

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

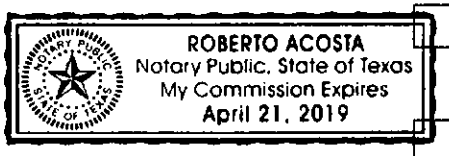
FORM COR-  
C/OH

<b>1</b> Filer ID (Ethics Commission Filers)		<b>2</b> Total pages filed: 40		<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Has been delivered Postmark Receipt # Amount \$	
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	CITY CLERK	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit 15th day after	<input type="checkbox"/> treasurer appointment (officeholder only)	Date Processed Date Imaged	
<b>5</b> ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Final report			
	<input checked="" type="checkbox"/> 8th day before election				
<b>6</b> EXPLANATION OF CORRECTION I recently reviewed my personal checking account bank statements from last year, and noticed charges that appeared to have been made by the campaign. Because both my campaign account and personal account were at the same bank, we believe that I inadvertently gave the campaign a debit card associated with my personal account, believing it was associated with my campaign account. I do not seek reimbursement for any of these additional charges. The additional reportable expenses are included on Schedule G of this report, and each is marked with an asterisk to identify the information that has changed. All the additional expenses are included on Page 2, Line 4.					

## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



**Semiannual reports:** 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:** 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.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Chris Riley this the 6th day of MAY, 2015 to certify which, witness my hand and seal of office.

R. Acosta  
Signature of officer administering oath

ROBERTO ACOSTA  
Printed name of officer administering oath

Notary Public  
Title of officer administering 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. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. 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.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00010009

**2 PAGE #**  
1 of 38

**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

MS / MRS / MR

FIRST

MI

Christopher

NICKNAME

LAST

SUFFIX

Chris

Riley

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 30062  
Austin, TX 78703
☐ Change of Address

**5 CAMPAIGN  
TREASURER  
NAME**

MS / MRS / MR

FIRST

MI

Cora

NICKNAME

LAST

SUFFIX

Corky

Hilliard

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

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

4120 Lawless St.  
Austin, TX 78723
**7 CAMPAIGN  
TREASURER  
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 459-6342

**8 REPORT TYPE**
☐

January 15

☐

30th day before election

☐

Runoff

☐
15th day after campaign treasurer  
appointment (officeholder only)
☐

July 15

☒

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

**9 PERIOD  
COVERED**

Month

Day

Year

Month

Day

Year

09/26/2014

THROUGH

10/25/2014

**10 ELECTION**

ELECTION DATE

Month

Day

Year

11/04/2014

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

**11 OFFICE**

OFFICE HELD (if any)

City Council, Place 1

**12 OFFICE SOUGHT (if known)**

City Council, District 9

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Riley, Christopher

14 ACCOUNT # (Ethics Commission filers)  
0001000915 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$

2,157.00

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

\$

28,131.00

EXPENDITURE  
TOTALS

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

\$

678.43

4. TOTAL POLITICAL EXPENDITURES

\$

66,443.13

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

\$

17,800.43

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

\$

25,000.00

## 17 AFFIDAVIT

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 1/21 Report: 3/38

2 FILER NAME Riley, Christopher

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date 10/21/2014  
5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Alvarado, Blanca  
6 Contributor address; City; State; Zip Code  
2914 Rio Grande St  
Austin, TX 78705-3616

7 Amount of contribution (\$) \$250.00  
8 In-kind contribution description (if applicable)

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

9 Principal occupation / Job title (See Instructions)  
Co-Owner

10 Employer (See Instructions)  
El Sol y La Luna Restaurant

Date 09/26/2014  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Austin Board of Realtors PAC  
Contributor address; City; State; Zip Code  
4106 Medical Pkwy  
Austin, TX 78756-3722

Amount of contribution (\$) \$350.00  
In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/22/2014  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Barnstone, Mateo  
Contributor address; City; State; Zip Code  
3917 Threadgill St  
Austin, TX 78723-4506

Amount of contribution (\$) \$350.00  
In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Mateo Barnstone

Date 10/24/2014  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Blackburn, Chris  
Contributor address; City; State; Zip Code  
4303 Greystone Dr  
Austin, TX 78731-1201

Amount of contribution (\$) \$350.00  
In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Land Development

Employer (See Instructions)  
Waterloo Development, Inc.

