

# 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)	2 Total pages filed: <b>17</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Ms. Melissa A.</b> <small>NICKNAME LAST SUFFIX</small> <b>Melissa Zone</b>	<b>OFFICE USE ONLY</b> Date Received <b>2014 JUL 15 9 11 34 AM</b> <b>AUSTIN CITY CLERK RECEIVED</b> Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. Box 10773 Austin, TX 78766</b>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 512 ) 567-4098</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Ms. April</b> <small>NICKNAME LAST SUFFIX</small> <b>Rodriguez</b>	

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>700 Louis Henna Boulevard, Round Rock, TX 78664</b>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 915 ) 241-4510</b>
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9 REPORT TYPE	<input 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 checked="" 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)
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10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>05 / 08 / 2014    06 / 30 / 2014</b>
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11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <b>11 / 04 / 2014</b>
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12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Austin City Council District 7</b>
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** Melissa Zone **15 ACCOUNT #** (Ethics Commission Filers)

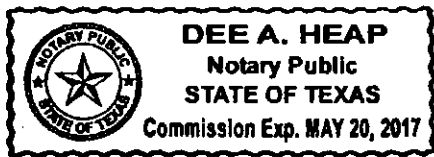
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,634.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,747.23
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,436.77
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 550.00

**18 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.

Melissa Zone  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Zone, this the 15 day of July, 2014, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath  
Printed 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 Total pages Schedule A: <b>11</b>	
2 FILER NAME <b>Melissa Zone</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/29/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donna Beth McCormick</b> 6 Contributor address; City; State; Zip Code <b>5703 Shoalwood Ave, Austin, TX 78756</b>	7 Amount of contribution (\$) <b>\$50</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Retired</b>		10 Employer (See Instructions)	
Date <b>6/5/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kat Correa</b> Contributor address; City; State; Zip Code <b>7809 Gault Street, Austin, TX 78757</b>	Amount of contribution (\$) <b>\$25</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Business Analyst</b>		Employer (See Instructions) <b>Rudd and Wisdom Software</b>	
Date <b>6/7/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Heidi Johnson</b> Contributor address; City; State; Zip Code <b>7607 Gault Street, Austin, TX 78757</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>6/9/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charlotte Cruz</b> Contributor address; City; State; Zip Code <b>1234 W. 69th Street, Cleveland, OH 44102</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Senior Customer Specialist</b>		Employer (See Instructions) <b>CT Corporation</b>	
Date <b>5/15/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Phillip Tindall</b> Contributor address; City; State; Zip Code <b>7513 Saint Cecelia Street, Austin, TX 78757</b>	Amount of contribution (\$) <b>\$350</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Contract Manager</b>		Employer (See Instructions) <b>City of Austin</b>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>11</b>	
2 FILER NAME <b>Melissa Zone</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/8/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don Ballard</b> 6 Contributor address; City; State; Zip Code <b>7715 Tisdale Drive Austin, TX 78757</b>	7 Amount of contribution (\$) <b>\$20</b>  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Attorney</b>		10 Employer (See Instructions) <b>Pedernales Electric Coop</b>	
Date <b>6/8/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joyce Basciano</b> Contributor address; City; State; Zip Code <b>1907 W. 34th Street, Austin, TX 78703</b>	Amount of contribution (\$) <b>\$50</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Homemaker</b>		Employer (See Instructions)	
Date <b>6/8/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anonymous</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$49</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/8/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Sietz</b> Contributor address; City; State; Zip Code <b>1516 Richcreek Road, Austin, TX 78757</b>	Amount of contribution (\$) <b>\$100</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>6/8/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cynthia Keohane</b> Contributor address; City; State; Zip Code <b>5702 Wynona Ave, Austin, TX 78757</b>	Amount of contribution (\$) <b>\$25</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Software Test Engineer</b>		Employer (See Instructions) <b>US Dept of Veterans Affairs</b>	

