				Tì	he Monument Group	
4. Date	5. Full name of contributor	cut-of-stat	ite PAC		1	In-kind contribution description (if applicable)
12/16/2014	Jeff Thompson			,	\$350.00	description (it applicable)
	6. Contributor address:	City	State	ZIP Code		
	401 Black Wolf Run Austin, TX 78	8738-1764			,	
					(if travel outside o	Texas, complete Schedule T)
, ,	pation / Job title (See Instruction	is)		•	oyer (See Instructions	•
Sales				Į Li	iquid Environmental Sc	olutions

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SCHEDULE A

The Instruction Guide explains how to complete this form.					Total pages Sch 65	edule A:	
2. FILER NAME	Stephen Adler				3. ACCOUNT#(E	hics Commission Filers)	
4. Date	5. Full name of contributor	Out-of-	state PAC _	***************************************	7. Amount of	8. In-kind contribution	
12/16/2014	Kenneth Thompson				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$25.00		
	1117 Haverford Dr Austin, TX 78	753-2009					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instruction	ıs)		10 Emplo	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution	
12/16/2014	Barth Timmerman				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$200.00		
	501 Vale St Austin, TX 78746-573	32					
					(if travel outside o	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)				10 Emplo	oyer (See Instruction	s)	
Real Estate				G	reenview Developmen	<u> </u>	
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of contribution	8. In-kind contribution	
12/13/2014	Timothy Timmerman	•			\$350,00	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$330.00		
	2490 Fm 685 Hutto, TX 78634-50	96					
	•				(if travel outside of	Texas, complete Schedule T)	
	pation / Job title (See Instruction	s)		1	10 Employer (See Instructions)		
Real Estate				se	<u>If</u>		
4. Date	5. Full name of contributor	Out-of-s	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)	
12/16/2014	Nancy Tobias				\$350.00	description (ii applicable)	
	6. Contributor address:	City	State	ZIP Code	0550.50		
	512 E Riverside Dr Ste 200 Austin	, TX 78704-	·1306				
					(if travel outside of	Texas, complete Schedule T)	
O. Delaniani annua					. /5	•	
9. Principal occup	ation / Job title (See Instruction	s)		10 Emplo	yer (See Instruction:	5)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this form.		Total pages Schedule A: 65		
2. FILER NAME	Stephen Adler		3. ACCOUNT # (Et	hics Commission Filers)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution	
12/10/2014	David Todd		contribution	description (if applicable)	
	6. Contributor address: City State	ZIP Code	00,001		
	1304 Mariposa Dr Apt 211 Austin, TX 78704-4404				
			(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)	
4. Date	Full name of contributor		7. Amount of	8. In-kind contribution	
12/16/2014	Stephanie Todd		contribution	description (if applicable)	
	•	ZIP Code	\$100.00		
	1108 W 10th St Austin, TX 78703-4907				
	·		(if travel outside o	Texas, complete Schedule T)	
9. Principal occu	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Bobbi Topfer		contribution	description (if applicable)	
	6. Contributor address: City State	ZIP Code	\$350.00		
	210 Lavaca St Apt 3601 Austin, TX 78701-4606				
	•		(if travel outside o	Texas, complete Schedule T)	
 Principal occup Retired 	pation / Job title (See Instructions)		oyer (See Instruction	s)	
4. Date	5. Full name of contributor out-of-state PAC		7. Amount of	8. In-kind contribution	
12/16/2014	Mort Topfer		contribution	description (if applicable)	
	6. Contributor address: City State	ZIP Code	\$350.00		
	210 Lavaca St Apt 3601 Austin, TX 78701-4606				
			(if travel outside o	Texas, complete Schedule T)	
9. Principal occup	pation / Job title (See Instructions)	10 Empl	oyer (See Instruction	s)	
Retired		N	lone		

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SCHEDULE A

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The	Instruction Guide explains how to c	ı .	1. Total pages Schedule A: 65		
2. FILER NAME	Stephen Adler			3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Lambeth Townsend			contribution \$350.00	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$350.00	
	1408 Hartford Rd Austin, TX 78703-3	3925			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions)		10 Emplo	oyer (See Instruction	9)
Attomey			L	loyd Gosselink Rochel	le & Townsend, P.C.
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/16/2014	Carlos Truan			\$350.00	
·	6. Contributor address:	City State	ZIP Code		
	13492 N Research Blvd Ste 120-112 A	Austin, TX 78750-2	2252		
				(if travel outside of	Texas, complete Schedule T)
				oyer (See Instruction:	s) ·
Government	Relations		Se	elf	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
12/13/2014	Cal Varner			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$350.00	
	1211 E 11th St Austin, TX 78702-196	4 .			
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	yer (See Instruction:	5)
Government	Relations		V:	arner & Associates, Inc	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
12/15/2014	James David Walker			contribution	description (if applicable)
	6. Contributor address:	City State	ZIP Code	\$100.00	
:	PO Box 41 Milano, TX 76556-0041				
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions)		10 Emplo	yer (See Instructions	s)
			1		

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SCHEDULE A

The	Instruction Guide explains how	to complete	e this forn	1.	1. Total pages Sch	edule A:
2. FILER NAME	Stephen Adler				3. ACCOUNT#(E	thics Commission Filers)
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Tommy Walker				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	700 Castle Ridge Rd Apt A Austii	n, TX 78746	5-5174			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	ns)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	Out-of-	state PAC		7. Amount of	8. In-kind contribution
12/16/2014	Larry Warshaw		•		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	1000 E 8th St Austin, TX 78702-3	1249				
					(if travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instruction	rs)		10 Empl	oyer (See Instruction	s)
Urban Devel	opment			S	elf	
4. Date	5. Full name of contributor	out-of-:	state PAC		7. Amount of	8. In-kind contribution
12/11/2014	Martie Wayne				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$100.00	
	3902 Pebble Path Austin, TX 7873	31-1402				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	ıs)		10 Empl	oyer (See Instruction	s)
4. Date	5. Full name of contributor	aut-of-	state PAC		7. Amount of	8. In-kind contribution
12/11/2014	Ralph Wayne	_			contribution	description (if applicable)
i	6. Contributor address:	City	State	ZIP Code	\$100.00	
	3902 Pebble Path Austin, TX 7873	31-1402				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instruction	s)		10 Emple	oyer (See Instruction	s)

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SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how t	o complete	this form	1.	Total pages Sch 65	edułe A:
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	state PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/10/2014	Matt Weldon				\$20.00	description (if applicable)
:	Contributor address:	City	State	ZIP Code	520.00	
	9808 Grand Oak Dr Austin, TX 78	750-3802				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions) 10 Emp					oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/16/2014	Dan Wheelus				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	3103 Bee Caves Rd 201 Austin, TX	X 78746-558	36			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction	s)		10 Emplo	oyer (See Instruction:	s)
Attorney				<u>C</u>	Daniel Wheelus Law	Office
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution	In-kind contribution description (if applicable)
12/16/2014	Scott Wilcox				\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	\$550.00	
	2501 Quarry Rd Austin, TX 78703	-3727				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occupation / Job title (See Instructions)				4	yer (See Instruction:	s)
Chief Technic	cal Officer			S	KSW	
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
12/12/2014	Kumara Wilcoxon		•		\$350.00	description (ii applicable)
	6. Contributor address:	City	State	ZIP Code	4503.00	
	1625 Watchhill Rd Austin, TX 787	03-2440				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	5)		10 Emplo	yer (See Instructions	5)
Realtor				K	uper Sotheby's Internat	ional Realty

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SCHEDULE A

The	Instruction Guide explains how to	o complete	this form	I.	Total pages Sch 65	edule A:
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/08/2014	Carter Williams				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$25.00	
	8209 Dark Ridge Cv Austin, TX 78	3737-3511		•		
					(if travel outside o	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) 10 Emplo					oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of	8. In-kind contribution
12/08/2014	Talley Williams				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$25.00	
	8209 Dark Ridge Cv Austin, TX 78	3737-3511				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	s)		10 Empk	oyer (See Instruction	s)
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
12/15/2014	Mike Wilson				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
·	10810 Spicewood Pkwy Austin, TX	78750-331	10			
					(if travel outside o	Texas, complete Schedule T)
				1 .	oyer (See Instruction	·
Land Planner				<u> </u>	arrett-Ihnen Civil Engi	neers
4. Date	5. Full name of contributor	Out-of-s	tate PAC _		7. Amount of contribution	In-kind contribution description (if applicable)
12/16/2014	Michael Wilt				\$25.00	Goodingston (in approache)
	6. Contributor address:	City	State	ZIP Code	,	
	3306 Merrie Lynn Ave Austin, TX	78722-1609	9			
					(if travel outside o	Texas, complete Schedule T)
9. Principal occup	ation / Job title (See Instructions	5)		10 Emplo	oyer (See Instruction	s)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

