CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide	e explains how to complet	e this form.	1 Filer ID	1 9 1 1 1 1 1	2 Total pages filed:
3 CANDIDATE / MS OFFICEHOLDER NAME		FIRST Danielle	M. I. M.	Mi	OFFICE USE ONLY Date Received
NIC		LAST Skidmore	\ ' 1	SUFFIX	JUN 29 '20 AM10:44
OFFICEHOLDER MAILING ADDRESS Apt	DRESS / PO BOX; APT / D Nueces Street 2709 Stin, TX 78701-0000	SUITE#; CIT		ZIP GODE	Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
5 CAMPAIGN MS TREASURER NAME		FIRST Alicia		MI. R.	The state of the s
NIC		AST Veigel	, ,	SUFFIX	
6 CAMPAIGN STE TREASURER ADDRESS (Residence or Business)	REET ADDRESS (NO PO E	OX PLEASE);	APT	/ SUITE#; CITY	STATE; ZIP CODE STIN, TX, 78704
7 CAMPAIGN AR TREASURER PHONE	EA CODE RHONE 415 316-		EXTENSION	Tot dose.	e i t
8 REPORT TYPE	January 15 July 15	30th day before 8th day before e	. 🗀	Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) X Final Report (Attach C/OH-FR)
9 PERIOD Mor COVERED	nth Day Year 01/01/2019	TH	ROUGH	Month Day 06/30/20	Year
10 ELECTION Mor	ELECTION DATE onth Day Year 11/06/2018		imary	ELECTION TYPE Runoff Special	Other
· ·	FICE HELD (if any) avis			12 OFFICE SOUGH Austin City (T (if known) Council - District 9
	,		O PAGE 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

5511 5111		19		× / + /	2 of 15
13 C / OH NAME	Skidmore, Danielle		ž	14 Filer ID	1 Hz
	•	a a a			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepter These expenditures may hav d officeholders are required to	e been made without	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME		J. VI.,	
1	SPECIFIC	COMMITTEE ADDRESS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * *
	1	1 1	, 7	, , , , , , , , , , , , , , , , , , ,	, t
	1'	COMMITTEE CAMPAIGN T	and the same of th		
1	1		of the left flower	, ,	
W y	7	COMMITTEE CAMPAIGN T	REASURER ADDRES	SS ,	terror :
	,	111	No. Land. Add. Add. Add. Add. Add. Add. Add. A	Mr. v	w
		, v	,	' I	
16 CONTRIBUTION TOTALS		L AL CONTRIBUTIONS OF \$5(ARANTEES OF LOANS), UN		ΓΗΑΝ PLEDGES,	\$ 0
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	RANTEES OF LOANS	5)	\$ 155
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$10	0 OR LESS, UNLESS	ITEMIZED	\$ 0
	4. TOTAL POLITIC	CAL EXPENDITURES	1 2		\$ 352
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINT RIOD	AINED AS OF THE L	AST DAY OF THE	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTS	TANDING LOANS AS	OF THE LAST DAY	\$ 0.
17 AFFADAVIT	T .	,	T T	e	
		true and o	or affirm, under penalty correct and includes a le 15, Election Code.	y of perjury, that the acc Il information required to	ompanying report is be reported by me
	MYRNA RIOS Notary Public, State of Te Comm. Expires 07-02-20 Notary ID 11007377		ulle Sa	Luja 1	
			Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE			3.46.2 Sec. (5.36.4)
Sworn to and subsc	cribed before me, by the sa		Shickey of affine	ℓ , this the 20	day
OT VVVV	, 20, to ce	ertify which, witness my hand	and seal of office.	1	
A4RC		Maria	Punc	Nose	wy
Signature of office	cer administering	Printed name of officer	administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	1	The second secon	3 of 15
	FILER NAM Skidmore,) (Associated as a second as a
		SUBTOTALS	SUBTOTAL AMOUNT
1		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 155.84
2	2. 🗌	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	в. 🔲	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
, 4	i. 🗶	SCHEDULE E: LOANS	\$ 20.28
5	i. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 352.82
6	i. 🔲	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	. 🗆	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8	3 w	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$'
9	🔲	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
1	0.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
1	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
1	2. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 10.93
,			

