

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-
C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 32		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Christopher	MI	Date Received FILED IN THE OFFICE OF CITY CLERK ON 6th DAY OF MAY 2015 AT 4:30 PM CITY CLERK			
	NICKNAME Chris	LAST Riley	SUFFIX				
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit 15th day after <input type="checkbox"/> 30th day before election <input type="checkbox"/> treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Date Hand Delivered or Date Postmarked			
				Receipt # Amount			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	Date Processed
	10	26	2014	THROUGH	12	31	2014

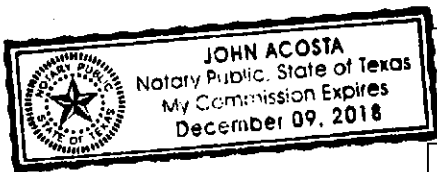
6 EXPLANATION OF CORRECTION

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.

Signature of officer administering oath

Printed name of officer administering oath

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 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Christopher		OFFICE USE ONLY Date Received
	NICKNAME LAST SUFFIX Chris Riley		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 30062 Austin, TX 78703		Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Cora		Date Processed
	NICKNAME LAST SUFFIX Corky Hilliard		Date Imaged
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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 10/26/2014 THROUGH 12/31/2014		
10 ELECTION	ELECTION DATE Month Day Year 12/16/2014	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> 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

Austin Apartment Association

☒ GENERAL

COMMITTEE ADDRESS

8620 Burnet Rd.

Ste. 475

Austin, TX 78757

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Arrona, Kristan

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

8620 Burnet Rd.

Ste. 475

Austin, TX 78757

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

\$

300.00

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

\$

9,076.00

EXPENDITURE
TOTALS

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

\$

445.17

4. TOTAL POLITICAL EXPENDITURES

\$

38,318.70

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

\$

619.38

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

\$

33,000.00

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: 1/8 Report: 3/27	
2 FILER NAME Riley, Christopher			3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date 10/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bluejay, Michael 6 Contributor address; City; State; Zip Code 2605B Oaklawn Ave Austin, TX 78722-1720		7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Executive, Publishing			10 Employer (See Instructions) Michael Bluejay Incorporated	
Date 10/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bufkin, Ben Contributor address; City; State; Zip Code 5707 Highland Hills Cir Austin, TX 78731-4230		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burns, Kevin Contributor address; City; State; Zip Code 801 W 5th St Ste 100 Austin, TX 78703-5405		Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate			Employer (See Instructions) UrbanSpace LLP	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burns, Paula Contributor address; City; State; Zip Code 801 W 5th St Ste 100 Austin, TX 78703-5403		Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Broker			Employer (See Instructions) UrbanSpace LLP	
Date 10/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campbell, Daniel Contributor address; City; State; Zip Code 6511 Hillside Hollow Dr Austin, TX 78750-8100		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/8 Report: 4/27	
2 FILER NAME Riley, Christopher				3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date 10/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cody, Buck 6 Contributor address; City; State; Zip Code 5708 Highland Hills Dr Austin, TX 78731-4233		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 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Driver, Susan Contributor address; City; State; Zip Code 8 Woodstone Sq Austin, TX 78703-1164		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) Accountant/Auditor			Employer (See Instructions) Retired		
Date 10/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellinger, Matthew Contributor address; City; State; Zip Code 140 Gardenside Dr Apt 401 San Francisco, CA 94131-1325		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 10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elliott, Chris Contributor address; City; State; Zip Code 1705 Rabb Rd Austin, TX 78704-2811		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 10/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erichson, Christian Contributor address; City; State; Zip Code 2020 E 2nd St B Austin, TX 78702-4563		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: 3/8 Report: 5/27