						
The	Instruction Guide explains how to	o complete	this form	1.	Total pages Sch 65	edule A:
2. FILER NAME	Stephen Adler				3. ACCOUNT # (Et	hics Commission Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC _		7. Amount of	8. In-kind contribution
12/08/2014	David Wolff		_		contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	1206 W 8th St Austin, TX 78703-5	279				
					(if travel outside o	Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instruction:	loyer (See Instructions)				
Attorney			. =	M	letcalfe Wolff Stuart &	Williams, LLP
4. Date	5. Full name of contributor	out-of-st	tate PAC _		7. Amount of	8. In-kind contribution
12/08/2014	Leslie S. Wolff				contribution	description (if applicable)
	6. Contributor address:	City	State	ZIP Code	\$350.00	
	1206 W 8th St Austin, TX 78703-5	279				
					lif travel outside o	Texas, complete Schedule T)
9 Principal occur	Lpation / Job title (See Instructions	s)		110 Emple	oyer (See Instruction	
None				l '	оле	
4. Date	5. Full name of contributor	Out-of-st	tate PAC		7. Amount of	8. In-kind contribution
12/16/2014	Mitchel Wong	_			contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$150.00	
	1700 Stoneridge Ter Austin, TX 78	746-7747				
	, , , , , , , , , , , , , , , , , , ,				(if travel outside or	Texas, complete Schedule T)
9. Principal occur	pation / Job title (See Instructions	s)		10 Emple	oyer (See Instructions	
· ·						
4. Date	5. Full name of contributor	out-of-st	ate PAC	_		8. In-kind contribution
12/16/2014	Rose T Wong	_	_		contribution	description (if applicable)
	Contributor address:	City	State	ZIP Code	\$150.00	
	1700 Stoneridge Ter Austin, TX 78	746-7747				
					(if travel outside of	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	5)		10 Emplo	oyer (See Instructions	

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SCHEDULE A

The	Instruction Guide explains how to	o complete this form	n.	Total pages Sch 65	edule A:
2. FILER NAME	Stephen Adler			3. ACCOUNT # (Et	hics Commission Filers)
4. Date 12/07/2014	Full name of contributor Steven Yau	out-of-state PAC		7. Amount of contribution	In-kind contribution description (if applicable)
	6. Contributor address: 9524 Ketona Cv Austin, TX 78759	City State	ZIP Code	\$100.00	
					Texas, complete Schedule T)
9. Principal occu	pation / Job title (See Instructions	s) 	10 Emple	oyer (See Instruction	s)
4. Date 12/16/2014	5. Full name of contributorHenry Yoshida6. Contributor address:300 S Lamar Blvd Apt 513 Austin,	City State TX 78704-1159	ZIP Code	7. Amount of contribution \$350.00	8. In-kind contribution description (if applicable)
				(if travel outside o	Texas, complete Schedule T)
Principal occup Consultant	pation / Job title (See Instructions	3)	· ·	oyer (See Instruction Y Group, LLC	s)
4. Date 12/10/2014	Full name of contributor Mark Zeppa Contributor address:	out-of-state PAC _	ZIP Code	7. Amount of contribution \$150.00	8. In-kind contribution description (if applicable)
	4833 Spicewood Springs Rd Ste 20	2 Austin, TX 78759-	8436		
				(if travel outside o	Texas, complete Schedule T)
9. Principal occup	pation / Job title (See Instructions	10 Emplo	oyer (See Instruction	s)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of	8. In-kind contribution
12/10/2014	Eddie Chao 6. Contributor address:	City State	ZIP Code	contribution \$168.00	description (if applicable) Food for volunteers
	5301 Fairhill Dr Austin, TX 78745-	2745		(if trough outside a	Toyon complete Schedule TV
9. Principal occup	pation / Job title (See Instructions	;)	10 Emplo	yer (See Instruction:	Texas, complete Schedule T) s)

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SCHEDULE A

The	Instruction Guide explains how to	complete	e this form	١.	Total pages Sch 65	edule A:	
2. FILER NAME	Stephen Adler				3. ACCOUNT # (E	thics Commission Filers)	
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of	8. In-kind contribution	
12/12/2014	Arthur Goldstein				contribution	description (if applicable)	
	6. Contributor address:	City	State	ZIP Code	\$34.00	Production of the control of the con	
	1304 S 6th St Austin, TX 78704-233	22					
					(if travel outside o	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			10 Empl	oyer (See Instruction	s)		
4. Date	5. Full name of contributor	Out-of-s	state PAC		7. Amount of	8. In-kind contribution	
12/10/2014	Kelly Lee				contribution	description (if applicable) Food for volunteers	
	6. Contributor address:	City	State	ZIP Code	\$300.00		
	12 Yellow Tail Cv Sunset Valley, T.	X 78745-2	2562				
	<u> </u>				(if travel outside o	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)					10 Employer (See Instructions)		
Owner				C	hina Palace Restaurant		
4. Date	5. Full name of contributor	out-of-s	state PAC _		7. Amount of	8. In-kind contribution	
12/12/2014	Richard Ravel				contribution \$350,00	description (if applicable) sign advertising	
	6. Contributor address:	City	State	ZIP Code	\$330.00		
	4335 Palladio Dr Austin, TX 78731-	-1801					
					(if travel outside o	Texas, complete Schedule T)	
9. Principal occur	pation / Job title (See Instructions))		10 Emple	oyer (See Instruction:	s)	
Certified Ped	orthist			K	aravel Shoes Comfort	Center	

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LOAN	IS				SCHEDULE E
The	Instruction Guide explains how to	o complete this for	m.	Total pages Schedule 1	E:
2. FILER NAME	Stephen Adler			3. ACCOUNT # (Ethics C	Commission Filers)
4.	TOTAL OF U	NITEMIZED LO	DANS:		\$0.00
5. Date of loan	7. Name of lender	out-of-state PAC			9. Loan Amount
12/23/2014	Stephen I. Adler				\$65,000.00
6 is lender a	8. Lender address:	City Stat	te ZIP	Code	10. Interest rate
financial Institution?	3313 Lake Cliff Ct Austin, TX 787	46-4676		r	0.00% 11. Maturity date
□Y ☑N					11. Maturity date
12. Principal occ Attorney	supation / Job title (See Instruction	ns)		(See Instructions) arron & Adler, LLP	A = 4 = 4 = 4 = 4 = 4 = 4 = 4 = 4 = 4 =
14. Description of ✓ none	f Collateral		15 Check if pe	ersonal funds were deposit	ed into political account
16 GUARANTOR INFORMATION	17 Name of guarantor	4-7	,		19 Amount Guaranteed
	18 Guarantor address:	City Stat	e ZIP	Code	
□not applicable					
20 Principal Occi	upation (See Instructions)		21 Emplo	oyer (See Instructions)	
5. Date of loan	7. Name of lender	out-of-state PAC			9. Loan Amount
12/31/2014	Stephen I. Adler				\$16,238.57
6 Is lender a	8. Lender address: 0	City Stat	e ZIP	Code	10. Interest rate
financial Institution?	3313 Lake Cliff Ct Austin, TX 7874	46-4676			0.00% 11. Maturity date
□Y ☑N					Tr. Maturity date
12. Principal occi Attorney	upation / Job title (See Instruction	ns)		(See Instructions) arron & Adler, LLP	
14. Description o ☑none	f Collateral		15 Check if pe	rsonal funds were deposit	ed into political account
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed
	18 Guarantor address: 0	City Stat	e ZIP	Code	
□applicable				:	
20 Principal Occu	pation (See Instructions)		21 Emplo	oyer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense
Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