,	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instru	tion Guide explains how to complete this form.	1 Total pages Schedule A1: Sch. 1/1 Rpt: 4/15
2	FILER NAME Skidmore, D	mielle	3 Filer ID
4	Date 01/21/2019	5 Full name of contributor	7 Amount of Contribution (\$) \$10.84
		6 Contributor address; City; State; Zip Code	Sallmar A
1		Baltimore, MD 21224	
8	Principal occu	eation / Job title (See Instructions) 9 Employer (See Ins	tructions)
	Date 01/28/2019	Full name of contributor	Amount of Contribution (\$) \$145.00
,		Contributor address; City; State; Zip Code 360 Nueces Street Apt 2709 Austin, TX 78701	
	Principal occu Profes	ation / Job title (See Instructions) Employer (See Instructions) Univers	tructions) ity of Texas at Austin
	,		
	ie .	The second of th	# 1
		mand.	STATEMENT T
,			A CONTRACTOR OF THE CONTRACTOR
1			
,			
	N	and the second s	Marine Victoria de la compansa de la
		Missel	and Make J. I

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

Version V1.1.e1c4133e

The Instruction	on Guide explains ho	ow to complete this f	orm.		ges Schedule E: 1 Rpt: 5/15
FILER NAME			, <u>, , , , , , , , , , , , , , , , , , </u>	3 Filer ID	
Skidmore, Danie	elle			\ .	I
TOTAL OF UN	IITEMIZED LOANS				\$ 0.0
Date of loan 01/28/2019	7 Name of lender Skidmore, Danielle	out-of-state PA	C (ID#:		9 Loan Amount (\$) \$20.2
Is lender a financial institution?	8 Lender address; 360 Nueces Street Apt 2709 Austin, TX 78701	City; State;	Zip Code	·	10 Interest Rate 11 Maturity Date 06/30/2020
2 Principal occupati Engineer	on / Job title (See Instruction		13 Employer (See Instruction Self	ns)	4.4
4 Description of Col	lateral	1	15 Check if personal funds w	vere deposited	into political account
X None	Lite	1 1	NUA.	7	(See Instructions)
6 GUARANTOR INFORMATION	17 Name of guarantor	s (1)	et d'a let arme	ш,	19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address;	City; State;	Zip Code	1 "	, , , , ,
			BOUNTAINMAJ É	1 ¹ 1 n	
Principal occupati	on		21 Employer (See Instruction	ns)	A second
	ž	· · · · · · · · · · · · · · · · · · ·	31		X. 1
	•	* ' ₁			, , , , ,
, i	Branch Company				
		the second of th	n, di	, 1 , 1 , 11 , 11	
	i i i i i i	1 1		, , , , , , , , , , , , , , , , , , ,	
h		ell I	el Cod selfiteme		e e e e e e e e e e e e e e e e e e e
			Mandislani, I	1.,	
				k	St. 1 - 10 Comments of the Com
		· · · · · · · · · · · · · · · · · · ·	e		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Fees
Fqod/Beverage Expense
Gift/Awards/Memorials Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

10	Candidate/Officeholder/Politica Credit Card Payment			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID		
-	Sch: 1/8 Rpt: 6/15	Skidmore, Danielle		
4	Date	5 Payee name		
	01/01/2019	Google		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$14.44	1600 Amphitheatre Pkwy		
	Ψ1.11	Local Amphibitication (Avy		
	· ·			
		Mountain View, CA 94043		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
	1	Google Suite		
1	L' I I	$N_{ij} = N_{ij} = N$		
_	1			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH	The state of the s		
	Date	Payee name		
	02/01/2019	Google		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$10.66	1600 Amphitheatre Pkwy		
	'			
	to the second second	Mountain View, CA 94043		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
,	1	Google Suite		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OF			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Date	Payee name		
	03/01/2019	Google		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$10.66	1600 Amphitheatre Pkwy		
,	Ψ10.00	A.M.		
ľ				
		Mountain View, CA 94048		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Office Overhead/Rental Expense Check ifritravel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
	· (1, 1	Google Syite		
	,			
	Complete ONLY 'f -I'	Candidate Office holder name Office sought Office hold		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
	onponentally to porton or or i			
		MAGNIMAL J. I.		