Date 09/30/2014  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bodenman, David  
Contributor address; City; State; Zip Code  
10821 Range View Dr  
Austin, TX 78730-1499

Amount of contribution (\$) \$250.00  
In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Real Estate

Employer (See Instructions)  
Highland Resources, Inc.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/21 Report: 4/38	
2 FILER NAME Riley, Christopher		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  10/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braden, Al  6 Contributor address; City; State; Zip Code 2810 W Fresco Dr Austin, TX 78731-5022	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butler, Clay  Contributor address; City; State; Zip Code 11112 Claro Vista Cv Austin, TX 78739-1917	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Butler Firm, PLLC	
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byars, Samuel  Contributor address; City; State; Zip Code 2103 Schulle Ave Austin, TX 78703-2141	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Armbrust & Brown, PLLC	
Date  10/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carter, Kristi  Contributor address; City; State; Zip Code 2903 Allerford Ct Cedar Park, TX 78613-1622	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SuperShuttle	
Date  10/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carter, William  Contributor address; City; State; Zip Code 2903 Allerford Ct Cedar Park, TX 78613-1622	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President & General Manager		Employer (See Instructions) SuperShuttle	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/21 Report: 5/38	
2 FILER NAME Riley, Christopher				3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  10/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chase, Julie		7 Amount of contribution (\$)  \$100.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2911 Harris Blvd Austin, TX 78703-1929			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coker, Judith		Amount of contribution (\$)  \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3611 Bridle Path Austin, TX 78703-2646			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collins, Gregory		Amount of contribution (\$)  \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2510 El Greco Cv Austin, TX 78703-1510			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Business Owner			Employer (See Instructions) Centro Development, LLC		
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crane, Marie		Amount of contribution (\$)  \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1502 Marshall Ln Austin, TX 78703-3409			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Consultant			Employer (See Instructions) M. Crane & Associates, Inc.		
Date  10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Mark		Amount of contribution (\$)  \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4000 Tablerock Dr Austin, TX 78731-1425			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/21 Report: 6/38	
2 FILER NAME Riley, Christopher		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  10/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Chester  6 Contributor address; City; State; Zip Code 12708 Azalea Cir Buda, TX 78610-2867	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) CEO		10 Employer (See Instructions) American Fireworks	
Date  10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Jeanell  Contributor address; City; State; Zip Code 12708 Azalea Cir Buda, TX 78610-2867	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Day, Stan  Contributor address; City; State; Zip Code 1920 N Clark St Apt 17P Chicago, IL 60614-5401	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Sram, LLC	
Date  10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Day-Woodruff, Sam  Contributor address; City; State; Zip Code 1801 E 16th St Austin, TX 78702-1216	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denton, Brett  Contributor address; City; State; Zip Code 12 Chapin Ln Austin, TX 78746-2542	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Real Estate Development		Employer (See Instructions) Ardent Residential	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 5/21 Report: 7/38	
2 FILER NAME Riley, Christopher			3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  10/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duhon, David  6 Contributor address; City; State; Zip Code 520 Academy Dr Austin, TX 78704-1815		7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>				
Date  10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) East Land Scot  Contributor address; City; State; Zip Code 1711 Pearl St Austin, TX 78701-1024		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>				
Date  10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eisman, Denise  Contributor address; City; State; Zip Code 703 Caribou Ridge Trl Pflugerville, TX 78660-3707		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director			Employer (See Instructions) Austin Hotel & Lodging Association	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>				
Date  10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eisman, Denise  Contributor address; City; State; Zip Code 703 Caribou Ridge Trl Pflugerville, TX 78660-3707		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable) food & beverages for event
Principal occupation / Job title (See Instructions) Executive Director			Employer (See Instructions) Austin Hotel & Lodging Association	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>				
Date  10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ewen, Chris  Contributor address; City; State; Zip Code PO Box 49238 Austin, TX 78765-9238		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>				

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/21 Report: 8/38	
2 FILER NAME Riley, Christopher		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  10/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fitch, Julia  6 Contributor address; City; State; Zip Code 1509 Shoal Creek Blvd Apt A Austin, TX 78701-1032	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forrest, Hugh  Contributor address; City; State; Zip Code 703B E 50th St No B Austin, TX 78751-2615	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Event Planner		Employer (See Instructions) SXSU	
Date  10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forrest, Vivian  Contributor address; City; State; Zip Code 703 E 50th St No B Austin, TX 78751-2615	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) None	
Date  10/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Galligan, Jude  Contributor address; City; State; Zip Code 603 Davis St Apt 102 Austin, TX 78701-4227	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) TAGR Inc	
Date  10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gass, Laura  Contributor address; City; State; Zip Code 1615 Lupine Ln Austin, TX 78741-1149	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/21 Report: 9/38	
2 FILER NAME Riley, Christopher		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  10/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goldsby, Greta  6 Contributor address; City; State; Zip Code 4412 Rosedale Ave Austin, TX 78756-3224	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goldstone, John  Contributor address; City; State; Zip Code 1700 S 2nd St Unit B Austin, TX 78704-3442	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heck, Jonathan  Contributor address; City; State; Zip Code 210 Lavaca St Apt 3004 Austin, TX 78701-4598	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Austin Fire Department	
Date  10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heston, Rebecca  Contributor address; City; State; Zip Code 2307 Fortune Dr Austin, TX 78704-3237	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Principal Property Mgmt		Employer (See Instructions) Endeavor Real Estate Group	
Date  10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hightower, Susan  Contributor address; City; State; Zip Code 2214 Alta Vista Ave Austin, TX 78704-5227	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/21 Report: 10/38

2 FILER NAME Riley, Christopher

3 ACCOUNT # (Ethics Commission filers)  
000100094 Date  
  
09/29/20145 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hill, R. Michael  
  