(512) 463-5800

Fees	Printing Expense	Office Overhead/Rer	ntal Expense Candida	le/Officeholder/Political Committee (enter a category not listed above)
	The Ins	struction Guide explains he	ow to complete this for	m.
1. Total pages Sched	ule F: 2. FILER NAME		3. ACCOL	JNT # (Ethics Commission Filers)
29	Stephen Adler			
4 Date	5 Payee name			
12/15/2014	Nathan G. Armentro	out		
6 Amount	7 Payee address:	City:	State:	Zip Code
\$1,41		5 Austin, TX 78704-7053		
8 PURPOSE OF EXPENDITURE		pories listed at the top of this sched abor	(b) Description Salary	If travel outside of Texas, complete Schedule T
				TX, officeholder living expense
 Complete ONLY if dir expenditure to benefit 		der name	Office sought	Office held
4 Date	5 Payee name			
12/23/2014	Nathan G. Armentro	ut		
6 Amount \$1,58	ŀ	City: 5 Austin, TX 78704-7053	State:	Zip Code
8 PURPOSE OF EXPENDITURE	ا من المناه	ories listed at the top of this sched	Salary	If travel outside of Texas, complete Schedule T) TX, officeholder living expense
 Complete ONLY if dir expenditure to benefit 		ler name	Office sought	Office held
4 Date	5 Payee name			
12/17/2014	AT&T Mobility			
6 Amount \$13	7 Payee address: 6.76 PO Box 6463 Carol S	City: Stream, IL 60197-6463	State:	Zip Code
PURPOSE OF EXPENDITURE		ories listed at the top of this sched sense	Cell Phone	If travel outside of Texas, complete Schedule Ty TX, officeholder living expense
9 Complete ONLY if dire expenditure to benefit		er name	Office sought	Office held

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SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense

Polling Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees Print	ting Expense Office Overhead/Rental E.	other a c	ategory not listed above)
	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F:	2. FILER NAME		thics Commission Filers)
29	Stephen Adler		,
4 Date	5 Payee name		
12/26/2014	AT&T Mobility		
6 Amount \$49.49	7 Payee address: City: PO Box 6463 Carol Stream, IL 60197-6463	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel out Cell phone	iside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
4 Date	5 Payee name		
12/13/2014	Barton Springs Center, Ltd.		
6 Amount \$1,180.12	7 Payee address: City: 501 S Congress Ave Ste 400 Austin, TX 78704-1731	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Office Overhead/Rental Expense	Office Utilities	side of Texas, complete Schedule T)
		Check if Austin, TX, officer	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
4 Date	5 Payee name		
12/19/2014	David Butts		
5 Amount \$2,000.00	7 Payee address: City: 1914 Patton Ln Austin, TX 78723-1236	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel out Political Strategy Consultant Check if Austin, TX, officer	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

	Fees Print	ing Expense	Office Overhead/Rental E	expense OTHE	R (enter a category not listed above)
		The Instruction	on Guide explains how to	o complete this f	orm.
1	. Total pages Schedule F:	2. FILER NAME		3. ACC	DUNT # (Ethics Commission Filers)
	29	Stephen Adler			
4	Date	5 Payee name			
	12/15/2014	James A. Cannon			
6	Amount \$831.50	7 Payee address:	City:	State:	Zip Code
		2704 Rio Grande St Austir			
8	PURPOSE OF EXPENDITURE	(a) Category(See categories lis Salaries/Wages/Contract Labor	sted at the top of this schedule)	(b) Description	n (If travel outside of Texas, complete Schedule T)
				Check if Aus	tin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	me	Office sought	Office held
4	Date	5 Payee name			
	12/23/2014	James A. Cannon			
6	Amount \$831.50	7 Payee address:	City:	State:	Zip Code
		2704 Rio Grande St Austin			
8	PURPOSE OF EXPENDITURE	(a) Category(See categories lis Salaries/Wages/Contract Labor	ited at the top of this schedule)	(b) Description	n (If travel outside of Texas, complete Schedule T)
					tin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	me	Office sought	Office held
4	Date	5 Payee name			
	12/10/2014	CheckMark Typesetting			
6	Amount	7 Payee address:	City:	State:	Zip Code
	\$4,822.33	3217 N Interstate 35 Austin	1, TX 78722-2203		
8	PURPOSE OF EXPENDITURE	(a) Category (See categories list Printing Expense	ted at the top of this schedule)	(b) Descriptio	n (If travel outside of Texas, complete Schedule T)
	•				tin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nar	me	Office sought	Office held

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

rees Pin	ting Expense Office Overnead/Rental E	OTHER (enter a category not listed above)
	The Instruction Guide explains how to	o complete this form.
Total pages Schedule F:	2. FILER NAME	3. ACCOUNT # (Ethics Commission Filers)
29	Stephen Adler	
4 Date	5 Payee name	
12/15/2014	Andrew Coulter	
6 Amount \$379.57	7 Payee address: City:	State: Zip Code
	302 W 38th St Apt 117 Austin, TX 78705-1403	
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Safaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule Salary
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date	5 Payee name	
12/23/2014	Andrew Coulter	
6 Amount \$379.57	7 Payee address: City: 302 W 38th St Apt 117 Austin, TX 78705-1403	State: Zip Code
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 Salary Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date	5 Payee name	
12/15/2014	Colin J. Dearwater	
6 Amount \$855.50	7 Payee address: City:	State: Zip Code
	2609 Salado St Austin, TX 78705-3911	
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 Salary
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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SCHEDULE F

EXPENDITURE	CATECADIES		OVO	/ ~1
EXPENDITURE	CAIEGUMIES	run e	ᇄᇝᇬ	d.

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services
Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Event Expense	Polling Expense	- ·		idate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Ren	tal Expense OTHI	ER (enter a category not listed above)
	The inet	ruction Guide explains ho	w to complete this	form
Total pages Schedu		abiton darde explains ne		OUNT # (Ethics Commission Filers)
29	Stephen Adler			,,
4 Date	5 Payee name		· · · · · · · · · · · · · · · · · · ·	
12/23/2014	Colin J. Dearwater			
6 Amount \$855	7 Payee address:	City:	State:	Zip Code
	2609 Salado St Austir	1, TX 78705-3911		
8 PURPOSE OF EXPENDITURE	(a) Category(See catego Salaries/Wages/Contract Lab	ries listed at the top of this sched or	Salary	on (if travel outside of Texas, complete Schedule T)
		····		stin, TX, officeholder living expense
Complete ONLY if dire expenditure to benefit		er name	Office sought	Office held
4 Date	5 Payee name			
12/15/2014	Kolby Duhon			
6 Amount \$806		City: Austin, TX 78704-1101	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category(See category Salaries/Wages/Contract Laborates	ries listed at the top of this schedo	Salary	On (If travel outside of Texas, complete Schedule T)
Complete ONLY if dire expenditure to benefit to		r name	Office sought	Office held
4 Date	5 Payee name			
12/23/2014	Kolby Duhon			
6 Amount \$806	7 Payee address:	City:	State:	Zip Code
	600 S 1st St Apt 108 A	Austin, TX 78704-1101		
PURPOSE OF EXPENDITURE	(a) Category(See categor Salaries/Wages/Contract Labo	ies listed at the top of this schedu or	Salary	On (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if dire expenditure to benefit (r name	Office sought	Office held

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

(512) 463-5800

Fees	Prin	ting Expense	Office Overhead/Rental	Expense		r a category not listed above)	
		The Instruc	ction Guide explains how	to complete	this form.		
1. Total pages Sc	hedule F:	2. FILER NAME		3. 4	ACCOUNT #	(Ethics Commission Filers)	
29		Stephen Adler					
4 Date		5 Payee name		-			
12/18/2014		Edward M. Shack					
6 Amount \$1	4,360.00	7 Payee address: 221 E 9th St Ste 202 Au	City: stin, TX 78701-2510	State	:	Zip Code	
8 PURPOSE EXPENDIT		(a) Category(See categories Legal Services	s listed at the top of this schedule	Legal ser	rvices	el outside of Texas, complete Schedul	e T)
9 Complete ONLY expenditure to be		Candidate/Officeholder	name	Office sou		office held	
4 Date		5 Payee name			.,		
12/16/2014		FLS Connect					
6 Amount	\$300.00	7 Payee address: 7300 Hudson Blvd N Sto	City: e 270 Saint Paul, MN 5512	State 8-7143	:	Zip Code	
PURPOSE OF EXPENDITURE		(a) Category(See categories Advertising Expense	ilisted at the top of this schedule	Phone Co	alls	el outside of Texas, complete Schedul	e T)
9 Complete ONLY expenditure to be		Candidate/Officeholder	name	Office sou		Office held	
4 Date		5 Payee name					
12/08/2014		Frost Bank					
6 Amount	\$4.00	7 Payee address: 2425 Exposition Blvd A	City: ustin, TX 78703-2270	State	:	Zip Code	
PURPOSE EXPENDITI		(a) Category(See categories Accounting/Banking	listed at the top of this schedule	Returned	Check Fee	el outside of Texas, complete Schedul fficeholder living expense	e T)
Complete ONLY i		Candidate/Officeholder r	name	Office sou		Office held	