		· · · · · · · · · · · · · · · · · · ·
1	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 2/8 Rpt: 7/15	Skidmore, Danielle
4	Date	5 Payee name
•	04/01/2010	
	04/01/2019	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.66	1600 Amphitheatre Pkwy
		To the second se
	W	
		Mountain View, CA 94043
Q	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
0	OF	
4	EXPENDITURE	Office Overhead/Nerital Expense
,		Coogle Suite
		Google Suite
	a a	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
	Date	Payee name
	05/01/2019	Google
	03/01/2019	
1	Amount (\$)	Payee address; City; State; Zip, Code
ĭ	\$12.64	1600 Amphitheatre Pkwy
		the state of the s
	Ĭ ,	Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX; officeholder living expense
		Google Suite
	1 1 1	Soughe State
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
		MONTHUM CO. C.
	Date	Payee name
	06/01/2019	Google
!	Amount (\$)	Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheatre Pkwy
	, •	Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
1		Google Suite
į		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Bhistiathan J. F.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment Related Expense
Travel in District
Travel Out of District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	3 FILED NAME	3 Filer ID
			3 THE ID
	Sch: 3/8 Rpt: 8/15	Skidmore, Danielle	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Date	5 Payee name	l va
, i	07/01/2019	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Co	de
	\$12.79	1600 Amphitheatre Pkwy	the grant of the same of the s
			· · · · · · · · · · · · · · · · · · ·
		1 1 3, 1	
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Google Suite
	le a ,	* 1	
_	Commiste ONII V if direct	Condidate/Officeholder page	aht wastuseurs Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt Office field
		, , , , , , , , , , , , , , , , , , ,	1
7	Date	Payee name	
	08/01/2019	Google	
	Amount (\$)	Payee address; City; State; Zip Co	de
	\$12.79	1600 Amphitheatre Pkwy	
	Ψ12.75	1000 Amphiliteatie i kwy	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
1	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Check if Austin, TX, officeholder living expense
	a. ·		Google Suite
		, Mr. 12	1
	!		
	Complete ONL V if direct	Candidate/Officeholder name	aht Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	ght Office held
			ght Office held
			ght Office held
	expenditure to benefit C/OI	Payee name	ght Office held
-	expenditure to benefit C/Ol	Payee name	ar for an experience of the contract of the co
-	Date 09/01/2019	Payee name Google	ar for an experience of the contract of the co
-	Date 09/01/2019 Amount (\$)	Payee name Google Payee address; City; State; Zip Co	at and at mon
-	Date 09/01/2019 Amount (\$)	Payee name Google Payee address; City; State; Zip Co	ar for an experience of the contract of the co
	Date 09/01/2019 Amount (\$)	Payee name Google Payee address; City; State; Zip Co 1600 Amphitheatre Pkwy Mountain View, CA 94043	de management of
ı	Date 09/01/2019 Amount (\$) PURPOSE	Payee name Google Payee address; City; State; Zip Co 1600 Amphitheatre Pkwy Mountain View, CA 94043	de Salutation
,	Date 09/01/2019 Amount (\$) PURPOSE OF	Payee name Google Payee address; City; State; Zip Co. 1600 Amphitheatre Pkwy Mountain View, CA 94043	de (b) Description Check if travel outside of Texas. Complete Schedule T.
,	Date 09/01/2019 Amount (\$) PURPOSE	Payee name Google Payee address; City; State; Zip Co. 1600 Amphitheatre Pkwy Mountain View, CA 94043 (a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 09/01/2019 Amount (\$) PURPOSE OF	Payee name Google Payee address; City; State; Zip Co. 1600 Amphitheatre Pkwy Mountain View, CA 94043 (a) Category (See Categories listed at the top of this schedule)	de (b) Description Check if travel outside of Texas. Complete Schedule T.
	Date 09/01/2019 Amount (\$) PURPOSE OF	Payee name Google Payee address; City; State; Zip Co. 1600 Amphitheatre Pkwy Mountain View, CA 94043 (a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
,	Date 09/01/2019 Amount (\$) PURPOSE OF	Payee name Google Payee address; City; State; Zip Co. 1600 Amphitheatre Pkwy Mountain View, CA 94043 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Suite
,	Date 09/01/2019 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Google Payee address; City; State; Zip Co. 1600 Amphitheatre Pkwy Mountain View, CA 94043 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sou	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Suite
,	Date 09/01/2019 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Google Payee address; City; State; Zip Co. 1600 Amphitheatre Pkwy Mountain View, CA 94043 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sou	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Suite
,	Date 09/01/2019 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Google Payee address; City; State; Zip Co. 1600 Amphitheatre Pkwy Mountain View, CA 94043 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sou	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Suite

	1 1 1	
И	Advertising Expense Accounting/Banking Consulting Expense Contribution's/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 4/8 Rpt: 9/15	2 FILER NAME Skidmore, Danielle
4	Date 10/01/2019	5 Payee name Google
6	Amount (\$) \$12.79	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy
	1	Mountain View, CA 94043
8,	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Suite
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 11/02/2019	Payee name Google
	Amount (\$) \$2.88	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule, T. Check if Austin, TX, officeholder living expense Google Suite
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	Date 01/21/2019	Payee name Stripe
	Amount (\$) \$0.84	Payee address; City; State; Zip Code 185 Berry Street Suite 550 San Francisco, CA 94107
1.	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees
,	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
		and the second s