6 Contributor address; City; State; Zip Code  
1704 Pin Oak Ln  
Round Rock, TX 78681-15427 Amount of  
contribution (\$) \$300.008 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)  
Requested10 Employer (See Instructions)  
RequestedDate  
  
10/23/2014Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Holzbach, Mark  
  
Contributor address; City; State; Zip Code  
706 West Ave  
Apt D  
Austin, TX 78701-2732Amount of  
contribution (\$) \$350.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
Storytelling TechnologistEmployer (See Instructions)  
Zebra ImagingDate  
  
10/22/2014Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Kells, Howard  
  
Contributor address; City; State; Zip Code  
PO Box 90245  
Austin, TX 78709-0245Amount of  
contribution (\$) \$100.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/26/2014Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Kenny, Joseph  
  
Contributor address; City; State; Zip Code  
2125 Brunswick Dr  
Austin, TX 78723-2052Amount of  
contribution (\$) \$100.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/26/2014Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Kentor, Michael  
  
Contributor address; City; State; Zip Code  
114 W 7th St  
Ste 700  
Austin, TX 78701-3011Amount of  
contribution (\$) \$350.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
Financial AdviserEmployer (See Instructions)  
The Kentor Co

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/21 Report: 11/38

2 FILER NAME Riley, Christopher

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date  
  
10/25/2014

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

6 Contributor address; City; State; Zip Code  
611 W Elizabeth St  
Austin, TX 78704-2333

7 Amount of contribution (\$)  
  
\$350.00

8 In-kind contribution description (if applicable)

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

9 Principal occupation / Job title (See Instructions)  
Owner

10 Employer (See Instructions)  
Kbge

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Kinslow, Stephen B.

10/15/2014

Contributor address; City; State; Zip Code  
1600 Concordia Ave  
Austin, TX 78722-1928

Amount of contribution (\$)  
  
\$350.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Former President of Austin Community College District

Employer (See Instructions)  
Retired

Date

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

10/24/2014

Contributor address; City; State; Zip Code  
307 E 2nd St  
Austin, TX 78701-4011

Amount of contribution (\$)  
  
\$350.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Real Estate Brokerage

Employer (See Instructions)  
Knight Real Estate Corporation

Date

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

10/17/2014

Contributor address; City; State; Zip Code  
555 E 5th St  
Apt 929  
Austin, TX 78701-4047

Amount of contribution (\$)  
  
\$200.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Librarian

Employer (See Instructions)  
City of Cedar Park

Date

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

10/13/2014

Contributor address; City; State; Zip Code  
11000 Onion Creek Ct  
Austin, TX 78747-1608

Amount of contribution (\$)  
  
\$350.00

In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)  
President & CEO

Employer (See Instructions)  
Austin Convention Bureau

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/21 Report: 12/38	
2 FILER NAME Riley, Christopher		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  09/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAN-PAC  6 Contributor address; City; State; Zip Code 2925 Briarpark Dr Houston, TX 77042-3720	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry, Joseph  Contributor address; City; State; Zip Code 2303 Hartford Rd Austin, TX 78703-2436	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laves, Harold  Contributor address; City; State; Zip Code 7508 Stoneliff Cir Austin, TX 78731-1515	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none	
Date  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laves, Myra  Contributor address; City; State; Zip Code 7508 Stoneliff Cir Austin, TX 78731-1515	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none	
Date  10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger, Dale  Contributor address; City; State; Zip Code 3 Niles Rd Austin, TX 78703-3137	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/21 Report: 13/38	
2 FILER NAME Riley, Christopher		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  10/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger, Libby  6 Contributor address; City; State; Zip Code 3 Niles Rd Austin, TX 78703-3137	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) none	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lippincott, Catherine  Contributor address; City; State; Zip Code 2322 Townes Ln Austin, TX 78703-2332	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Co-owner		Employer (See Instructions) Guero's Taco Bar	
Date  10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lippincott, Rob  Contributor address; City; State; Zip Code 2322 Townes Ln Austin, TX 78703-2332	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Co-owner		Employer (See Instructions) Guero's Taco Bar	
Date  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manlove, Kyle  Contributor address; City; State; Zip Code 800 W 38th St Apt 11304 Austin, TX 78705-1387	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKenzie, Brad  Contributor address; City; State; Zip Code 4525 Court Of St James Austin, TX 78730-3427	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Ranger Excavating	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 12/21 Report: 14/38

**2** FILER NAME Riley, Christopher

**3** ACCOUNT # (Ethics Commission filers)  
00010009

**4** Date 10/14/2014  
**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Mckenzie, Mark  
**6** Contributor address; City; State; Zip Code  
9505 Scenic Bluff Dr  
Austin, TX 78733-6036

**7** Amount of contribution (\$) \$350.00  
**8** In-kind contribution description (if applicable)

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

**9** Principal occupation / Job title (See Instructions)  
president

**10** Employer (See Instructions)  
Ranger Excavating

Date 10/14/2014  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
McKenzie, Stephanie  
Contributor address; City; State; Zip Code  
4525 Court Of St James  
Austin, TX 78730-3427