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees Prin	iting Expense Office Overhead/Rental E	OTHER (enter	a category not listed above)
	The Instruction Guide explains how to	o complete this form.	
Total pages Schedule F:	2. FILER NAME	3. ACCOUNT	(Ethics Commission Filers)
29	Stephen Adler		
4 Date	5 Payee name		
12/31/2014	Frost Bank		
6 Amount \$15.00	7 Payee address: City: 2425 Exposition Blvd Austin, TX 78703-2270	State:	Žip Code
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If trave Service Fee	el outside of Texas, complete Schedule T)
		Check if Austin, TX, of	ficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
4 Date	5 Payee name		
12/15/2014	Craig S. Garrison		
6 Amount \$888.76	7 Payee address: City: 1517 Hether St Austin, TX 78704-3311	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel) Salary Check if Austin, TX, of	outside of Texas, complete Schedule T
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
4 Date	5 Payee name		
12/23/2014	Craig S. Garrison		
6 Amount \$888.76	7 Payee address: City:	State:	Zip Code
	1517 Hether St Austin, TX 78704-3311		
PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Salary	outside of Texas, complete Schedule T)
		1 *******	ficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Transportation Equipment & Related Expense

Loan Repayment/Reimbursement

Fees Pri	nting Expense Office Overhead/Rental E	OTHER (en	ter a category not listed above)
	The Instruction Guide explains how to	o complete this form.	
Total pages Schedule F:	2. FILER NAME		# (Ethics Commission Filers)
29	Stephen Adler		. (= ,, , , , , , , , , , , , , , , , , ,
4 Date	5 Payee name		
12/18/2014	GNI Consulting, LLC		
6 Amount \$10,522.06	7 Payee address: City:	State:	Zip Code
	PO Box 685008 Austin, TX 78768-5008		
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Consulting Expense	(b) Description (If tra Communication Cons	evel outside of Texas, complete Schedule T)
		Check if Austin, TX	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
4 Date	5 Payee name		
12/19/2014	GNI Consulting, LLC		
6 Amount \$3,000.00	7 Payee address: City:	State:	Zip Code
	PO Box 685008 Austin, TX 78768-5008		
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Consulting Expense	(b) Description (If tra Communication Cons	ivel autside of Texas, complete Schedule T) ulting
		Check if Austin, TX,	officeholder living expense
 Complete ONLY if direct expenditure to benefit C/OH 	Candidate/Officeholder name	Office sought	Office held
4 Date	5 Payee name		
12/15/2014	Laura N Hernandez		
6 Amount	7 Payee address: City:	State:	Zip Code
\$1,920.75	2408 Manor Rd 108 Austin, TX 78722		
PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If tra Salary	vel outside of Texas, complete Schedule T)
		Check if Austin, TX,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Transportation Equipment & Related Expense

Loan Repayment/Reimbursement

Event Expense Politi	ing Expense ting Expense	Travel Out Of District Office Overhead/Rental E	xpense Candidate/G	ns/Donations Made By Officeholder/Political Committee Iter a category not listed above)
	The Instruc	tion Guide explains how to	complete this form.	
Total pages Schedule F:	2. FILER NAME		3. ACCOUN	T # (Ethics Commission Filers)
29	Stephen Adler			
4 Date	5 Payee name			
12/23/2014	Laura N Hernandez			
6 Amount \$8,176.75	7 Payee address:	City:	State:	Zip Code
	2408 Manor Rd 108 Aus	tin, TX 78722	•	
8 PURPOSE OF EXPENDITURE	(a) Category(See categories Salaries/Wages/Contract Labor	listed at the top of this schedule)	Salary	avel outside of Texas, complete Schedule T)
O Consolata ONII V if diseas	Cdidete/Officebolder		Office sought	(, officeholder living expense Office held
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder r	ame	Office sought	Office field
4 Date	5 Payee name			•
12/12/2014	Andrew Homer			
6 Amount \$2,150.00	7 Payee address: 7200 Duval St Apt 207 A	City:	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category(See categories Advertising Expense	listed at the top of this schedule)	(b) Description (if tr Advertising mural	avel outside of Texas, complete Schedule T}
			Check If Austin, TX	, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder n	ame	Office sought	Office held
4 Date	5 Payee name			
12/15/2014	William Hughes			
6 Amount \$1,024.37	7 Payee address: 1009 Hillside Oaks Dr A	City: ustin, TX 78745-5571	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category(See categories Salaries/Wages/Contract Labor	listed at the top of this schedule)	Salary	avel outside of Texas, complete Schedule Ty , officeholder living expense
Gomplete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder n	ame	Office sought	Office held

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

	rees Film	ing Expense Office O	vernead/Nerkai Expens	OTHER (enter a cate	egory not listed above)
İ		The Instruction Guide	explains how to com	plete this form.	
1	. Total pages Schedule F:	2. FILER NAME		3. ACCOUNT # (Ethi	ics Commission Filers)
	29	Stephen Adler			
4	Date	5 Payee name			
	12/23/2014	William Hughes	•		
6	Amount \$1,024.38	7 Payee address: C	ity:	State:	Zip Code
	41,027.00	1009 Hillside Oaks Dr Austin, TX 7	8745-5571		
8	PURPOSE OF EXPENDITURE	(a) Category(See categories fisted at the to Salaries/Wages/Contract Labor		Description (If travel outsid	le of Texas, complete Schedule T)
				Check if Austin, TX, officehold	der living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Offic	e sought	Office held
4	Date	5 Payee name			
	12/12/2014	Intuit Payroll			
6	Amount	7 Payee address: C	ity:	State:	Zip Code
	\$44.35	2632 Marine Way 2632 Marine Way			
8	PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the to Accounting/Banking		Description (If travel outsid syroll fee	e of Texas, complete Schedule T)
				Check if Austin, TX, officehold	fer living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Offic	e sought	Office held
4	Date	5 Payee name			
	12/22/2014	Intuit Payroll			
ô	Amount	7 Payee address: C	ity:	State:	Zip Code
	\$46.05	2632 Marine Way 2632 Marine Way	Mountain View, CA 9	14043-1126	
3	PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the to Accounting/Banking		Description (If travel outsid lyroll fee	e of Texas, complete Schedule T)
				Check if Austin, TX, officehold	der living expense
}	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Offic	e sought	Office held

SCHEDULE F

EXP	ENDI	TURE	CAT	EGOF	HES	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)

oniun (one a autogal) na autogal)						
	The Instruction Guide explains h	ow to complete this form.				
Total pages Schedule F:	2. FILER NAME	3. ACCOUNT # (Ethics	s Commission Filers)			
29	Stephen Adler		•			
4 Date	5 Payee name					
12/15/2014	Austin Jacobs					
6 Amount \$831.50	7 Payee address: City:	State: Zi	p Code			
	115 Sandra Muraida Way Apt 222 Austin, TX 7	8703-4740				
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this sched Salaries/Wages/Contract Labor	(b) Description (If travel outside Salary	of Texas, complete Schedule T)			
		Check if Austin, TX, officeholder				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
4 Date	5 Payee name					
12/23/2014	Austin Jacobs					
6 Amount	7 Payee address: City:	State: Zi	p Code			
\$831.50	115 Sandra Muraida Way Apt 222 Austin, TX 78					
8 PURPOSE OF	(a) Category(See categories listed at the top of this sched Salaries/Wages/Contract Labor		of Texas, complete Schedule T)			
EXPENDITURE	Salaries/Wages/Contract Labor	Salary				
		Check if Austin, TX, officeholder				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
4 Date	5 Payee name					
12/15/2014	Micah King					
6 Amount	7 Payee address: City:	State: Zi	p Code			
\$273.05	4504 Ruiz St Austin, TX 78723-3331					
	4304 Kuiz St Austill, 1 & 76725-3331					
PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this sched Salaries/Wages/Contract Labor	ule) (b) Description (If travel outside of Salary	of Texas, complete Schedule T)			
		Check if Austin, TX, officeholder	living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Com