ţ		
1	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 5/8 Rpt: 10/15	Skidmore, Danielle
4	Date 07/05/2019	5 Payee name Stripe
6	Amount (\$) \$15.12	7 Payee address; City; State; Zip Code 185 Berry Street Suite 550 San Francisco, CA 94107
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
•	Date 04/08/2019	Payee name Tax Bandids
	Amount (\$) \$4.47	Payee address; City; State; Zip Code 202 E Main St. Rock Hill, SC 29730
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel putside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tax Forms
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date 03/16/2019	Payee name USPS PO BOXES ONLINE
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 823 CONGRESS AVE STE 150
1	' ' ' '	Austin, TX 78701
•	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PO Box rental
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	N .	The state of the s

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
-,		i i i i i i i i i i i i i i i i i i i
1	Sch: 6/8 Rpt: 11/15	Skidmore, Danielle
4	Date	5 Payee name
•		140
	01/27/2019	Wix.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.50	
	\$17.50	2601 Mission Street
	7 77	San Francisco, CA 94110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF '	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	N .	Web Site
		veb site
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	W 26	Construction (Construction)
	Date	Payee name
	02/27/2019	Wix.com
_	, , , , , , , , , , , , , , , , , , ,	
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.50	2601 Mission Street
	1 x} + x	
1		
í		San Francisco, CA 94110
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Site
		ven site
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	03/27/2019	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.50	2601 Mission Street
	- '	
		San Francisco, CA 94110
	N	Sail Faire Scot, SA SAILS
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE * *	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Web Site
_		1
1	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
		The state of the s
	11	

(CONTRIBUTION	NS
,	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	1 3	2 FILER NAME 3 Filer ID
	Sch: 7/8 Rpt: 12/15	Skidmore, Danielle
4	Date 04/27/2019	5 Payee name Wix.com
6	Amount (\$) \$17.50	7 Payee address; City; State; Zip Code
1	\$17.50	2601 Mission Street
		San Francisco, CA 94110
3	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertiging Expanse. (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	· (1 , 1	Web Site
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2019	Wix.com
,	Amount (\$)	Payee address; City; State; Zip Code
	\$17.50	2601 Mission Street
	*	San Francisco, CA 94110
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse. (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	the contract of	Web Site
1	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date 06/27/2019	Payee name Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.50	2601 Mission Street
	1	The second of th
	W C	San Francisco, CA 94110
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse. (b) Description Checken traver outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
ı		Web Site
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientale to belieff C/Or	

		\mathcal{L} , \mathcal{M}	
30	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 8/8 Rpt: 13/15	2 FILER NAME Skidmore, Danielle	
4	Date 07/26/2019	5 Payee name Wix.com	
6	Amount (\$) \$17.50	7 Payee address; City; State; Zip Code 2601 Mission Street San Francisco CA 94110	* .
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94110 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Site	
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder hame Office sought Office held	
	Date 08/26/2019	Payee name Wix.com	
	Amount (\$) \$22.00	Payee address; City; State; Zip Code 2601 Mission Street San Francisco, CA 94110	
1	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Site	4
	Complete ONLY if direct expenditure to benefit ©/OH	Candidate/Officeholder name Office sought Office held	
	Date 09/25/2019	Payee name Wix.com	
,	Amount (\$) \$22.00 '	Payee address; City; State; Zip Code 2601 Mission Street San Francisco, CA 94110	3a
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX ₁ officeholder living expense Web Site	A. 1
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	_
		MANUSCO CONTRACTOR OF THE PROPERTY OF THE PROP	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K CONTRIBUTIONS RETURNED TO FILER 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/15 FILER NAME 3 Filer ID Skidmore, Danielle 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 03/04/2020 \$10.93 Texas Workforce Commission 6 Address of person from whom amount is received; City; State; Zip Code 101 E 15th St Austin, TX 78778 Purpose for which amount is received ☐ Check if political contribution returned to filer Excess Employment Tax Refund

FORM C/OH - FR The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" ** . Page 15 of 15, C/OH NAME 2 Filer ID Skidmore, Danielle danielle@danielleforall.com SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER ** Complete A & B below only if you are not an officeholder ** A CAMPAIGN FUNDS Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204. **B ASSETS** Check only one: I do not retain assets purchased with political contributions or interest of other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204. Signature of Candidate **OFFICEHOLDER** ** Complete this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder