CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | | | | | | 15 | A |
|---|----------------|------------------------------------|------------------|-------------------------|------------------------------|------------------------------|---------------------|-------------------------------------|--------|
| The C/OH Ins | truction | Guide explains how | to complete this | s form. | 1. Filer ID (Ethics Commi | ission Filers) | 2. Total page | s filed? | - R |
| 3 CANDIDAT | | MS/MRS/MR | FIRST | | <u> </u> | MI | OFFICE | USE ^L ONL | _ |
| OFFICEHO | | | Natalie | | | | | | |
| NAME | | NICKNAME | LAST | | | SUFFIX | Date Received | ۲M | VED. |
| | |] | Gauldin | | | | | - E | |
| 4 CANDIDAT | <u></u> ΓΕ/ | ADDRESS /PO BOX: | APT/SUITE# | CITY | STATE: | ZIP CODE | | 5 | 7 |
| OFFICEHO ADDRESS | | 3616 Far West Blvd # 117-585 | F | Austin | TX | 78731 | Date Hand-delivered | | narked |
| Change of | Address | | | | | | | | |
| 5 CANDIDAT | ГБ/ | AREA CODE P | HONE NUMBER | | EXTENSIO |)N | Receipt # | Amount | \$ |
| OFFICEHO PHONE | | (512) 71 | 0-5817 | | | | | | |
| 6 CAMPAIGN | ٧ | MS/MRS/MR | FIRST | | | MI | Date Processed | | |
| TREASURI | ER | | Audrey | | | | Bata Iana and | | |
| NAME | | NICKNAME | LAST | | | SUFFIX | Date Imaged | | |
| | | | Baxter | | | | | | |
| 7 CAMPAIGN | <u> </u> | STREET ADDRESS: | APT/SI | JITE# | CITY | STATE: | ZIP CODE | | |
| TREASURE ADDRESS (Residence or Bu | ER | 7304 Valburn Dr | | | Austin | TX | 787 31 | | |
| | | AREA CODE | PHONE NUMBER | R | EXTENSIO |)N | - | | |
| 8 CAMPAIGN TREASURE PHONE | | (512) 413 | | • | 2711211313 | • | | | |
| 9 REPORT T | YPE | January 15 | = | efore election | | เกoff | ☐ appointmen | ter campaign to at (officeholder | only) |
| | | July 15 | √ 8th day before | ore election | ∐Ex | ceeded \$500 limit | Final report | (Attach- COH | -FR) |
| 10 PERIOD | | Month Day | Year | | | Month | Day Yea | ar . | |
| COVERED | | 09/30/2016 | | THF | ROUGH | | 10/29/2016 | | |
| 11 ELECTION | | ELECTION DATE Month Day 11/08/2016 | Year | ELECTION Primary Genera | | Runoff [] C | Other | | |
| 12 OFFICE | | OFFICE HELD (if any) | 1 = | <u>-</u> | | 3 OFFICE SOUGH District 7 | T (if known) | | |
| | | | GO - | TO PAG | SE 2 | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | Natalic Gauldin | | 15 Filer ID (Ethics Commission Filers) |
|---|-----------------------------------|---|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CANDIDATE / OF | DLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES FICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO INDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS I | OUT THE CANDIDATE'S OR OFFICEHOLDER'S |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | ✓ GENERAL | Equity Austin PAC | |
| | SPECIFIC | COMMITTEE ADDRESS PO Box 41182 Austin, TX 78704 | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 CONTRIBUTION TOTALS | | ONTRIBUTIONS OF \$50 OR LESS (OTHER THAN OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$0.00 |
| | 2 TOTAL POLITICAL (OTHER THAN PLE | CONTRIBUTIONS IDGES, LOANS, OR GUARANTEES OF LOANS) | \$4,750.00 |
| EXPENDITURE TOTALS | 3 TOTAL POLITICAL | EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$0.00 |
| | 4 TOTAL POLITICAL | EXPENDITURES | \$6,369.61 |
| CONTRIBUTION BALANCE | 5 TOTAL POLITICAL OF REPORTING PE | CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ERIOD | \$6,483.23 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD | \$0.00 |
| Sworn to and subscr | Michm | 1,16 | |
| Signature of officer adm | ninistering oath Pri | nted name of officer administering oath Title | of officer administering oath |