Amount of contribution (\$) \$350.00  
In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)  
homemaker

Employer (See Instructions)  
none

Date 10/23/2014  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
McKinney, Eleanor  
Contributor address; City; State; Zip Code  
2007 Kinney Ave  
Austin, TX 78704-4007

Amount of contribution (\$) \$60.00  
In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/14/2014  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Michel, Hani  
Contributor address; City; State; Zip Code  
10503 Tweedsmuir Dr  
Austin, TX 78750-3445

Amount of contribution (\$) \$200.00  
In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Vice President

Employer (See Instructions)  
Carollo Engineers

Date 10/13/2014  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Miller, Don  
Contributor address; City; State; Zip Code  
2012 Ford St  
Austin, TX 78704-2838

Amount of contribution (\$) \$350.00  
In-kind contribution description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Psychiatrist

Employer (See Instructions)  
Donald Miller LP



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/21 Report: 15/38	
2 FILER NAME Riley, Christopher		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  10/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neavel, Nancy  6 Contributor address; City; State; Zip Code 2905 Scenic Dr Austin, TX 78703-1042	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neavel, Nancy  Contributor address; City; State; Zip Code 2905 Scenic Dr Austin, TX 78703-1042	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newberger, David  Contributor address; City; State; Zip Code 2905 San Gabriel St Ste 218 Austin, TX 78705-3541	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Azuma Leasing	
Date  10/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Outhavong, Sounthaly  Contributor address; City; State; Zip Code 1719 Deerfield Dr Austin, TX 78741-3704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pence, Bert  Contributor address; City; State; Zip Code 708 Rio Grande St Austin, TX 78701-2779	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Pence Properties	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 14/21 Report: 16/38	
2 FILER NAME Riley, Christopher				3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  09/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pfluger, Kenneth		7 Amount of contribution (\$)  \$250.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2408 Bridle Path Austin, TX 78703-3210			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions) Property Management			10 Employer (See Instructions) Self Employed		
Date  10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pham, Tuan		Amount of contribution (\$)  \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2108 Hartford Rd Austin, TX 78703-3125			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Investor			Employer (See Instructions) PowerFin Partners LLC		
Date  10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Porter, Greg		Amount of contribution (\$)  \$350.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 209 E Live Oak St Austin, TX 78704-4356			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Real Estate			Employer (See Instructions) Self		
Date  10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Potter, Joseph		Amount of contribution (\$)  \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1630 Waterston Ave Austin, TX 78703-3935			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rankin, James		Amount of contribution (\$)  \$199.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3216 Harris Park Ave Austin, TX 78705-2532			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/21 Report: 17/38

2 FILER NAME Riley, Christopher

3 ACCOUNT # (Ethics Commission filers)  
000100094 Date  
  
10/20/20145 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Ream, Kevin6 Contributor address; City; State; Zip Code  
555 E 5th St  
Apt 823  
Austin, TX 78701-39597 Amount of  
contribution (\$) \$350.008 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)  
Bar Owner/Concert Promoter10 Employer (See Instructions)  
The LodgeDate  
  
10/13/2014Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Reeves, MariaContributor address; City; State; Zip Code  
1000 Alta Vista Ave  
Austin, TX 78704-1337Amount of  
contribution (\$) \$350.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
homemakerEmployer (See Instructions)  
noneDate  
  
10/13/2014Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Reeves, RobertContributor address; City; State; Zip Code  
1000 Alta Vista Ave  
Austin, TX 78704-1337Amount of  
contribution (\$) \$350.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
Software EngineerEmployer (See Instructions)  
DaticalDate  
  
09/29/2014Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rioux, JonathanContributor address; City; State; Zip Code  
807 W Lynn St  
110  
Austin, TX 78703-4780Amount of  
contribution (\$) \$350.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
Real EstateEmployer (See Instructions)  
BlueprintDate  
  
10/17/2014Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Roth, KathleenContributor address; City; State; Zip Code  
1503 Wild Cat Holw  
West Lake Hills, TX 78746-3640Amount of  
contribution (\$) \$150.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 16/21 Report: 18/38	
2 FILER NAME Riley, Christopher			3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanders, Christopher  6 Contributor address; City; State; Zip Code 404 E 34th St Austin, TX 78705-1600	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date  10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sapire, Gregory  Contributor address; City; State; Zip Code 2801 Via Fortuna Ste 350 Austin, TX 78746-7596	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) K&L Gates LLP		
Date  10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shea, Mike  Contributor address; City; State; Zip Code 4801 Broken Bow Pass Austin, TX 78745-2833	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive Planner		Employer (See Instructions) SXSU		
Date  10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simmons, Deborah  Contributor address; City; State; Zip Code 2200 S Interstate 35 Austin, TX 78704-4436	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date  10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Charles  Contributor address; City; State; Zip Code 1713 Newfield Ln Austin, TX 78703-3320	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Equality Texas		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/21 Report: 19/38	
2 FILER NAME Riley, Christopher		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  10/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sonleitner, Karen  6 Contributor address; City; State; Zip Code 1712 Pasadena Dr Austin, TX 78757-1842	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Senior Planner - Auditor's Office		10 Employer (See Instructions) Travis County	
Date  09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stallings, Robin  Contributor address; City; State; Zip Code 2208 Santa Rosa St Austin, TX 78702-4628	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) BikeTexas	
Date  10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strmiska, Greg  Contributor address; City; State; Zip Code 9000 Marly Cv Austin, TX 78733-3281	Amount of contribution (\$)  \$315.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Bury, Inc.	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swanson, Andrea  Contributor address; City; State; Zip Code 397 Wild Rose Dr Austin, TX 78737-4537	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) DCI Engineers	
Date  10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swanson, Kristopher  Contributor address; City; State; Zip Code 397 Wild Rose Dr Austin, TX 78737-4537	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) DCI Engineers	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 18/21 Report: 20/38

2 FILER NAME Riley, Christopher

3 ACCOUNT # (Ethics Commission filers)  
00010009

4 Date  
  
09/28/2014

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

6 Contributor address; City; State; Zip Code  
800 W 5th St  
Austin, TX 78703-5434

7 Amount of  
contribution (\$)  
  
\$350.00

8 In-kind contribution  
description (if applicable)

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

9 Principal occupation / Job title (See Instructions)  
Manager - Regulatory Policy

10 Employer (See Instructions)  
Energy Future Holdings

Date

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

10/02/2014

Contributor address; City; State; Zip Code  
3613 Laurel Ledge Ln  
Austin, TX 78731-4047

Amount of  
contribution (\$)  
  
\$350.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Home Builder

Employer (See Instructions)  
RH Holdings LLC

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Van Delden, Ellen

10/21/2014

Contributor address; City; State; Zip Code  
2204 Canonero Dr  
Austin, TX 78746-1836

Amount of  
contribution (\$)  
  
\$350.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Physician

Employer (See Instructions)  
Neurology Institute

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Van Delden, Jeffrey

10/21/2014

Contributor address; City; State; Zip Code  
2204 Canonero Dr  
Austin, TX 78746-1836

Amount of  
contribution (\$)  
  
\$350.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)  
owner

Employer (See Instructions)  
The Park

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Vaughan, Ben III

09/26/2014

Contributor address; City; State; Zip Code  
PO Box 460968  
San Antonio, TX 78246-0968

Amount of  
contribution (\$)  
  
\$350.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)  
Lawyer

Employer (See Instructions)  
Graves Dougherty Hearon & Moody, P.C.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				<b>1 PAGE #</b> Schedule: 19/21 Report: 21/38	
<b>2 FILER NAME</b> Riley, Christopher				<b>3 ACCOUNT #</b> (Ethics Commission filers) 00010009	
<b>4 Date</b>  10/13/2014	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Wachter, Michelle <hr/> <b>6 Contributor address; City; State; Zip Code</b> 3127 E Rocky Slope Dr Phoenix, AZ 85048-8322		<b>7 Amount of contribution (\$)</b>  \$150.00	<b>8 In-kind contribution description (if applicable)</b>   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9 Principal occupation / Job title (See Instructions)</b> Engineer			<b>10 Employer (See Instructions)</b> Carollo Engineers		
<b>Date</b>  10/13/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Wachter, Russell <hr/> <b>Contributor address; City; State; Zip Code</b> 3127 E Rocky Slope Dr Phoenix, AZ 85048-8322		<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b> Mechanic			<b>Employer (See Instructions)</b> The Yellow Bike Project		
<b>Date</b>  09/30/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Wall, Peter <hr/> <b>Contributor address; City; State; Zip Code</b> 1307 Leona St Austin, TX 78702-2119		<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b> Mechanic			<b>Employer (See Instructions)</b> The Yellow Bike Project		
<b>Date</b>  10/13/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Walsh, James <hr/> <b>Contributor address; City; State; Zip Code</b> 7124 Quimper Ln Austin, TX 78749-1949		<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b> Mechanic			<b>Employer (See Instructions)</b> The Yellow Bike Project		
<b>Date</b>  10/25/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Whelan, Lauren <hr/> <b>Contributor address; City; State; Zip Code</b> 1805 Elton Ln Austin, TX 78703-2915		<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>Principal occupation / Job title (See Instructions)</b> homemaker			<b>Employer (See Instructions)</b> none		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/21 Report: 22/38	
2 FILER NAME Riley, Christopher		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date  10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whelan, Matt  6 Contributor address; City; State; Zip Code 1805 Elton Ln Austin, TX 78703-2915	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Real estate development		10 Employer (See Instructions) Live oak gottesman	
Date  10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilcox, Rachael  Contributor address; City; State; Zip Code 2501 Quarry Rd Austin, TX 78703-3727	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Clinical Assistant		Employer (See Instructions) University Medical Center Brackenridge	
Date  10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilcox, Scott  Contributor address; City; State; Zip Code 2501 Quarry Rd Austin, TX 78703-3727	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Director of Technology		Employer (See Instructions) SXSU	
Date  10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilcox, Toni  Contributor address; City; State; Zip Code 4801 Broken Bow Pass Austin, TX 78745-2833	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) None	
Date  10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Womack, Brad  Contributor address; City; State; Zip Code 200 Congress Ave Unit 14F Austin, TX 78701-4532	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self	



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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 21/21 Report: 23/38

**2** FILER NAME Riley, Christopher**3** ACCOUNT # (Ethics Commission filers)  
00010009**4** Date  
  
10/11/2014**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Wooten, Kennon**6** Contributor address; City; State; Zip Code  
1018 Reagan Ter  
Austin, TX 78704-2635**7** Amount of  
contribution (\$)  
  
\$100.00**8** In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

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

10/23/2014

Contributor address; City; State; Zip Code  
610 Rathervue Pl  
Austin, TX 78705-3128Amount of  
contribution (\$)  
  
\$100.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

10/08/2014

Contributor address; City; State; Zip Code  
PO Box 6029  
Austin, TX 78762-6029Amount of  
contribution (\$)  
  
\$350.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
ConsultantEmployer (See Instructions)  
Ibex Strategies

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/11 Report: 24/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
<b>4 Date</b> 09/30/2014	<b>5 Payee name</b> Ahuja, Jason				
<b>6 Amount (\$)</b> \$540.00	<b>7 Payee address</b> City: State; Zip Code 4600 Monterey Oaks Blvd. #613 Austin, TX 78749				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/15/2014	<b>Payee name</b> Ahuja, Jason				
<b>Amount (\$)</b> \$567.50	<b>Payee address</b> City: State; Zip Code 4600 Monterey Oaks Blvd. #613 Austin, TX 78749				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/02/2014	<b>Payee name</b> Bean, Samuel				
<b>Amount (\$)</b> \$533.20	<b>Payee address</b> City: State; Zip Code 2604 Paramont Ave. Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/15/2014	<b>Payee name</b> Bean, Samuel				
<b>Amount (\$)</b> \$585.00	<b>Payee address</b> City: State; Zip Code 2604 Paramont Ave. Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/11 Report: 25/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
<b>4 Date</b> 09/30/2014	<b>5 Payee name</b> Bill Blome				
<b>6 Amount (\$)</b> \$2,000.00	<b>7 Payee address</b> City: State; Zip Code 1405 Waller St. Austin, TX 78702				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/15/2014	<b>Payee name</b> Bill Blome				
<b>Amount (\$)</b> \$2,000.00	<b>Payee address</b> City: State; Zip Code 1405 Waller St. Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 09/30/2014	<b>Payee name</b> Bray, Timothy				
<b>Amount (\$)</b> \$1,250.00	<b>Payee address</b> City: State; Zip Code 2200 S. Pleasant Valley Rd. #107 Austin, TX 78741-4601				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/15/2014	<b>Payee name</b> Bray, Timothy				
<b>Amount (\$)</b> \$1,250.00	<b>Payee address</b> City: State; Zip Code 2200 S. Pleasant Valley Rd. #107 Austin, TX 78741-4601				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/11 Report: 26/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
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<b>4 Date</b> 09/30/2014	<b>5 Payee name</b> Cecil, Willie				
<b>6 Amount (\$)</b> \$660.00	<b>7 Payee address</b> City; State; Zip Code 4714 Rowena Ave. Austin, TX 78751				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 10/15/2014	Payee name Cecil, Willie				
Amount (\$) \$660.00	Payee address City; State; Zip Code 4714 Rowena Ave. Austin, TX 78751				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 09/29/2014	Payee name Facebook				
Amount (\$) \$751.26	Payee address City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political online advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 10/01/2014	Payee name Facebook				
Amount (\$) \$110.87	Payee address City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political online advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/11 Report: 27/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
<b>4 Date</b> 10/07/2014	<b>5 Payee name</b> Facebook				
<b>6 Amount (\$)</b> \$779.75	<b>7 Payee address</b> City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political online advertising		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/14/2014	<b>Payee name</b> Facebook				
<b>Amount (\$)</b> \$894.95	<b>Payee address</b> City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political online advertising		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/20/2014	<b>Payee name</b> Facebook				
<b>Amount (\$)</b> \$773.20	<b>Payee address</b> City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political online advertising		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/21/2014	<b>Payee name</b> Facebook				
<b>Amount (\$)</b> \$798.87	<b>Payee address</b> City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political online advertising		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 5/11 Report: 28/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
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<b>4 Date</b> 10/23/2014	<b>5 Payee name</b> Facebook				
<b>6 Amount (\$)</b> \$770.15	<b>7 Payee address</b> City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name _____ Office sought: _____ Office held: _____				

<b>Date</b> 10/03/2014	<b>Payee name</b> First Data				
<b>Amount (\$)</b> \$238.53	<b>Payee address</b> City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name _____ Office sought: _____ Office held: _____				