2 FILER NAME Riley, Christopher

3 ACCOUNT # (Ethics Commission filers)
00010009

4 Date

11/05/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Freeland Graves, Jean

6 Contributor address; City; State; Zip Code
900 W 17th St
Austin, TX 78701-1007

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)
requested

10 Employer (See Instructions)
requested

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gilson Sachs, Kay

11/05/2014

Contributor address; City; State; Zip Code
4300 Prickly Pear Drive
Austin, TX 78731

Amount of
contribution (\$) \$201.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)
National Account Manager

Employer (See Instructions)
HD Supply

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hersh, Stuart

11/05/2014

Contributor address; City; State; Zip Code
1307 Kinney Ave
Apt 117
Austin, TX 78704-2279

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lewis, Barry & Romi

11/05/2014

Contributor address; City; State; Zip Code
200 Congress Ave
Austin, TX 78701-4527

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)
Retired

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lippman, Susan

11/01/2014

Contributor address; City; State; Zip Code
8901 Chisholm Ln
Austin, TX 78748-6381

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/8 Report: 6/27	
2 FILER NAME Riley, Christopher		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, Laura 6 Contributor address; City; State; Zip Code 308 Camino Arbolago Lakeway, TX 78734-3960	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) Homemaker		10 Employer (See Instructions) None	
Date 11/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mahlum, Terry Contributor address; City; State; Zip Code 102 Lakota Pass Austin, TX 78738-6563	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) Regional Vice President		Employer (See Instructions) Delaware North Companies	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manchester, Douglas Contributor address; City; State; Zip Code 350 Camino De La Reina San Diego, CA 92108-3003	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) Manchester Financial Group	
Date 11/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manchester, Lauren Contributor address; City; State; Zip Code 350 Camino De La Reina San Diego, CA 92108-3003	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Den Property Group	
Date 10/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orr, David Contributor address; City; State; Zip Code 5312 Avenue H Austin, TX 78751	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: 5/8 Report: 7/27

2 FILER NAME Riley, Christopher

3 ACCOUNT # (Ethics Commission filers)
00010009

4 Date

10/30/2014

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

6 Contributor address; City; State; Zip Code
909 W 23rd St
Austin, TX 78705-5007

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)
Renewable Energy

10 Employer (See Instructions)
Osborne Companies

Date

10/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Potter, Joseph

Contributor address; City; State; Zip Code
1630 Waterston Ave
Austin, TX 78703-3935

Amount of
contribution (\$)

\$75.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/05/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
RECA - Good Government PAC

Contributor address; City; State; Zip Code
98 San Jacinto Blvd
Ste 510
Austin, TX 78701-4082

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

11/05/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Skaggs, Stephen

Contributor address; City; State; Zip Code
1108 Toyath St
Austin, TX 78703-3921

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sprute, Dana

Contributor address; City; State; Zip Code
909 W 23rd St
Austin, TX 78705-5007

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)
Blackstock Clinic

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/8 Report: 8/27

2 FILER NAME Riley, Christopher

3 ACCOUNT # (Ethics Commission filers)
00010009

4 Date

11/06/2014

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

6 Contributor address; City; State; Zip Code
1902 Stamford Ln
Austin, TX 78703-2942

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)
Homemaker

10 Employer (See Instructions)
None

Date

11/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Taylor, Timothy

Contributor address; City; State; Zip Code
1902 Stamford Ln
Austin, TX 78703-2942

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)
Jackson Walker LLP

Date

10/31/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Thumlert, Jason

Contributor address; City; State; Zip Code
610 Peacock Ln
Austin, TX 78704-6232

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Todd, Bruce

Contributor address; City; State; Zip Code
823 Congress Ave
Ste 1505
Austin, TX 78701-2457

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/05/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Topkara, Engin

Contributor address; City; State; Zip Code
11915 Stonehollow Dr
Apt 1031
Austin, TX 78758-3104

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)
Professor

Employer (See Instructions)
Huston-Tillotson University

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/8 Report: 9/27	
2 FILER NAME Riley, Christopher		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Topkara, Tugea 6 Contributor address; City; State; Zip Code 11915 Stonehollow Dr Apt 1031 Austin, TX 78758-3104	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) requested		10 Employer (See Instructions) requested	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Zandt, Thomas Contributor address; City; State; Zip Code 3001 Bonnie Rd Austin, TX 78703-2807	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 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vitanza, David Contributor address; City; State; Zip Code 308 Camino Arbolago Lakeway, TX 78734-3960	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) Vice President		Employer (See Instructions) Schlosser Development	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vitanza, Mary Lou Contributor address; City; State; Zip Code 2500 Barton Creek Blvd Apt 1612 Austin, TX 78735-1623	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) Retired	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vitanza, S.A. Contributor address; City; State; Zip Code 2500 Barton Creek Blvd Apt 1612 Austin, TX 78735-1623	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) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/8 Report: 10/27	
2 FILER NAME Riley, Christopher		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yerly, Rebecca 6 Contributor address; City; State; Zip Code 1208 Bickler Rd Austin, TX 78704-2502	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) Researcher		10 Employer (See Instructions) Fundamentals Group	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yilmaz, Feride Contributor address; City; State; Zip Code 2012 Shaker Trl Austin, TX 78754-5936	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) requested		Employer (See Instructions) requested	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yilmaz, Ilker Contributor address; City; State; Zip Code 2012 Shaker Trl Austin, TX 78754-5936	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) requested		Employer (See Instructions) requested	
Date 10/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zimel, Adam Contributor address; City; State; Zip Code 4009 Madrid Cv Austin, TX 78759-5058	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)	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 11/27

2 FILER NAME Riley, Christopher**3** ACCOUNT # (Ethics Commission filers)

00010009

4

TOTAL OF UNITEMIZED LOANS:

⇔⇔⇔⇔⇔⇔

\$

5 Date of loan

11/17/2014

7 Name of lender

Riley, Chris

☐ out-of-state PAC (ID# _____)**9** Loan Amount (\$)

\$7,000.00

6 Is lender a
financial Institution?

No

8 Lender address; City; State; Zip Code1310 San Antonio
#1
Austin, TX 78701**10** Interest rate

0

11 Maturity date**12** Principal occupation / Job title (See Instructions)
Council Member**13** Employer (See Instructions)
City of Austin**14** Description of Collateral☒ none**15** Check if personal funds were deposited into political account☒**16** GUARANTOR
INFORMATION☒ not applicable**17** Name of guarantor**18** Guarantor address; City; State; Zip Code**19** Amount Guaranteed (\$)**20** Principal Occupation**21** Employer

Date of loan

12/06/2014

Name of lender

Riley, Chris

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

\$1,000.00

Is lender a
financial Institution?

No

Lender address; City; State; Zip Code

1310 San Antonio
#1
Austin, TX 78701

Interest rate

0

Maturity date

Principal occupation / Job title (See Instructions)
Council MemberEmployer (See Instructions)
City of Austin

Description of Collateral

☒ none

Check if personal funds were deposited into political account

☒GUARANTOR
INFORMATION☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/11 Report: 12/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
4 Date 10/31/2014	5 Payee name Ahuja, Jason				
6 Amount (\$) \$655.00	7 Payee address City; State; Zip Code 4600 Monterey Oaks Blvd. #613 Austin, TX 78749				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/12/2014	Payee name Ahuja, Jason				
Amount (\$) \$340.00	Payee address City; State; Zip Code 4600 Monterey Oaks Blvd. #613 Austin, TX 78749				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/18/2014	Payee name At Large Partners				
Amount (\$) \$2,700.00	Payee address City; State; Zip Code 907 East 15th St. Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 10/31/2014	Payee name Bean, Samuel				
Amount (\$) \$708.00	Payee address City; State; Zip Code 2604 Paramont Ave. Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/11 Report: 13/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
4 Date 11/12/2014	5 Payee name Bean, Samuel				
6 Amount (\$) \$210.00	7 Payee address City; State; Zip Code 2604 Paramount Ave. Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 10/31/2014	Payee name BirdDog Research, LLC				
Amount (\$) \$2,500.00	Payee address City; State; Zip Code 96 Chicon St. Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Research		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 10/31/2014	Payee name Blome, Bill				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 1405 Waller St. Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				
Date 11/18/2014	Payee name Blome, Bill				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 1405 Waller St. Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/11 Report: 14/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
4 Date 10/31/2014	5 Payee name Bray, Timothy				
6 Amount (\$) \$1,250.00	7 Payee address City: State: Zip Code 2200 S. Pleasant Valley Rd. #107 Austin, TX 78741-4601				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/12/2014	Payee name Bray, Timothy				
Amount (\$) \$1,250.00	Payee address City: State: Zip Code 2200 S. Pleasant Valley Rd. #107 Austin, TX 78741-4601				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/31/2014	Payee name Cecil, Willie				
Amount (\$) \$790.00	Payee address City: State: Zip Code 4714 Rowena Ave. Austin, TX 78751				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/12/2014	Payee name Cecil, Willie				
Amount (\$) \$340.00	Payee address City: State: Zip Code 4714 Rowena Ave. Austin, TX 78751				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/11 Report: 15/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009
4 Date 10/31/2014	5 Payee name de la Garza, Monica			
6 Amount (\$) \$140.00	7 Payee address City; State; Zip Code 809a Plumpton Austin, TX 78755			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 11/07/2014	Payee name de la Garza, Monica			
Amount (\$) \$182.00	Payee address City; State; Zip Code 809a Plumpton Austin, TX 78755			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/29/2014	Payee name Facebook			
Amount (\$) \$779.64	Payee address City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political online advertising	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/30/2014	Payee name Facebook			
Amount (\$) \$806.87	Payee address City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political online advertising	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/11 Report: 16/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
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4 Date 11/03/2014	5 Payee name Facebook				
6 Amount (\$) \$473.56	7 Payee address City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) 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				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 11/04/2014	Payee name Facebook				
Amount (\$) \$794.14	Payee address City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political online advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 12/01/2014	Payee name Facebook				
Amount (\$) \$373.25	Payee address City; State; Zip Code 1601 S. California Ave. Palo Alto, CA 94304				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political online advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 11/03/2014	Payee name First Data				
Amount (\$) \$281.00	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (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				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/11 Report: 17/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
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4 Date 11/03/2014	5 Payee name First Data				
6 Amount (\$) \$426.76	7 Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (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		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

Date 11/03/2014	Payee name First Data				
Amount (\$) \$7.91	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (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		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

Date 12/03/2014	Payee name First Data				
Amount (\$) \$366.41	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (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		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

Date 12/03/2014	Payee name First Data				
Amount (\$) \$76.57	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (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		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/11 Report: 18/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
4 Date 12/03/2014	5 Payee name First Data				
6 Amount (\$) \$43.33	7 Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (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				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/03/2014	Payee name First Data				
Amount (\$) \$19.20	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (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				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/31/2014	Payee name Gaines, Rose				
Amount (\$) \$210.00	Payee address City; State; Zip Code 707 W. 21 St., 4D1B Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/07/2014	Payee name Gaines, Rose				
Amount (\$) \$142.10	Payee address City; State; Zip Code 707 W. 21 St., 4D1B Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/11 Report: 19/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
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4 Date 10/31/2014	5 Payee name Green, Joe				
6 Amount (\$) \$260.00	7 Payee address City; State; Zip Code 300 Crockett St. Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

Date 11/12/2014	Payee name Green, Joseph				
Amount (\$) \$180.00	Payee address City; State; Zip Code 300 Crockett #121 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

Date 10/31/2014	Payee name Ivory, J'vona				
Amount (\$) \$725.00	Payee address City; State; Zip Code 150 Klattenhoff Lane #5207 Hutto, TX 78634				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

Date 11/12/2014	Payee name Ivory, J'vona				
Amount (\$) \$500.00	Payee address City; State; Zip Code 150 Klattenhoff Lane #5207 Hutto, TX 78634				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:				

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/11 Report: 20/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
4 Date 10/28/2014	5 Payee name Kelly Graphics				
6 Amount (\$) \$10,419.03	7 Payee address City: State; Zip Code 1409 Quaker Ridge Austin, TX 78746				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, postage and mailing services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/31/2014	Payee name Macin, Francis				
Amount (\$) \$189.00	Payee address City: State; Zip Code 2514 Pearl St. Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/07/2014	Payee name Macin, Francis				
Amount (\$) \$126.00	Payee address City: State; Zip Code 2514 Pearl St. Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/07/2014	Payee name Nalley, Jamie				
Amount (\$) \$500.00	Payee address City: State; Zip Code 3413 Cedar St. Unit A Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/11 Report: 21/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
4 Date 11/12/2014		5 Payee name Nalley, Jamie			
6 Amount (\$) \$250.00		7 Payee address City: State: Zip Code 3413 Cedar St. Unit A Austin, TX 78705			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/03/2014		Payee name NGP Van, Inc.			
Amount (\$) \$320.00		Payee address City: State: Zip Code 1105 15th Street NW, Ste. 500 Washington, DC 20005			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Database software <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/30/2014		Payee name Office Max			
Amount (\$) \$102.69		Payee address City: State: Zip Code 4615 North Lamar Blvd Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/31/2014		Payee name Tompkins, Nicholas			
Amount (\$) \$280.00		Payee address City: State: Zip Code 1919 Burton Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/11 Report: 22/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
4 Date 11/07/2014	5 Payee name Tompkins, Nicholas				
6 Amount (\$) \$322.00	7 Payee address City; State; Zip Code 1919 Burton Austin, TX 78741				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name				
	Office sought: Office held:				
Date 10/31/2014	Payee name Wooding, John				
Amount (\$) \$315.00	Payee address City; State; Zip Code 3601 Willow Springs Rd. Apt. 104 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name				
	Office sought: Office held:				
Date 11/12/2014	Payee name Wooding, John				
Amount (\$) \$360.00	Payee address City; State; Zip Code 3601 Willow Springs Rd. Apt. 104 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name				
	Office sought: Office held:				

POLITICAL EXPENDITURES 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: 1/5 Report: 23/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
4 Date 10/28/2014	5 Payee name Austin Chronicle*				
6 Amount (\$) \$1,345.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code PO Box 49066 Austin, TX 78703				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political print advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Date 11/03/2014	Payee name Austin's Pizza*				
Amount (\$) \$40.83 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 2324 Guadalupe Street Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for volunteers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Date 11/04/2014	Payee name Austin's Pizza				
Amount (\$) \$140.19 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 2324 Guadalupe Street Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for volunteers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Date 11/05/2014	Payee name Austin's Pizza*				
Amount (\$) \$47.92 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 2324 Guadalupe Street Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for volunteers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				

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: 2/5 Report: 24/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
4 Date 11/04/2014		5 Payee name Cricket Wireless*			
6 Amount (\$) \$146.66 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City; State; Zip Code 2617 E 7th St Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> phones <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 10/27/2014		Payee name Fed Ex Office*			
Amount (\$) \$8.22 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 2711 Guadalupe St. Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> copies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 10/27/2014		Payee name Fed Ex Office*			
Amount (\$) \$16.43 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 2711 Guadalupe St. Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> copies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 10/27/2014		Payee name Fed Ex Office*			
Amount (\$) \$57.37 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 2711 Guadalupe St. Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> copies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 25/27	2 FILER NAME Riley, Christopher	3 ACCOUNT # (TEC filers) 00010009
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4 Date 10/28/2014	5 Payee name Fed Ex Office*
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6 Amount (\$) \$83.35 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 2711 Guadalupe St. Austin, TX 78705
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> copies
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Date 11/03/2014	Payee name Fed Ex Office*
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Amount (\$) \$279.59 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 2711 Guadalupe St. Austin, TX 78705
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> copies
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Date 11/04/2014	Payee name Fed Ex Office*
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Amount (\$) \$10.81 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 2711 Guadalupe St. Austin, TX 78705
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> copies
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Date 11/12/2014	Payee name Grande Communications*
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Amount (\$) \$230.32 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1923 E 7th St #100 Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign office utilities
	<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: 4/5 Report: 26/27

2 FILER NAME
Riley, Christopher

3 ACCOUNT # (TEC filers)
00010009

4 Date
10/28/2014

5 Payee name
Office Max*

6 Amount (\$)
\$29.22

7 Payee address City; State; Zip Code
907 W 5th St.
Austin, TX 78703

☐ Reimbursement from political contributions intended

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) ☐
office supplies

☐ Check If Austin, TX, officeholder living expense

Date
11/03/2014

Payee name
Office Max*

Amount (\$)
\$98.27

Payee address City; State; Zip Code
907 W 5th St.
Austin, TX 78703

☐ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

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

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

☐ Check if Austin, TX, officeholder living expense

Date
11/03/2014

Payee name
Office Max*

Amount (\$)
\$85.97

Payee address City; State; Zip Code
907 W 5th St.
Austin, TX 78703

☐ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

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

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

☐ Check if Austin, TX, officeholder living expense

Date
11/03/2014

Payee name
Office Max*

Amount (\$)
\$63.32

Payee address City; State; Zip Code
907 W 5th St.
Austin, TX 78703

☐ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

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

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

☐ 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: 5/5 Report: 27/27		2 FILER NAME Riley, Christopher		3 ACCOUNT # (TEC filers) 00010009	
4 Date 11/12/2014	5 Payee name Office Max*				
6 Amount (\$) \$113.85 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 907 W 5th St. Austin, TX 78703				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Date 10/27/2014	Payee name Staples*				
Amount (\$) \$85.51 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1201 Barbara Jordan Blvd Suite 700 Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Date 10/27/2014	Payee name Staples*				
Amount (\$) \$108.24 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1201 Barbara Jordan Blvd Suite 700 Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Date 10/31/2014	Payee name Voter Activation*				
Amount (\$) \$168.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1101 15th St. NW Ste. 500 Washington, DC 20005				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> VAN robodialer		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				

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

Name of officeholder: Chris Riley

Campaign debt* existing as of the first day of the calendar year: \$0

Campaign debt* existing as of the last day of the calendar year: \$33,000

Enter the following information on all campaign debt existing as of December 31 of the reporting year
(Note: Campaign debts under \$50 may be reported as an aggregate under (c), below):

(a) For loans and other debt evidenced by a note, the name of the creditor, the principal amount owed, the interest rate, and the date of maturity:

Creditor	Principal amount owed	Interest rate	Date of maturity
Chris Riley	\$33,300	0	none

(b) For all other campaign debts, enter the name of the creditor and the principal amount owed:

Creditor/Vendor	Principal amount owed
Chris Riley	\$3,931.93

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

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

BANK RECONCILIATION

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

Name of candidate, officeholder or campaign committee: Chris Riley

For each checking, savings or other financial institution account maintained during 2014__, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Frost Bank

Type of account: Checking

The beginning balance: \$0

The ending balance: 619.38

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

Date	Payee	Amount
10-21-14	Roland Swenson	\$700

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

Date of receipt	Contributor	Amount

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

Amount of interest or dividends earned: \$1.29

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

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
Various dates	\$1.29 interest	
5-6-14	.21 cents Gvalidate test deposit for bank services	

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been "accepted" within the definition of the Texas Election Code):

Date of receipt	Contributor	Amount