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

| 19. | FILER NAME Natalie Gauldin | 20. FILER ID (Ethics | Commission Filers) |
|-----|---|----------------------|---------------------|
| 21. | SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTALS AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$4,715.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$35.00 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$0.00 |
| 4. | SCHEDULE E: LOANS | | \$0.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU | JTIONS | \$6,369.61 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$0.00 |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR | IBUTIONS | \$0.00 |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$0.00 |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$0.00 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI | NESS OF C/OH | \$0.00 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR | IBUTIONS | \$0.00 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS R TO FILER | ETURNED | \$0.00 |

SCHEDULE A1

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: not available | |
|---|--|-----------------------|-------------|--|---------------|
| 2. FILER NAN Natalie Gaul | | | | 3. Filer ID (Ethics Commission Filers | i) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/29/2016 | Brett Allen | | | | \$25.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | \$23.00 |
| | 2503 Willow St Austin, TX 7870 | 02-5629 | | | |
| 8. Principal oc | ccupation / Job title (See Instruction | ns) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/27/2016 | Phillip Auth | | | | \$100.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | ,,,,,,, |
| | 5306 Summer Cir Austin, TX 78 | 741-3249 | | | |
| 8. Principal oc | ccupation / Job title (See Instruction | ns) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | - |
| 10/04/2016 | Erik Beguin | | | | \$50.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | 330.00 |
| | 3700 Hawkshead Dr Austin, TX | 78727-6026 | | | |
| 8. Principal oc | ccupation / Job title (See Instruction | ns) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/28/2016 | Jim Bernard | | | | \$200.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | ,200.00 |
| | 4111 Spicewood Springs Rd Unit | 3 Austin, TX 78759-87 | '80 | | |
| | cupation / Job title (See Instruction | s) | 1 | /er (See Instructions) | |
| 4. Date | 5. Full name of contributor | Out-of-state PAC | | 7. Amount of contribution (\$) | |
| 09/30/2016 | Skylar Buffington | | | | e e 00 |
| • | 6. Contributor address; | City; State; | ZIP Code | | \$5.00 |
| | 1044 CamiN La Costa Apt 3132 | • | | | |
| 8. Principal oc | cupation / Job title (See Instruction | | 9 Employ | l /er (See Instructions) | |
| | · | | | . , | |

SCHEDULE A1

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: not available | |
|---|--|-------------------|----------|--|---------------|
| 2. FILER NAM Natalie Gau | | | | 3. Filer ID (Ethics Commission Filers) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/27/2016 | Skylar Buffington | _ | | | \$5.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | \$5.00 |
| | 1044 CamiN La Costa Apt 3132 | Austin, TX 78752 | | | |
| 8. Principal od | ccupation / Job title (See Instruction | ns) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 09/30/2016 | Katherine Celik | | | | \$5.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | Ψ2.00 |
| | 9500 Jollyville Rd Apt 105 Austi | in, TX 78759-6523 | | | |
| 8. Principal oc | ccupation / Job title (See Instruction | ns) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/29/2016 | Joe Celko | | | | \$5.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | • |
| | 4301 Kilgore Ln Austin, TX 787 | 27-5951 | | | |
| 8. Principal oc | ccupation / Job title (See Instruction | ns) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/06/2016 | Sunyong Chung | | | , s | 25.00 |
| | 6. Contributor address; | City; State; | ZIP Code | i | 20,00 |
| | 800 Gullett St Austin, TX 78702- | -4126 | | | |
| 8. Principal oc | ccupation / Job title (See Instruction | ns) | 9 Employ | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | ···· | 7. Amount of contribution (\$) | |
| 10/29/2016 | Kathy Cordova | | | · C | 25.00 |
| | 6. Contributor address; | City; State; | ZIP Code | .p. | -2.00 |
| | 1704 Norris Dr Austin, TX 78704 | 4-2808 | | | |
| 8. Principal oc | cupation / Job title (See Instruction | is) | 9 Employ | /er (See Instructions) | |
| | | | | | |

SCHEDULE A1

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: not available | |
|---|---|------------------|------------|--|-----------------|
| 2. FILER NAM Natalie Gau | | | | 3. Filer ID (Ethics Commission Filers | ;) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/18/2016 | Jay Crossley | | | | \$25.00 |
| | 6. Contributor address; | City; State; | ; ZIP Code | | 422 7.00 |
| | 1010 Romeria Dr Austin, TX 783 | 757-3438 | | | |
| 8. Principal od | ccupation / Job title (See Instruction | ıs) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/26/2016 | Robert Daniel | | | | \$50.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | \$50.00 |
| | 3820 Ridgelea Dr # B Austin, TX | (78731-6125 | | | |
| 8. Principal oc | ccupation / Job title (See Instruction | ıs) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/28/2016 | Patrick Goetz | | | | \$100.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | |
| | 503 Nelray Blvd Unit B Austin, 1 | ΓX 78751-1126 | | | |
| | ccupation / Job title (See Instruction Administrator | is) | - | yer (See Instructions) he University of Texas at Austin | |
| 4 Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/07/2016 | Donald Goff | | | | \$100.001 |
| | 6. Contributor address; | City; State; | ZIP Code | | |
| | 7910 Gault St Apt 101 Austin, TX | K 78757-8432 | | | |
| 8. Principal oc | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/12/2016 | Theodore Hatfield | | | | \$350.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | |
| | 2104 Cullen Ave Apt 219 Austin, | TX 78757-2454 | | | |
| Principal oc IT Worker | cupation / Job title (See Instruction | s) | | yer (See Instructions) rismNet Ltd | |

SCHEDULE A1

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: not available | |
|---|---|--------------------|----------|--|----------|
| 2. FILER NAM Natalie Gaul | | | | 3. Filer ID (Ethics Commission Filer | 3) |
| 4. Date | Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/28/2016 | Tim Hayden | | | | \$100.00 |
| | 6. Contributor address; (| City; State; | ZIP Code | | |
| | 6702 Hardy Dr Austin, TX 78757-282 | :2 | | | |
| 8. Principal oc | ccupation / Job title (See Instructions) | | 9 Employ | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC _ | | 7. Amount of contribution (\$) | |
| 10/02/2016 | Joe Hootman | | | | \$25.00 |
| | 6. Contributor address; (| City; State; | ZIP Code | | |
| | 11919 Meadowfire Dr Austin, TX 787 | /58-3318 | | | |
| 8. Principal oc | ccupation / Job title (See Instructions) | | 9 Employ | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/26/2016 | Jonathan Horak | | | | \$25.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | |
| | 500 S Congress Ave Apt 140 Austin, | ΓX 78704-1704 | | | |
| 8. Principal oc | ccupation / Job title (See Instructions) | | 9 Employ | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/10/2016 | Greg Jacobson | | | | \$350.00 |
| | 6. Contributor address, | City; State; | ZIP Code | | |
| | 2303 Ranch Road 620 S Lakeway, TX | 78734-6219 | | | |
| 8. Principal od Money M | ccupation / Job title (See Instructions) lanager | | 1 ' | yer (See Instructions) clf Employed | |
| 4. Date | 5. Full name of contributor | out-of-state PAC _ | | 7. Amount of contribution (\$) | |
| 10/29/2016 | John Koonz | | | | \$25.00 |
| | 6. Contributor address; (| City; State; | ZIP Code | | |
| | 12824 Tomanet Trl # A Austin, TX 78 | 3727-4221 | | | |
| 8. Principal oc | ccupation / Job title (See Instructions) | | 9 Emplo | yer (See Instructions) | |
| | | | - 1 | | |

SCHEDULE A1

| The Ins | truction Guide explains how to complete this form. | Total pages Schedule A1: not available |
|----------------------------------|--|--|
| 2. FILER NAME Natalie Gauldin | | 3. Filer ID (Ethics Commission Filers) |
| 4. Date | Full name of contributorout-of-state PAC | 7. Amount of contribution (\$) |
| 10/18/2016 | Sharon Krumholz | \$75.00 |
| | 6. Contributor address; City; State; ZIP 6 | Code |
| 1 | 7302 Valburn Dr Austin, TX 78731-1146 | |
| 8. Principal occup | pation / Job title (See Instructions) 9 | Employer (See Instructions) |
| 4. Date | Full name of contributorout-of-state PAC | 7. Amount of contribution (\$) |
| 10/29/2016 | John Laycock | \$5.00 |
| | 6. Contributor address; City; State; ZIP 6 | Code |
| | 80 Red River St 204 Austin, TX 78701-4235 | |
| 8. Principal occup | pation / Job title (See Instructions) 9 | Employer (See Instructions) |
| 4. Date | 5. Full name of contributorout-of-state PAC | 7. Amount of contribution (\$) |
| 10/26/2016 | Mark Lehman | \$250.00 |
| | 6. Contributor address; City; State; ZIP 6 | Code |
| | 2103A W 12th St Austin, TX 78703-3807 | |
| 8. Principal occup Governmenta | · | Employer (See Instructions) Texas Realtors |
| 4. Date | Full name of contributor | 7. Amount of contribution (\$) |
| 10/20/2016 | Bradley Lingvai | |
| | 6. Contributor address; City; State; ZIP 0 | \$100.00 Code |
| | 5403 Bennett Ave Austin, TX 78751-1605 | |
| 8. Principal occup | pation / Job title (See Instructions) | Employer (See Instructions) |
| 4. Date | 5. Full name of contributorout-of-state PAC | 7. Amount of contribution (\$) |
| 10/18/2016 | Locke Lorde LLP | \$350.00 |
| | 6. Contributor address; City; State; ZIP 0 | Code |
| | 2200 Ross Ave Ste 2200 Dallas, TX 75201-6776 | |
| 8. Principal occup | pation / Job title (See Instructions) 9 | Employer (See Instructions) |

SCHEDULE A1

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: not available | |
|---|---------------------------------------|------------------|----------|---|----------|
| FILER NAME Natalie Gauldin | | | | 3. Filer ID (Ethics Commission File | ers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/12/2016 | Emily Lubbers | | | | \$25.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | |
| | 4646 Mueller Blvd Apt 4051 Austin, | TX 78723-3430 | | | |
| 8. Principal occu | pation / Job title (See Instructions) | | 9 Employ | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/06/2016 | Lisa Malesovas | | | | \$100.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | |
| | 1505 W. 1505 St. Austin, TX 78703 | | | | |
| 8. Principal occu | pation / Job title (See Instructions) | | 9 Employ | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/04/2016 | Charles Marsh | | | | \$350.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | |
| | 2408 Windsor Rd Austin, TX 78703- | -2413 | | | |
| Principal occu Broker | pation / Job title (See Instructions) | | | yer (See Instructions) ndeavor Real Estate Group | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/16/2016 | Bungane Mehlomakulu | | | | \$25.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | |
| | 1700 Payne Ave Austin, TX 78757-2 | 2926 | | | |
| 8. Principal occu | pation / Job title (See Instructions) | | 9 Employ | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/24/2016 | Ora Moore | | | | \$300.00 |
| | Contributor address; | City; State; | ZIP Code | | |
| | 1605 Woodlawn Blvd Austin, TX 78 | 3703-3332 | | | |
| · ' | pation / Job title (See Instructions) | | | yer (See Instructions) | |
| Professor | | | U | Iniversity of Texas | |

SCHEDULE A1

| The | Instruction Guide explains how | Total pages Schedule A1: not available | | | |
|------------------------------|--|--|----------|---|----------------|
| 2. FILER NAN Natalie Gaul | | | | 3. Filer ID (Ethics Commission Fi | lers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/11/2016 | James Pustejovsky | _ | | | \$250.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | \$2,50.00 |
| | 7325 Wolverine St Austin, TX 7 | 8757-1521 | | | |
| 8. Principal oc Professor | ccupation / Job title (See Instruction | ns) | | yer (See Instructions) Iniversity of Texas | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/11/2016 | Mary Pustejovsky | | | | \$250.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | Ψ250.00 |
| | 7325 Wolverine St Austin, TX 78 | 8757-1521 | | | |
| Principal oc Product M | ccupation / Job title (See Instruction lanager | ns) | | yer (See Instructions) alesforce.org | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/01/2016 | Ron Redder | | | | \$50.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | 0.00 |
| | 1701 W Koenig Ln Austin, TX 7 | 8756-1206 | | | |
| 8. Principal oc | cupation / Job title (See Instruction | ns) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/14/2016 | Will Schnier | | | | \$150.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | \$150.00 |
| | 3625 Peregrine Falcon Dr Austin | , TX 78746-7438 | | | |
| 8. Principal oc | cupation / Job title (See Instruction | os) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5 Full name of contributor | out-of-state PAC | <u> </u> | 7. Amount of contribution (\$) | <u> </u> |
| 10/20/2016 | Susan Sharp | | | | \$25.00 |
| | 6. Contributor address; | City; State; | ZIP Code | | J 25.00 |
| | 1507 North St Apt H Austin, TX | 78756-2657 | | | |
| 8. Principal oc | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| | | | | | |

SCHEDULE A1

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: not available | |
|---|---------------------------------------|----------------------|----------|--|--|
| 2. FILER NAM Natalie Gaul | | | | 3. Filer ID (Ethics Commission Filers) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/29/2016 | Paul Smith | | | \$10.00 | |
| | 6. Contributor address; | City; State; | ZIP Code | | |
| | 7801 Shoal Creek Blvd Apt 228 | Austin, TX 78757-102 | .9 | | |
| 8. Principal oc | cupation / Job title (See Instruction | ns) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/08/2016 | Robert Sutton | | | \$350.00 | |
| | 6. Contributor address; | City; State; | ZIP Code | | |
| | 115 Briarwood Dr Cedar Park, T | X 78613-7579 | | | |
| 8. Principal oc Engineer | cupation / Job title (See Instruction | ns) | | yer (See Instructions) DK | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/11/2016 | Julie Swoope | | | \$25.00 | |
| | 6. Contributor address; | City; State; | ZIP Code | _ | |
| | 568 Vanderbilt Ave Apt 8 Brook | lyn, NY 11238-3557 | | | |
| 8. Principal oc | cupation / Job title (See Instruction | าร) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/24/2016 | Julie Swoope | | | \$25.00 | |
| | 6. Contributor address; | City; State; | ZIP Code | | |
| | 568 Vanderbilt Ave Apt 8 Brook | lyn, NY 11238-3557 | | | |
| 8. Principal oc | cupation / Job title (See Instruction | rs) | 9 Emplo | yer (See Instructions) | |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) | |
| 10/07/2016 | Cyrus Tashakkori | | | \$50.00 | |
| | 6. Contributor address; | City; State; | ZIP Code | | |
| | 3005 Cherrywood Rd Austin, TX | 78722-1622 | | | |
| 8. Principal oc | cupation / Job title (See Instruction | าร) | 9 Emplo | yer (See Instructions) | |

SCHEDULE A1

| The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: not available |
|---|--|------------------|----------|--|
| 2. FILER NAM Natalie Gaul | - | | | 3. Filer ID (Ethics Commission Filers) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) |
| 10/29/2016 | Abigail Tatkow | | | \$5.00 |
| | 6. Contributor address; | City; State; | ZIP Code | |
| | 2500 E 2nd St Austin, TX 78702 | -4708 | | |
| 8. Principal oc | ccupation / Job title (See Instruction | ns) | 9 Emplo | yer (See Instructions) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) |
| 10/05/2016 | Cody Todd | _ | | \$100.00 |
| | 6. Contributor address; | City; State; | ZIP Code | |
| | 12801 Cricoli Dr Austin, TX 787 | 739-2136 | | |
| | ccupation / Job title (See Instruction te Investor | ns) | | oyer (See Instructions) Self Employed |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) |
| 10/06/2016 | Colby Wallis | | | \$100.00 |
| | 6. Contributor address; | City; State; | ZIP Code | |
| | 8303 Washita Dr Austin, TX 787 | 749-3924 | | |
| 8. Principal oc | ccupation / Job title (See Instruction | ns) | 9 Emplo | yer (See Instructions) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) |
| 10/26/2016 | Alex Wolfe | | | \$50.00 |
| | 6. Contributor address; | City; State; | ZIP Code | |
| | 702 W Live Oak St Austin, TX 7 | 8704-5008 | | |
| 8. Principal oc | ccupation / Job title (See Instruction | ns) | 9 Emplo | yer (See Instructions) |
| 4. Date | 5. Full name of contributor | out-of-state PAC | | 7. Amount of contribution (\$) |
| 10/12/2016 | Andrew Zwarun | | | \$100.00 |
| | 6. Contributor address; | City; State; | ZIP Code | |
| | 5108 Avenue G Austin, TX 7875 | 51-2022 | | |
| 8. Principal oc | cupation / Job title (See Instruction | ıs) | 9 Emplo | yer (See Instructions) |
| | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The | s form. | Total pages Schedule A2: not available Filer ID (Ethics Commission Filers) | | | | |
|-------------------------------|---|--|----------------------|--------------------------------|-------------------------------|--|
| 2. FILER NAME Natalic Gauldin | | | | | | |
| 4. TOTAL OF | UNITEMIZED IN-KIND POLITICAL CO | ONTRIBUTIO | ons | | | \$0.00 |
| 5 Date | 6 Full name of contributor Liza Wimberley | out-of-state PAC | | | 8 Amount of contribution (\$) | 9 In-Kind contribution description Food for Nov 22nd Campaign Event de of Texas, complete Schedule T |
| 10/22/2016 | 7 Contributor address; City; State; Zip Code 4810 Shoal Creek Blvd Austin, TX 78756-2813 | | | e base dan dan dan dan dan dan | \$35.00 | |
| 10 Principal occi | upation / Job Title (FOR NON-JUDICIAL) (See In | istructions) | 11 Employer (FOR | NON-J | JDICIAL) (See Instructi | ons) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | | 13 Contributor's jot | b title (F | OR JUDICIAL) (See Ins | structions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | | 15 Law firm of cont | tributor's | spouse (if any) (FOR . | IUDICIAL) |
| 16 If contributor | is a child, law firm of parents (if any) (FOR JUDIO | CIAL) | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|---|--|--------------|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gui | Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) | | |
| | • | de explains now to co | | | | |
| Total pages Schedule F1: | FILER NAME Natalie Gauldin | | 3. FI | er ID (Ethics Commission Filers) | | |
| 4 Date 10/07/2016 | 5 Payee name 9415 Burnet Rd, LTD. | | · | | | |
| 6 Amount \$1,100.00 | 7 Payee address; | City; | State: | Zip Code | | |
| \$1,100.00 | 4330 Gaines Ranch Loop Ste I | 00 Austin, TX 78735-6 | 734 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | at the top of this schedule) | | heck if travel outside of Texas, complete Schedule T theck if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | Office Rent October | | |
| 4 Date | 5 Payee name | | | | | |
| 10/01/2016 | Amazon.com LLC | | | | | |
| 6 Amount \$49.56 | 7 Payee address; PO Box 81226 Seattle, WA 98 | City; 108-1300 | State: | Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | at the top of this schedule) | | ption heck if travel outside of Texas, complete Schedule T theck if Austin, TX, officeholder living expense Office Supplies | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | t Office held | | |
| 4 Date 10/21/2016 | 5 Payee name Amazon.com LLC | | | | | |
| 6 Amount \$43.24 | 7 Payee address; PO Box 81226 Seattle, WA 98 | City; 108-1300 | State: | Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | at the top of this schedule) | | ption heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense Office Supplies | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | t Office held | | |
| | ATTACH ADDITIONAL COR | PIES OF THIS SCH | EDULE AS | NEEDED | | |

| | EXPENDI | URE CATEGORIES I | FOR BOX 8 | В(а) |
|--|---|--|------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gui | Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| Total pages Schedule F1: | 2. FILER NAME | - <u>-</u> - | 3. File | er ID (Ethics Commission Filers) |
| ,, , , , , , , , , , , , , , , , , , , | Natalie Gauldin | | | |
| 4 Date | 5 Payee name | | | |
| 10/14/2016 | Deejay Bass | | | |
| 6 Amount \$77.00 | 7 Payee address; | City; | State: | Zip Code |
| | 7910 Gault St Apt 207 Austin, | TX 78757-8433 | | |
| 8 | (a) Category (See categories listed | at the top of this schedule) | (b) Descrip | ption heck if travel outside of Texas, complete Schedule T |
| PURPOSE OF | Salaries/Wages/Contract Labor | | | Check if davel outside of Texas, complete screeding the Check if Austin, TX, officeholder living expense |
| EXPENDITURE | Camillos is agost Continue Davor | | Wages | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | Office held |
| 4 Date | 5 Payee name | | • • • • | |
| 10/27/2016 | Timothy Bray | | | |
| 6 Amount \$2,000.00 | 7 Payee address; 4801 Placid Pl Austin, TX 787 | City; 31-5518 | State: | Zip Code |
| | | | , | |
| 8 PURPOSE | (a) Category (See categories listed | at the top of this schedule) | | Sheck if travel outside of Texas, complete Schedule T |
| OF EXPENDITURE | Salaries/Wages/Contract Labor | | Wages | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | nt Office held |
| 4 Date | 5 Payee name | | | |
| 10/27/2016 | Timothy Bray | | | |
| 6 Amount | 7 Payee address; | City; | State: | Zip Code |
| \$218.27 | 4801 Placid Pl Austin, TX 787 | 31-5518 | | |
| 8 | (a) Category (See categories listed | at the top of this schedule) | (b) Descri | iption Check if travel outside of Texas, complete Schedule T |
| PURPOSE OF | Loan Repayment/Reimbursement | | | Check if Austin, TX, officeholder living expense |
| EXPENDITURE | | | Reimburser | ement for expenses from 30 day report |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | ht Office held |
| | ATTACH ADDITIONAL CO | PIES OF THIS SCHI | EDULE AS | S NEEDED |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|---------------------------------------|--------------|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees | - | act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. | |
| Total pages Schedule F1: | | | | ler ID (Ethics Commission Filers) | |
| . • | Natalie Gauldin | | - | , | |
| 4 Date | 5 Payee name | | · | | |
| 10/26/2016 | Checkmark Typesetting | | | | |
| 6 Amount \$25.98 | 7 Payee address; | City; | State: | Zip Code | |
| | 3217 N Interstate 35 Austin, TX | 78722-2203 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Printing Expense | al the top of this schedule) | | heck if travel outside of Texas, complete Schedule T theck if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | ot Office held | |
| 4 Date | 5 Payee name | · · · · · · · · · · · · · · · · · · · | | | |
| 10/29/2016 | Donateway | | | | |
| 6 Amount \$2.80 | 7 Payee address; PO Box 301267 Austin, TX 787 | City; 03-0022 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Accounting/Banking | of the top of this schedule) | | Otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense lation Commission Fecs | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | t Office held | |
| 4 Date | 5 Payee name | | | | |
| 10/03/2016 | Facebook Inc. | | | | |
| 6 Amount \$309.79 | 7 Payee address; 1601 Willow Rd Menlo Park, CA | City; A 94025-1452 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at Advertising Expense | I the top of this schedule) | _ | heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | t Office held | |
| | ATTACH ADDITIONAL COPI | ES OF THIS SCH | EDULE AS | NEEDED | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|--------------|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con | ct Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. | |
| Total pages Schedule F1: | 2. FILER NAME Natalie Gauldin | | 3. Fi | ler ID (Ethics Commission Filers) | |
| 4 Date 10/03/2016 | 5 Payee name Facebook Inc. | | | | |
| 6 Amount \$3.83 | 7 Payee address; 1601 Willow Rd Menlo Park, (| City; CA 94025-1452 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Advertising Expense | at the top of this schedule) | | Sheck if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | nt Office held | |
| 4 Date 10/21/2016 | 5 Payee name Facebook Inc. | | | | |
| 6 Amount \$10.71 | 7 Payee address; 1601 Willow Rd Menlo Park, C | City; CA 94025-1452 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Advertising Expense | at the top of this schedule) | _ = | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | nt Office held | |
| 4 Date 10/21/2016 | 5 Payee name Facebook Inc. | | | | |
| 6 Amount \$494.13 | 7 Payee address; 1601 Willow Rd Menlo Park, C | City; A 94025-1452 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Advertising Expense | at the top of this schedule) | 1 = | heck if travel outside of Texas, complete Schedule T theck if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | t Office held | |
| | ATTACH ADDITIONAL COP | IES OF THIS SCHE | DULE AS | NEEDED | |

| | EXPENDIT | URE CATEGORIES | FOR BOX | 3(a) |
|--|---|------------------------------|---------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | _ | ect Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) |
| | | de explains how to co | | |
| Total pages Schedule F1: | 2. FILER NAME Natalic Gauldin | | 3. FII | er ID (Ethics Commission Filers) |
| 4 Date 10/03/2016 | 5 Payee name NGP VAN | | - | |
| 6 Amount \$150.00 | 7 Payee address; | City; | State: | Zip Code |
| · | 1101 15th St NW Ste 500 Was | hington, DC 20005-500 | 16 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Accounting/Banking | at the top of this schedule) | | otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense Finance Software |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | t Office held |
| 4 Date | 5 Payee name | | | |
| 10/03/2016 | NGP VAN | | | |
| 6 Amount \$353.39 | 7 Payee address; | City; | State: | Zip Code |
| | 1101 15th St NW Ste 500 Wash | nington, DC 20005-500 | 6 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Accounting/Banking | at the top of this schedule) | | otion neck if travel outside of Texas, complete Schedule T neck if Austin, TX, officeholder living expense ation Merchant Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | t Office held |
| 4 Date | 5 Payee name | | | |
| 10/22/2016 | Office Depot | | | |
| 6 Amount \$51.96 | 7 Payee address;2620 W Anderson Ln Austin, T | City; X 78757-1108 | State: | Zip Code |
| | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | at the top of this schedule) | | otion neck if travel outside of Texas, complete Schedule T neck if Austin, TX, officeholder living expense Office Supplies |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| A | TTACH ADDITIONAL COP | IES OF THIS SCHI | EDULE AS | NEEDED |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|---|---|--------------|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gui | Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contra- de explains how to con | ct Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) | | |
| 1. Total pages Schedule F1: | 2. FILER NAME | - | 3. Fik | er ID (Ethics Commission Filers) | | |
| , <u>-</u> | Natalic Gauldin | | | | | |
| 4 Date | 5 Payee name | | | | | |
| 10/22/2016 | Office Depot | | | ; | | |
| 6 Amount \$26.84 | 7 Payee address; | City; | State: | Zip Code | | |
| | 4615 N Lamar Blvd Austin, T | (78751-2356 | | | | |
| 8 | (a) Category (See categories listed | at the top of this schedule) | (b) Descrij | | | |
| PURPOSE OF | Office Overhead/Rental Expense | | . = | heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense | | |
| EXPENDITURE | Office Overhead vehicle Expense | | | Office Supplies | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | t Office held | | |
| 4 Date | 5 Payee name | | | | | |
| 10/07/2016 | Joshua Sabik | | | | | |
| 6 Amount \$382.50 | 7 Payee address; | City; | State: | Zip Code | | |
| | 7910 Gault St Apt 204 Austin, | TX 78757-8433 | | | | |
| 8 | (a) Category (See categories listed | at the top of this schedule) | (b) Descrip | Otion heck if travel outside of Texas, complete Schedule T | | |
| PURPOSE OF | Salaries/Wages/Contract Labor | | | heck if Austin, TX, officeholder living expense | | |
| EXPENDITURE | Balantos vages contrast satos. | | Wages | | | |
| O Complete ONII V if direct | Candidate/Officeholder name | | Office sough | t Office held | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeriolder frame | | Onice sough | | | |
| 4 Date | 5 Payee name | | | | | |
| 10/18/2016 | Joshua Sabik | | | | | |
| 6 Amount | 7 Payee address; | City; | State: | Zip Code | | |
| \$629.00 | | TV 50555 0422 | | | | |
| | 7910 Gault St Apt 204 Austin, | 1X 78757-8433 | | | | |
| 8 | (a) Category (See categories listed | at the top of this schedule) | (b) Descri | ption | | |
| PURPOSE | • | · | | heck if Iravel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense | | |
| OF EXPENDITURE | Salaries/Wages/Contract Labor | | Wages | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | it Office held | | |
| | ATTACH ADDITIONAL CO | PIES OF THIS SCH | EDULE AS | NEEDED | | |