<b>Date</b> 10/03/2014	<b>Payee name</b> First Data				
<b>Amount (\$)</b> \$37.90	<b>Payee address</b> City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name _____ Office sought: _____ Office held: _____				

<b>Date</b> 10/03/2014	<b>Payee name</b> First Data				
<b>Amount (\$)</b> \$297.81	<b>Payee address</b> City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name _____ Office sought: _____ Office held: _____				

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 6/11 Report: 29/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
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<b>4 Date</b> 10/24/2014	<b>5 Payee name</b> Gaines, Rose				
<b>6 Amount (\$)</b> \$133.00	<b>7 Payee address</b> City; State; Zip Code 707 W. 21 St., 4D1B Austin, TX 78705				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

<b>Date</b> 10/01/2014	<b>Payee name</b> Green, Joe				
<b>Amount (\$)</b> \$429.00	<b>Payee address</b> City; State; Zip Code 300 Crockett St. Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

<b>Date</b> 10/15/2014	<b>Payee name</b> Green, Joe				
<b>Amount (\$)</b> \$147.50	<b>Payee address</b> City; State; Zip Code 300 Crockett St. Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

<b>Date</b> 09/30/2014	<b>Payee name</b> Ivory, J'vona				
<b>Amount (\$)</b> \$725.00	<b>Payee address</b> City; State; Zip Code 150 Klattenhoff Lane #5207 Hutto, TX 78634				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 7/11 Report: 30/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
<b>4 Date</b> 10/15/2014	<b>5 Payee name</b> Ivory, J'vona				
<b>6 Amount (\$)</b> \$725.00	<b>7 Payee address</b> City; State; Zip Code 150 Klattenhoff Lane #5207 Hutto, TX 78634				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 09/27/2014	<b>Payee name</b> Kelly Graphics				
<b>Amount (\$)</b> \$2,313.22	<b>Payee address</b> City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, postage and mailing services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/08/2014	<b>Payee name</b> Kelly Graphics				
<b>Amount (\$)</b> \$11,652.10	<b>Payee address</b> City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, postage and mailing services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/21/2014	<b>Payee name</b> Kelly Graphics				
<b>Amount (\$)</b> \$19,346.84	<b>Payee address</b> City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, postage and mailing services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:



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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 8/11 Report: 31/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
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<b>4 Date</b> 10/24/2014	<b>5 Payee name</b> Macin, Francis				
<b>6 Amount (\$)</b> \$210.00	<b>7 Payee address</b> City; State; Zip Code 2514 Pearl St. Austin, TX 78705				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

<b>Date</b> 09/30/2014	<b>Payee name</b> Nalley, Jamie				
<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City; State; Zip Code 3413 Cedar St. Unit A Austin, TX 78705				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

<b>Date</b> 10/15/2014	<b>Payee name</b> Nalley, Jamie				
<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City; State; Zip Code 3413 Cedar St. Unit A Austin, TX 78705				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

<b>Date</b> 10/02/2014	<b>Payee name</b> NGP Van, Inc.				
<b>Amount (\$)</b> \$320.00	<b>Payee address</b> City; State; Zip Code 1105 15th Street NW, Ste. 500 Washington, DC 20005				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> database software		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 9/11 Report: 32/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
<b>4 Date</b> 10/08/2014	<b>5 Payee name</b> Postmaster				
<b>6 Amount (\$)</b> \$28.00	<b>7 Payee address</b> City; State; Zip Code 3507 N. Lamar Blvd Austin, TX 78703				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> post office box renewal		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/15/2014	<b>Payee name</b> Postmaster				
<b>Amount (\$)</b> \$196.00	<b>Payee address</b> City; State; Zip Code 3507 N. Lamar Blvd Austin, TX 78703				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/01/2014	<b>Payee name</b> San Gabriel, Ltd.				
<b>Amount (\$)</b> \$1,200.00	<b>Payee address</b> City; State; Zip Code Live Oak Gottesman Austin, TX 78735				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 09/30/2014	<b>Payee name</b> Susan Harry Consulting, LLC				
<b>Amount (\$)</b> \$3,000.00	<b>Payee address</b> City; State; Zip Code P.O. Box 301074 Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising & compliance consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 10/11 Report: 33/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
<b>4 Date</b> 10/24/2014	<b>5 Payee name</b> Tompkins, Nicholas				
<b>6 Amount (\$)</b> \$280.00	<b>7 Payee address</b> City: State: Zip Code 1919 Burton Austin, TX 78741				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/06/2014	<b>Payee name</b> Wooding, John				
<b>Amount (\$)</b> \$455.00	<b>Payee address</b> City: State: Zip Code 3601 Willow Springs Rd. Apt. 104 Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/15/2014	<b>Payee name</b> Wooding, John				
<b>Amount (\$)</b> \$331.50	<b>Payee address</b> City: State: Zip Code 3601 Willow Springs Rd. Apt. 104 Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/15/2014	<b>Payee name</b> Worley Printing				
<b>Amount (\$)</b> \$305.80	<b>Payee address</b> City: State: Zip Code 3217 North IH 35 Austin, TX 78722				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 11/11 Report: 34/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009
<b>4 Date</b> 10/20/2014	<b>5 Payee name</b> Worley Printing			
<b>6 Amount (\$)</b> \$305.80	<b>7 Payee address</b> City; State; Zip Code 3217 North IH 35 Austin, TX 78722			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/21/2014	<b>Payee name</b> Wortham Insurance & Risk Management			
<b>Amount (\$)</b> \$638.91	<b>Payee address</b> City; State; Zip Code PO Box 301819 Dallas, TX 75303			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> rental insurance	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 10/21/2014	<b>Payee name</b> Your Fliers Delivered			
<b>Amount (\$)</b> \$3,600.00	<b>Payee address</b> City; State; Zip Code 603 Bull Creek Parkway Cedar Park, TX 78613			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> delivery services	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/4 Report: 35/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
<b>4 Date</b> 10/21/2014		<b>5 Payee name</b> Austin Chronicle*			
<b>6 Amount (\$)</b> \$1,345.00 <input type="checkbox"/> Reimbursement from political contributions intended		<b>7 Payee address</b> City: State; Zip Code PO Box 49066 Austin, TX 78703			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political print advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Date</b> 10/01/2014		<b>Payee name</b> Austin NAACP			
<b>Amount (\$)</b> \$75.00 <input type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address</b> City: State; Zip Code 1709 E. 12th St. Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event ticket  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Date</b> 10/01/2014		<b>Payee name</b> Austin NAACP			
<b>Amount (\$)</b> \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address</b> City: State; Zip Code 1709 E. 12th St. Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political print advertising  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Date</b> 10/06/2014		<b>Payee name</b> Cricket Wireless*			
<b>Amount (\$)</b> \$125.00 <input type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address</b> City: State; Zip Code 2617 E 7th St Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> phones  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/4 Report: 36/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
<b>4 Date</b> 09/29/2014	<b>5 Payee name</b> Crown and Anchor*				
<b>6 Amount (\$)</b> \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7 Payee address</b> City; State; Zip Code 2911 San Jacinto Blvd Austin, TX 78705				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Date</b> 10/23/2014	<b>Payee name</b> DeMayo Cellular*				
<b>Amount (\$)</b> \$164.92 <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code 9027 Northgate Blvd Austin, TX 78758				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign phones		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Date</b> 10/15/2014	<b>Payee name</b> Fed Ex Office*				
<b>Amount (\$)</b> \$185.63 <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code 2711 Guadalupe St. Austin, TX 78705				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> copies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Date</b> 10/24/2014	<b>Payee name</b> Fed Ex Office*				
<b>Amount (\$)</b> \$59.54 <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code 2711 Guadalupe St. Austin, TX 78705				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> copies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

### **EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/4 Report: 37/38		<b>2 FILER NAME</b> Riley, Christopher		<b>3 ACCOUNT # (TEC filers)</b> 00010009	
<b>4 Date</b> 10/14/2014		<b>5 Payee name</b> Office Max*			
<b>6 Amount (\$)</b> \$148.28 <input type="checkbox"/> Reimbursement from political contributions intended		<b>7 Payee address</b> City: State; Zip Code 907 W 5th St. Austin, TX 78703			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Date</b> 10/21/2014		<b>Payee name</b> Office Max*			
<b>Amount (\$)</b> \$109.71 <input type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address</b> City: State; Zip Code 907 W 5th St. Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Date</b> 10/24/2014		<b>Payee name</b> Office Max*			
<b>Amount (\$)</b> \$83.35 <input type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address</b> City: State; Zip Code 907 W 5th St. Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Date</b> 10/24/2014		<b>Payee name</b> Office Max*			
<b>Amount (\$)</b> \$23.61 <input type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address</b> City: State; Zip Code 907 W 5th St. Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

### **EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/4 Report: 38/38

**2** FILER NAME  
Riley, Christopher

**3** ACCOUNT # (TEC filers)  
00010009

**4** Date  
10/14/2014

**5** Payee name  
Phoneburner\*

**6** Amount (\$)  
\$149.00  
☐ Reimbursement from political contributions intended

**7** Payee address City; State; Zip Code  
27702 Crown Valley Parkway  
Ladera Ranch, CA 92694

**8** PURPOSE OF EXPENDITURE

**(a)** Category (See Categories listed at the top of this schedule)  
Office Overhead/Rental Expense

**(b)** Description (If travel outside of Texas, complete Schedule T) ☐  
software

☐ Check if Austin, TX, officeholder living expense

Date  
10/14/2014

Payee name  
Postmaster\*

Amount (\$)  
\$204.00  
☐ Reimbursement from political contributions intended

Payee address City; State; Zip Code  
823 Congress Ave #15  
Austin, TX 78701

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
Printing Expense

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

☐ Check if Austin, TX, officeholder living expense