Fees Prii	nting Expense Of	ffice Overhead/Rental E	Expense OT	HER (enter a category not listed above)
	The Instruction (Guide explains how to	o complete thi	s form.
Total pages Schedule F:	2. FILER NAME		3. AC	COUNT # (Ethics Commission Filers)
29	Stephen Adler			
4 Date	5 Payee name			
12/23/2014	Micah King			
6 Amount \$273.05	7 Payee address: 4504 Ruiz St Austin, TX 7872.	City:	State:	Zip Çode
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed a Salaries/Wages/Contract Labor	at the top of this schedule)	Salary	otion (If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
12/15/2014	Tiana Lopez			
6 Amount \$729.15	7 Payee address: 8312 Hathaway Dr Austin, TX	City: 178757-7731	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed a Salaries/Wages/Contract Labor	at the top of this schedule)	Salary	otion (If travel outside of Texas, complete Schedule T) - Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	`	Office sought	· · · -, - · · · · · · · · · · · · · · ·
4 Date	5 Payee name			
12/23/2014	Tiana Lopez			
6 Amount \$729.15	7 Payee address: 8312 Hathaway Dr Austin, TX		State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category(See categories listed a Salaries/Wages/Contract Labor	It the top of this schedule)	Salary	tion(If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

(512) 463-5800

	•	ing Expense ting Expense	Travel Out Of District Office Overhead/Rental I			ficeholder/Political Committee	
				,	OTHER (ente	er a category not listed above)	
		The Instruction	on Guide explains how t	o complete	this form.		
1	. Total pages Schedule F:	2. FILER NAME		3.	ACCOUNT	# (Ethics Commission Filer	s)
L	29	Stephen Adler					****
4	Date	5 Payee name					
L	12/15/2014	Jessica Loyola					
6	* Amount \$806.50	7 Payee address:	City:	State) :	Zip Code	
		2505B Teri Rd Austin, TX	78744-2963				
8	PURPOSE OF EXPENDITURE	(a) Category(See categories lis Salaries/Wages/Contract Labor	sted at the top of this schedule)	Salary	•	rel outside of Texas, complete Sched	dule T)
Ļ						officeholder flying expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	me	Office sou	ıght	Office held	
4	Date	5 Payee name		7.07.00.07.00.00			
	12/23/2014	Jessica Loyola					
6	Amount \$1,375.12	7 Payee address: 2505B Teri Rd Austin, TX	City: 78744-2963	State	12	Zip Code	
8	PURPOSE OF EXPENDITURE	(a) Category(See categories lis Salaries/Wages/Contract Labor	ted at the top of this schedule)	Salary	•	rel outside of Texas, complete Scheo	Jule T)
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	me	Office sou	ght	Office held	
4	Date	5 Payee name					
	12/15/2014	Patrick J McDonald					
6	Amount \$942.11	7 Payee address:	City:	State	<i>;</i> :	Zip Code	
		507 Strawberry Cv Austin,					
В	PURPOSE OF EXPENDITURE	(a) Category(See categories list Salaries/Wages/Contract Labor	ted at the top of this schedule)	Salary	•	el outside of Texas, complete Scheo officeholder living expense	iule T)
_	Complete ONLY if direct	Candidate/Officeholder nar		Office sou		Office held	
3	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Onicendider nar	iic	Office 300	y, it	Office Held	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense

Legal Services
Food/Beverage Expense
Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees	Printing Expense	Office Overhead/Renta	al Expense	e/Officeholder/Political Committee enter a category not listed above)
	The Inst	ruction Guide explains how	v to complete this forn	n.
1. Total pages Schedu	ule F: 2. FILER NAME		3. ACCOU	NT # (Ethics Commission Filers)
29	Stephen Adler			
4 Date	5 Payee name			
12/23/2014	Patrick J McDonald			
6 Amount \$1.99	7 Payee address:	City:	State:	Zip Code
91,77		ustin, TX 78745-6425		
8 PURPOSE OF EXPENDITURE		ories listed at the top of this schedul	Salary	f travel outside of Texas, complete Schedule T)
				TX, officeholder living expense
9 Complete ONLY if dire expenditure to benefit		er name	Office sought	Office held
4 Date	5 Payee name			
12/15/2014	James McKinney			
6 Amount \$375	7 Payee address: 5.00 6917 Langston Dr Au	City:	State:	Zip Code
PURPOSE OF EXPENDITURE		ries listed at the top of this schedule	Community Outrea	
				TX, officeholder living expense
9 Complete ONLY if dire expenditure to benefit		эг пате	Office sought	Office held
4 Date	5 Payee name			
12/19/2014	James McKinney			
6 Amount \$1,000	7 Payee address: 0.00 6917 Langston Dr Au	City: stin, TX 78723-2219	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category(See category Consulting Expense	ries listed at the top of this schedule	Community Outrea	travel outside of Texas, complete Schedule T) sch TX, officeholder living expense
Complete ONLY if dire expenditure to benefit		r name	Office sought	Office held

ATTACH ADDITIONAL COPIES	THIS SCHEDULE AS NEEDED

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

Advertising Expense Accounting/Banking Consulting Expense
Event Expense

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

P.O. Box 12070

Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

	Fees Print	ing Expense	Office Overhead/Rental E	Expense	HER (enter a category no	
		The Instruction	on Guide explains how to	o complete th	is form.	
1	. Total pages Schedule F: 29	2. FILER NAME Stephen Adler		3. AC	COUNT # (Ethics Cor	nmission Filers)
4	Date	5 Payee name				
	12/15/2014	Jennifer E Mendoza				
6	Amount \$573.67	7 Payee address: 1609 Poppy Seed Ln Austi		State:	Zip Cod	
8	PURPOSE OF EXPENDITURE	(a) Category (See categories lis Salaries/Wages/Contract Labor	ited at the top of this schedule)	Salary	otion (If travel outside of Tex Austin, TX, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	me	Office sough	t Offi	ce held
4	Date	5 Payee name				
	12/23/2014	Jennifer E Mendoza				
6	Amount \$573.67	7 Payee address: 1609 Poppy Seed Ln Austi	City: n, TX 78741-7514	State:	Zip Coo	le
8	PURPOSE OF EXPENDITURE	(a) Category(See categories lis Salaries/Wages/Contract Labor	ted at the lop of this schedule)	Salary	otion (If travel outside of Texa	
_					Austin, TX, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	me	Office sough	t Om	ce held
4	Date	5 Payee name				
_	12/15/2014	Midway Monarchs	O ':	01-1	7:- 0	1_
6	Amount \$1,500.00	7 Payee address: 2015 E Riverside Dr Austin	City: a, TX 78741-1338	State:	Zip Coo	
8	PURPOSE OF EXPENDITURE	(a) Category (See categories ils Event Expense	ted at the top of this schedule)	Deposit for	otion(If travel outside of Texa event Austin, TX, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nar	me	Office sough	t Offi	ce held

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Renta	Candidat	ions/Donations Made By e/Officeholder/Political Committee fenter a category not listed above)
	The Inst	ruction Guide explains how	v to complete this for	m.
 Total pages Schedule 	F: 2. FILER NAME		3. ACCOU	NT # (Ethics Commission Filers)
29	Stephen Adler			
4 Date	5 Payee name			
12/16/2014	Midway Monarchs			
6 Amount \$3,800.	7 Payee address:	City:	State:	Zip Code
	2015 E Riverside Dr	Austin, TX 78741-1338		
8 PURPOSE OF EXPENDITURE	(a) Category (See category Event Expense	ories listed at the top of this schedu	(b) Description ⁽ Election Night Ev	If travel outside of Texas, complete Schedule T) ent
				TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C		er name	Office sought	Office held
4 Date	5 Payee name			
12/16/2014	Kayleen Nelson			
6 Amount \$450.0	1	City: 3 Austin, TX 78702-3858	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories Expense	ories listed at the top of this schedul	Disc Jockey	f travel outside of Texas, complete Schedule T)
				TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C		er name	Office sought	Office held
4 Date	5 Payee name			
12/20/2014	New Partners Consul	. 		
6 Amount \$20,160.2		City:) Washington, DC 20005-599		Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categor Consulting Expense	ries listed at the top of this schedul	Branding Consulti	•
Complete ONLY # disease	Condidate/Officebeld		Office sought	TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/		er name	Office sought	Onice heru

ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE AS NEEDED	
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SCHEDULE F

EXPENDITURE	CATEGORIES	FOR BOX 8(a
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Fees	Printing Expense	g Expense Office Overhead/Rental Expense		OTHER (enter a category not listed above)		
	The In	struction Guide explains he	ow to complete this fo	orm.		
Total pages Sche 29	edule F: 2. FILER NAME Stephen Adler		3. ACCO	UNT # (Ethics Commission Filers)		
4 Date 12/15/2014	5 Payee name NGP VAN, INC					
6 Amount \$1,	7 Payee address:	City: Ste 500 Washington, DC 2000	State: 5-5006	Zip Code		
8 PURPOSE C EXPENDITUI	↑ / = •	gories listed at the top of this sched	Credit Card Prod	n(If travel outside of Texas, complete Schedule T) cessing Fees n, TX, officeholder living expense		
9 Complete ONLY if expenditure to bene		der name	Office sought	Office held		
4 Date 12/12/2014	5 Payee name Office Depot					
6 Amount \$6	7 Payee address: 697.11 500 E Ben White B	City: lvd Austin, TX 78704-7470	State:	Zip Code		
8 PURPOSE O EXPENDITUR		gories listed at the top of this sched opense	Supplies	n(If travel outside of Texas, complete Schedule T) n, TX, officeholder living expense		
9 Complete ONLY if of expenditure to bene		der name	Office sought	Office held		
4 Date 12/12/2014	5 Payee name Office Max Austin					
6 Amount \$:	7 Payee address: 907 W 5th St Austin	City: 1, TX 78703-5426	State:	Zip Code		
PURPOSE O EXPENDITUR		gories listed at the top of this sched (pense	Office Supplies	(If travel outside of Texas, complete Schedule T) n, TX, officeholder living expense		
9 Complete ONLY if of expenditure to benea		der name	Office sought	Office held		

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SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees	Printing Expense	Office Overhead/Rer	ntal Expense	ate/Officeholder/Political Committee (enter a category not listed above)
·	The Inst	ruction Guide explains he	ow to complete this fo	rm.
1. Total pages Schedu	ile F: 2. FILER NAME	· · · · · · · · · · · · · · · · · · ·	3. ACCO	UNT # (Ethics Commission Filers)
29	Stephen Adler			,
4 Date	5 Payee name		· · · · · · · · · · · · · · · · · · ·	*
12/19/2014	Oliveira Public Comr	nunications		
6 Amount \$6,00	7 Payee address:	City:	State:	Zip Code
	4315 Guadalupe St S	te 303 Austin, TX 78751-37	795	
8 PURPOSE OF EXPENDITURE		ries listed at the top of this sched	Communications	(If travel outside of Texas, complete Schedule T) consulting services n, TX, afficeholder living expense
9 Complete ONLY if dire expenditure to benefit		er name	Office sought	Office held
4 Date	5 Payee name			
12/13/2014	Opinion Analysts, Inc	<u>, </u>		
6 Amount \$1,060	7 Payee address: 5.67 906 Rio Grande St Au	City: 1stin, TX 78701-2222	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category(See catego Consulting Expense	ries listed at the top of this sched	Data analytics co	-
9 Complete ONLY if dire expenditure to benefit		er name	Office sought	n, TX, officeholder living expense Office held
4 Date	5 Payee name			
12/19/2014	Opinion Analysts, Inc			
6 Amount \$3,000	7 Payee address:	City:	State:	Zip Code
	906 Rio Grande St Au	stin, TX 78701-2222		
PURPOSE OF EXPENDITURE	(a) Category (See category Consulting Expense	ries listed at the top of this sched	Data analytics co	-
				n, TX, officeholder living expense
Gomplete ONLY if dire expenditure to benefit (er name	Office sought	Office held

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SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Ren	Candid	ate/Officeholder/Political Committee				
			OTHER	OTHER (enter a category not listed above)				
	The Instr	uction Guide explains ho	w to complete this fo	orm.				
1. Total pages Schedule	F: 2. FILER NAME		3. ACCO	UNT # (Ethics Commission Filers)				
29	Stephen Adler							
4 Date	5 Payee name							
12/15/2014	Marco A Orrantia							
6 Amount \$1,584.0	7 Payee address:	City:	State:	Zip Code				
	7200 Easy Wind Dr U	nit 1029 Austin, TX 78752	-0003					
8 PURPOSE OF EXPENDITURE	(a) Category(See categor Salaries/Wages/Contract Labo	ies listed at the top of this schedu or	(b) Description Salary	$_{\eta}$ (If travel outside of Texas, complete Schedule T				
			Check if Austi	n, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/6		r name	Office sought	Office held				
4 Date	5 Payee name							
12/23/2014	Marco A Orrantia							
6 Amount \$4,861.5		City:	State:	Zip Code				
	7200 Easy Wind Dr U	nit 1029 Austin, TX 78752	-0003					
8 PURPOSE OF EXPENDITURE	(a) Category(See categori Salaries/Wages/Contract Labo	ies listed at the top of this schedu or	(b) Description Salary	(If travel outside of Texas, complete Schedule T				
			Check if Austi	n, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/C		rname	Office sought	Office held				
4 Date	5 Payee name							
12/15/2014	Jovita Pardo							
6 Amount \$1,049.38	7 Payee address:	City:	State:	Zip Code				
	404 W Milton St Austi	n, TX 78704-3020						
PURPOSE OF EXPENDITURE	(a) Category(See categori Salaries/Wages/Contract Labo	es listed at the top of this schedu r	(b) Description Salary	(If travel outside of Texas, complete Schedule T				
			Check if Austi	n, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder	name	Office sought	Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	
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SCHEDULE F

EXPENDITU	RE CATEG	ORIES FOR	BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

	•	7 '	ce Overhead/Rental E	xpense		fficeholder/Political Committee er a category not listed above)
		The Instruction Gu	uide explains how to	complet	e this form.	
1	. Total pages Schedule F:	2. FILER NAME		3.	ACCOUNT	# (Ethics Commission Filers)
ŀ	29	Stephen Adler				
4	Date	5 Payee name			***************************************	
	12/23/2014	Jovita Pardo				
6	Amount \$2,467.37	7 Payee address:	City:	Sta	e:	Zip Code
		404 W Milton St Austin, TX 78	704-3020			
8	PURPOSE OF EXPENDITURE	(a) Category(See categories listed at Salaries/Wages/Contract Labor	the top of this schedule)	Salary	•	vel outside of Texas, complete Schedule T)
_						officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office so	ught	Office held
4	Date	5 Payee name				
	12/23/2014	Chelsea E. Phelps				
6	Amount \$214.87	7 Payee address: 7117 Wood Hollow Dr Apt 722	City: Austin, TX 78731-25	Stat	e :	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category(See categories listed at Salaries/Wages/Contract Labor	the top of this schedule)	Salary		vel outside of Texas, complete Schedule T)
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office so		Office held
4	Date `	5 Payee name				
	12/15/2014	Rene A Prieto-Polymeris				
6	Amount \$864.26	7 Payee address:	City:	Stat	e:	Zip Code
		2215 Town Lake Cir Austin, TX	78741-3079			
8	PURPOSE OF EXPENDITURE	(a) Category(See categories listed at t Salaries/Wages/Contract Labor	the top of this schedule)	Salary	•	vel outside of Texas, complete Schedule T)
						officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office so	ught	Office held

ATTACH ADDITIONAL	CODIES OF THIS	SCHEDULE AS NEEDED	
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SCHEDULE F

E	X	P	EI	ND	IT	UR	E	C	Δ	TE	GC	R	IES	S F	OF	RE	10	X.	86	a'

Advertising Expense Accounting/Banking

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Event Expense Poll		Food/Beverage Expense Polling Expense Printing Expense	ing Expense Travel Out Of District		Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
l		The instruc	ction Gulde explains how	to complete	this form.		
1	. Total pages Schedule F	: 2. FILER NAME		3.	ACCOUNT#	(Ethics Commission Filer	rs)
L	29	Stephen Adler					
4	Date	5 Payee name					•
-	12/23/2014	Rene A Prieto-Polymeri	s				
6	Amount \$2,003.75	7 Payee address:	City:	Stat	e:	Zip Code	
		2215 Town Lake Cir Au	ıstin, TX 78741-3079				
8	PURPOSE OF EXPENDITURE	(a) Category(See categorie: Salaries/Wages/Contract Labor	s listed at the top of this schedule)	Salary	•	outside of Texas, complete Schei ceholder living expense	đule T)
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder	name	Office so	ught	Office held	
4	Date	5 Payee name					
İ	12/16/2014	Progressive Waste Solut	ions of TX, Inc.				
6	Amount \$233.83	7 Payee address: PO Box 17608 Austin, 7	City:	State	e:	Zip Code	
8	PURPOSE OF EXPENDITURE		s listed at the top of this schedule)		scription (If travel of	outside of Texas, complete Scheo	dule T)
				Chec	ck if Austin, TX, offic	eholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder	name	Office so		Office held	
4	Date	5 Payee name					
	12/12/2014	Rindy & Associates					
6	Amount \$1,755.74	1	City:	State	3 :	Zip Code	
		2401 E 6th St Apt 1007					
8	PURPOSE OF EXPENDITURE	(a) Category (See categories Advertising Expense	listed at the top of this schedule)	Mail Ad	lvertising	outside of Texas, complete Scher	đule T)
9	Complete ONLY if direct	Candidate/Officeholder r	name	Office sou		Office held	
	expenditure to benefit C/OI		-		-		

ATTA	CH ADDITIONAL	COPIES OF THIS SO	HEDULE AS NEEDED)	

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees Pr	inting Expense Office Overhead/Rental	Expense		date/Officeholder/Political Committee R (enter a category not listed above)		
	The Instruction Guide explains how	to complete	this form.			
1. Total pages Schedule F	2. FILER NAME	3.	ACCOUNT #	(Ethics Commission Filers)		
29	Stephen Adler					
4 Date	5 Payee name					
12/15/2014	Erik A Salinas					
6 Amount \$831.50	7 Payee address: City: 5008 Hauna Ln Dickinson, TX 77539-5491	Stat	3 :	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Salary	,	Il autside of Texas, complete Schedule T		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office so	ught	Office held		
4 Date	5 Payee name					
12/23/2014	Erik A Salinas					
6 Amount \$1,411.12	7 Payee address: City: 5008 Hauna Ln Dickinson, TX 77539-5491	Stat	> :	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Salary		i outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office so		Office held		
4 Date	5 Payee name					
12/15/2014	David M. Siefken					
6 Amount \$396.57	7 Payee address: City: 7704 Kiva Dr Austin, TX 78749-2916	State	3 :	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Salary		outside of Texas, complete Schedule T		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ıght	Office held		

SCHEDULE F

EXPENDITURE	CATEGORIES	FOR	BOX	8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Travel In District Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Event Expense Polli	ing Expense T	ravel Out Of District office Overhead/Rental E	Ca Expense	ontributions/Donations Made By andidate/Officeholder/Political Committee THER (enter a category not listed above)
	The leader of an	Osida asalaina kassik	taka Al	in form
		Guide explains how to		~~~
Total pages Schedule F: 29	2. FILER NAME		3. A	CCOUNT # (Ethics Commission Filers)
	Stephen Adler			
4 Date	5 Payee name David M, Siefken			
12/23/2014		City:	State:	Zip Code
6 Amount \$754.15	7 Payee address:	Oity.	Glate.	Zip Gode
	7704 Kiva Dr Austin, TX 787	49-2916		
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	Salary	iption (If travel outside of Texas, complete Schedule T)
				f Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	J	Office sough	ht. Office held
4 Date	5 Payee name			
12/15/2014	Christian P Smith			
6 Amount \$991.11	7 Payee address: 2810 Salado St Apt 129 Austin	City: n, TX 78705-3629	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	Salary	iption(If travel outside of Texas, complete Schedule T) f Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	•	Office sough	
4 Date	5 Payee name			
12/23/2014	Christian P Smith			
6 Amount \$2,080.37	7 Payee address: 2810 Salado St Apt 129 Austin	City: n, TX 78705-3629	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category(See categories listed : Salaries/Wages/Contract Labor	at the top of this schedule)	Salary	ption (If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE	DED
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SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees P	Printing Expense	Office Overhead/Rental E	xpense	Officeholder/Political Committee nter a category not listed above)
	The Instruc	ction Guide explains how to	o complete this form.	
1. Total pages Schedule F	F: 2. FILER NAME		3. ACCOUN	T # (Ethics Commission Filers)
29	Stephen Adler			
4 Date	5 Payee name			
12/15/2014	Rayborn R. Stephenson			
6 Amount \$776.15	7 Payee address: 3604 Brownwood Dr Au	City: ustin, TX 78759-8912	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category(See categories Salaries/Wages/Contract Labor	s listed at the top of this schedule)	Salary	avel outside of Texas, complete Schedule T) (, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder r	name	Office sought	Office held
4 Date	5 Payee name			
12/23/2014	Rayborn R. Stephenson			
6 Amount \$776.15	7 Payee address: 3604 Brownwood Dr Au	City: ustin, TX 78759-8912	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category(See categories Salaries/Wages/Contract Labor	s listed at the top of this achedule)	Salary	avel outside of Texas, complete Schedule T) (, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder n	name	Office sought	Office held
4 Date	5 Payee name			
12/15/2014	Jason S Stinnett			
6 Amount \$793.15	1907 1/2 E 16th Street A		State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category(See categories Salaries/Wages/Contract Labor	listed at the top of this schedule}	Salary	avel outside of Texas, complete Schedule T) , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder n	iame	Office sought	Office held

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

(512) 463-5800

· '	Iling Expense Travel Out Of District nting Expense Office Overhead/Rental Exp		Candidate/C	S/Donations Made By Officeholder/Political Committee
1 003	Talking Expense	Omos Overnedom terkar E	OTHER (en	ter a category not listed above)
	The Instruction	ол Guide explains how te	complete this form.	
Total pages Schedule f	: 2. FILER NAME		3. ACCOUNT	Γ # (Ethics Commission Filers)
29	Stephen Adler			
4 Date	5 Payee name			
12/23/2014	Jason S Stinnett			
6 Amount \$1,391.78	7 Payee address:	City:	State:	Zip Code
	1907 1/2 E 16th Street Aus	tin, TX 78702-1217		
8 PURPOSE OF EXPENDITURE	(a) Category(See categories lis Salaries/Wages/Contract Labor	led at the top of this schedule)	Salary	avel outside of Texas, complete Schedule T)
				officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder nar	me	Office sought	Office held
4 Date	5 Payee name			
12/09/2014	The Austin Chronicle			
6 Amount \$1,845.00	7 Payee address: 4000 N Interstate 35 Austin	City: n, TX 78751-4801	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category(See categories list Advertising Expense	ted at the top of this schedule)	Print Advertising	avel outside of Texas, complete Schedule T)
				, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder nar	me	Office sought	Office held
4 Date	5 Payee name			
12/11/2014	The Austin Villager			
6 Amount \$1,008.00	7 Payee address:	City:	State:	Zip Code
	4132 E 12th St Austin, TX	78721-1905		
PURPOSE OF EXPENDITURE	(a) Category(See categories list Advertising Expense	led at the top of this schedule)	Print Advertising	avel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder nar	ne	Office sought	Office held

ATTACH ADDITIONAL	COPIES OF	THIS SCHEDULE	AS NEEDED
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SCHEDULE F

EXPENDITURE	CATEGORIES	FOR BOX	B(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	isted above)
	The Instruction Guide explains	s how to complete this form.	
Total pages Schedule F:	2. FILER NAME	3. ACCOUNT # (Ethics Com	mission Filers)
29	Stephen Adler		
4 Date	5 Payee name		
12/26/2014	Time Warner Cable		
6 Amount	7 Payee address: City:	State: Zip Code	}
\$433.97		·	
	PO Box 60074 City Of Industry, CA 91716-0	074	
8 PURPOSE OF	(a) Category(See categories listed at the top of this se		, complete Schedula T)
EXPENDITURE	Office Overhead/Rental Expense	Internet	
		Check if Austin, TX, afficeholder living ex	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office	e held
4 Date	5 Payee name		
12/12/2014	United States Treasury		
6 Amount	7 Payee address: City:	State: Zip Code	r
\$13,507.38	San III Constantion And Workington Do	220224 0001	
	Eftps 1111 Constitution Ave Washington, DC	. 20224-0001	
8 PURPOSE OF EXPENDITURE	(a) Category(See categories listed at the top of this so Salaries/Wages/Contract Labor	thedule) (b) Description(If travel outside of Texas, Payroll Taxes	, complete Schedule 1)
EXPENDITURE	Condition to age of the condition of the	1_	
9 Complete ONLY if direct	Candidate/Officeholder name	Check if Austin, TX, officeholder living ex Office sought Office	e held
expenditure to benefit C/OH	Candidate/Oniceriolder hanne	Office sought.	, 11010
4 Date	5 Payee name		
12/15/2014	Nicholas L Van Zandt		
6 Amount	7 Payee address: City:	State: Zip Code	}
\$1,242.25			
	3001 Bonnie Rd Austin, TX 78703-2807		
PURPOSE OF	(a) Category(See categories listed at the top of this so	fiedule) (b) Description(If travel outside of Texas.	, complete Schedule T)
EXPENDITURE	Salaries/Wages/Contract Labor	Salary	
		Check if Austin, TX, officeholder living ex	pense
Complete ONLY if direct	Candidate/Officeholder name	Office sought Office	e held
expenditure to benefit C/OH			-

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Food/Beverage Expense
Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

-	· ·	• ,	ce Overhead/Rental E	xpense		older/Political Committee ategory not listed above)
		The Instruction G	uide explains how to	complete	this form.	
1	. Total pages Schedule F:	2. FILER NAME		3.	ACCOUNT # (E	thics Commission Filers)
	29	Stephen Adler				
4	Date	5 Payee name				
	12/23/2014	Nicholas L Van Zandt				
6	Amount \$3,298.75	7 Payee address: 3001 Bonnie Rd Austin, TX 783	City: 703-2807	State	3 :	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category/See categories listed at Salaries/Wages/Contract Labor	the top of this schedule)	Salary	•	side of Texas, complete Schedule T)
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sou	k if Austin, TX, officeh	Office held
4	Date	5 Payee name			****	
	12/19/2014	Elizabeth Whitlow				
6	Amount \$250.00	7 Payee address: PO Box 300846 Austin, TX 787	City: 03-0015	State	:	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category(See categories listed at Salaries/Wages/Contract Labor	the top of this schedule)	Salary	cription (If travel out	side of Texas, complete Schedule T)
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sou		Office held
4	Date	5 Payee name				
	12/15/2014	Jim A Wick			*	
6	Amount \$2,822.25	7 Payee address: 2611 Ektom Dr Apt D Austin, T	City: X 78745-2629	State	н	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category(See categories listed at a Salaries/Woges/Contract Labor	the top of this schedule)	Salary	cription ^{(If travel out}	side of Texas, complete Schedule T) older living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sou	ight	Office held

ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS	NEEDED

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

Office Overhead/Rental Expense Printing Expense Fees The Instruction Guide explains how to complete this form. 3. ACCOUNT # (Ethics Commission Filers) 2. FILER NAME 1. Total pages Schedule F: Stephen Adler 29 4 Date 5 Payee name 12/23/2014 Jim A Wick City: State: Zip Code 6 Amount 7 Payee address: \$14,819.25 2611 Ektom Dr Apt D Austin, TX 78745-2629 (a) Category(See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE OF** Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 4 Date 5 Payee name Michelle S Willoughby 12/15/2014 City: State: Zip Code 6 Amount 7 Payee address: \$942.11 2704 Rio Grande St Apt 617 Austin, TX 78705-4282 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category(See categories listed at the top of this schedule) **PURPOSE OF** alaries/Wages/Contract Labor **EXPENDITURE** Salary Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 12/23/2014 Michelle S Willoughby City: State: Zip Code 6 Amount Payee address: \$1,997.37 2704 Rio Grande St Apt 617 Austin, TX 78705-4282 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category(See categories listed at the top of this schedule) **PURPOSE OF** Salaries/Wages/Contract Labor EXPENDITURE Salary Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate/Officeholder name expenditure to benefit C/OH

ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS	NEEDED

SCHEDULE F

EXPENDITURE	CATEGORIES	FOR	BOX	8(a
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Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

Gift/Awards/Memorials Expense Legal Services

Candidate/Officeholder name

P.O. Box 12070

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

Check if Austin, TX, officeholder living expense

Office held

Office sought

OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2. FILER NAME 3. ACCOUNT # (Ethics Commission Filers) 1. Total pages Schedule F: 29 Stephen Adler 4 Date 5 Payee name Calvin R Wright 12/15/2014 Zip Code 6 Amount 7 Payee address: City: State: \$806.50 1919 Willow Creek Dr Austin, TX 78741-4440 (a) Category(See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE OF** 8 Salaries/Wages/Contract Labor **EXPENDITURE** Salary Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH 5 Payee name 4 Date 12/23/2014 Calvin R Wright State: Zip Code City: 7 Payee address: 6 Amount \$1,375.12 1919 Willow Creek Dr Austin, TX 78741-4440 (a) Category(See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE OF** Salaries/Wages/Contract Labor **EXPENDITURE**

ATTACH ADDITIONAL	COPIES OF TI	HIS SCHEDULE	AS NEEDED

Complete ONLY if direct

expenditure to benefit C/OH

CAMPAIGN DEBT RECONCILIATION

(To be filed by officeholders only during an election year)
Period Covered: January 1, 2014 to December 31, 2014

Name of officeholder: <u>Stephen</u>	/tdler			
Campaign debt* existing as of the first day	of the calendar year:	-0-		
Campaign debt* existing as of the last day	of the calendar year: _	432,481	<u>63</u>	
Enter the following information on all cam (Note: Campaign debts under \$50 may be re				
(a) For loans and other debt evidenced by the interest rate, and the date of maturity:	a note, the name of the	ne creditor, the pri	ncipal amount owed	
Creditor	Principal amount ov	ved Interest rate	Date of maturity	
		·		
·		·		
(b) For all other campaign debts, enter the	name of the creditor ar			
Creditor/Vendor		Principal am		
Bank of America Mastercard		*5,499.69		
Payroll Taxes		*39, 106,04		
Stephen Adler		#387 238,5		
Total of outstanding the	ectes '	\$ 40',749.	81	
(c) Enter the total of campaign debts under		emized under (a) or	(b) above.	

^{*} Campaign debt is the actual outstanding obligation of the candidate or candidate's committee as of a particular date, minus all funds held by the candidate or candidate's committee in cash or bank accounts on that date.

BANK RECONCILIATION

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year.

Name of candidate, office	cholder or campaign committee:	n Adler
following information inc	igs or other financial institution account maintaine licated. For each additional institution, use a copy of	f this schedule.
The name of the financial	institution: Frost Bank	<u> </u>
	iecking	
The beginning balance: _	<u> </u>	
The ending balance:	40,112.48	
	nation for checks issued on that account that have no	
Date	Payee	Amount
12/2/14	Laura Hernande 2	34.60
121,8/14	Edward M. Shack	14.360.00
12/19/14	Oliveira Public Communications	(6000°09
12/20/14	New Partners Consulting, Inc. Gragary A. Coop Inc. Nathan Armentrout	
10/24/14	Gragary A. Copp. Inc.	20,160.21 175.00
11/26/14	Nathan Armentrout	20.90
Enter the following information the contributor's financial	mation for checks received as contributions and de	eposited but dishonored by
Date of receipt	Contributor	Amount
12/2/14	Thomas Blodgett Tr. and Christia	a Blodgett 700,00
		3
·	·	

SCHEDULE ATX. 4 - attach to for Reference § 2-2-25, Austin City Co		
Amount of interest or dividen	nds earned:	
•	not disclosed on a filed contribution an	
Date of deposit or withdray	wal Amount of deposit	Amount of withdrawal
None		
	ed by December 31 but not deposited i within the definition of the Texas Elect	
Date of receipt	Contributor	Amount
None		
		·