| | EXPENDIT | URE CATEGORIES | FOR BOX 8 | S(a) |
|--|--|--|--------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | y Gift/Awards/Memorials Expense Legal Services | Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | ct Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1. Total pages Schedule F1: | 2. FILER NAME | · | | er ID (Ethics Commission Filers) |
| 4.5. | Natalie Gauldin | - | | |
| 4 Date 10/14/2016 | 5 Payee name Meg Seidel | | | |
| 6 Amount | 7 Payee address; | City; | State: | Zip Code |
| \$77.00 | 7910 Gault St Apt 207 Austin, | TX 78757-8433 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Salaries/Wages/Contract Labor | at the top of this schedule) | = | Otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | t Office held |
| 4 Date | 5 Payee name | | | |
| 10/28/2016 | Target | | | |
| 6 Amount \$5.19 | 7 Payee address; 8601 Research Blvd Austin, TX | City; (78758-7121 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | at the top of this schedule) | | otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense Office Supplies |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | t Office held |
| 4 Date | 5 Payee name | - | | |
| 10/06/2016 | Time Warner Cable | | | |
| 6 Amount \$155.71 | 7 Payee address; PO Box 60074 City Of Industry | City; y, CA 91716-0074 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | at the top of this schedule) | <u></u> | otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense Campaign Office |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | t Office held |
| | ATTACH ADDITIONAL COP | PIES OF THIS SCH | EDULE AS | NEEDED |

| | EXPENDIT | TURE CATEGORIES | FOR BOX | 8(a) | |
|--|---|--|--------------|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gui | Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | ict Labor | • | ipment & Related |
| Total pages Schedule F1: | 2. FILER NAME | | 3. Fil | ler ID (Ethics Com | mission Filers) |
| | Natalic Gauldin | | | | · · |
| 4 Date | 5 Payee name | | | | |
| 10/28/2016 | Time Warner Cable | | | | |
| 6 Amount | 7 Payee address; | City; | State: | Z | p Code |
| \$155.71 | | | | | |
| | PO Box 60074 City Of Industr | y, CA 91716-0074 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | d at the top of this schedule) | | ption Check if travel outside of Check if Austin, TX, office r Campaign Office | Texas, complete Schedule T eholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | ht | Office held |
| 4 Date | 5 Payee name | | | | |
| 10/26/2016 | United States Postal Service | <u> </u> | | | |
| 6 Amount | 7 Payee address; | City; | State: | Z | ip Code |
| \$47.00 | 1822 W Braker Ln Austin, TX | 78758-3606 | | | |
| 8 | (a) Category (See categories listed | d at the top of this schedule) | (b) Descri | iption | T |
| PURPOSE | | | | Check if travel outside of Check if Austin, TX, offic | Texas, complete Schedule T eholder living expense |
| OF EXPENDITURE | Solicitation/Fundraising Expense | | Postage Sta | | J , |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sough | ht | Office held |

| ATTACH ADDITIONAL | CODIES OF TI | HIS SCHEDIII E AS | NEEDED |
|---------------------|--------------|-------------------|----------|
| A I IACH ADDIIIUNAL | CUPIES OF II | ロロウ タクロピロクドピ V゚ | 3 MEEDED |