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## SCHEDULE A

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2 FILER NAME <b>Melissa Zone</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/8/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lori Henry</b> 6 Contributor address; City; State; Zip Code <b>7511 St. Cecelia St, Austin, TX 78757</b>	7 Amount of contribution (\$) <b>\$100</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Home Service Manager</b>		10 Employer (See Instructions) <b>State of Texas</b>	
Date <b>6/8/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Patrick</b> Contributor address; City; State; Zip Code <b>P.O. Box 303370, Austin, TX 78703</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>6/8/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>April Rodriguez</b> Contributor address; City; State; Zip Code <b>700 Louis Henna Blvd., Austin, TX 78664</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Financial Analyst</b>		Employer (See Instructions) <b>Travis County</b>	
Date <b>6/8/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lynnette Alley</b> Contributor address; City; State; Zip Code <b>1315 W. St. Johns Ave, Austin, TX 78757</b>	Amount of contribution (\$) <b>\$25</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>6/8/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terry Tindall</b> Contributor address; City; State; Zip Code <b>205 Blanco Dr., Hutto, TX 78634</b>	Amount of contribution (\$) <b>\$150</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Electrician</b>		Employer (See Instructions) <b>ACC</b>	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>11</b>	
2 FILER NAME <b>Melissa Zone</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/11/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason Fisher</b> 6 Contributor address; City; State; Zip Code <b>1430 South Beverly Glen Blvd, Ph 1 Los Angeles, CA 90024</b>	7 Amount of contribution (\$) <b>\$100</b>  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Actor</b>		10 Employer (See Instructions) <b>Self Employed</b>	
Date <b>6/14/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jack Newton</b> Contributor address; City; State; Zip Code <b>9405 Arch Hill Circle, Austin, TX 78750</b>	Amount of contribution (\$) <b>\$330</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) <b>In-kind Photos</b>
Principal occupation / Job title (See Instructions) <b>Product Manager</b>		Employer (See Instructions) <b>Deltek</b>	
Date <b>6/16/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Chiconsky</b> Contributor address; City; State; Zip Code <b>9717 Peakridge Dr., Austin, TX 78737</b>	Amount of contribution (\$) <b>\$300</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Homemaker</b>		Employer (See Instructions)	
Date <b>6/16/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christopher Tindall</b> Contributor address; City; State; Zip Code <b>5002 Daymon Ct, Hutto, TX 78635</b>	Amount of contribution (\$) <b>\$75</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Electrician</b>		Employer (See Instructions) <b>City of Austin</b>	
Date <b>6/16/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Mason</b> Contributor address; City; State; Zip Code <b>922 N. K ST, Lake Worth, FL 33460</b>	Amount of contribution (\$) <b>\$30</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>11</b>	
2 FILER NAME <b>Melissa Zone</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/17/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephanie Phillips</b> 6 Contributor address; City; State; Zip Code <b>2873 Carie Hill Cir NW, Massillon, OH 44646</b>	7 Amount of contribution (\$) <b>\$350</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Behavior Trainer</b>		10 Employer (See Instructions) <b>Stark Co. Bd of Developmental Disabilities</b>	
Date <b>6/17/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brittany Bloomer</b> Contributor address; City; State; Zip Code <b>7314 Dawn Ave. E, Inver Grove Hts, MN 55076</b>	Amount of contribution (\$) <b>\$300</b>	In-kind contribution description (if applicable) <b>In-kind graphic artwork</b>
Principal occupation / Job title (See Instructions) <b>Graphic Artist</b>		Employer (See Instructions) <b>BB Studios</b>	
Date <b>6/17/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Phillips</b> Contributor address; City; State; Zip Code <b>2873 Carie Hill Cir NW, Massillon, OH 44646</b>	Amount of contribution (\$) <b>\$350</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Help Desk Manager</b>		Employer (See Instructions) <b>J.M. Smucker</b>	
Date <b>5/23/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Madelyn Zone</b> Contributor address; City; State; Zip Code <b>1267 W. 61 St., Cleveland, OH 44102</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>H.R. Specialist</b>		Employer (See Instructions) <b>St. Augustine Health Ministries</b>	
Date <b>6/23/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alyssa Butler</b> Contributor address; City; State; Zip Code <b>8524 Burnet Road #803, Austin, TX 78757</b>	Amount of contribution (\$) <b>\$80</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Bartender</b>		Employer (See Instructions) <b>Savour Baby Blues</b>	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>11</b>	
2 FILER NAME <b>Melissa Zone</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/26/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Peggy Zone Fisher</b> 6 Contributor address; City; State; Zip Code <b>15925 Shaker Blvd, Shaker Hts, OH 44120</b>	7 Amount of contribution (\$) <b>\$350</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Executive Director</b>		10 Employer (See Instructions) <b>Diversity Center</b>	
Date <b>6/26/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Aspen Dunaway</b> Contributor address; City; State; Zip Code <b>1108 Lavaca St, P.O. Box 103, Austin, TX 78701</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Private Practice</b>	
Date <b>6/26/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ken Austin</b> Contributor address; City; State; Zip Code <b>615 W. St. John's Ave, Austin, TX 78752</b>	Amount of contribution (\$) <b>\$75</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Manager</b>		Employer (See Instructions) <b>Austin Mobile Consier</b>	
Date <b>6/26/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lee Fisher</b> Contributor address; City; State; Zip Code <b>15925 Shaker Blvd, Shaker Hts, OH 44120</b>	Amount of contribution (\$) <b>\$350</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>CEO for Cities</b>	
Date <b>6/27/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laney Baldwin</b> Contributor address; City; State; Zip Code <b>7425 Country Brook CT, Dayton, OH 45414</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Independent Distributor</b>		Employer (See Instructions) <b>Advocare</b>	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loretta Krzastek 6 Contributor address; City; State; Zip Code 1717 SE 14th ST, Cape Coral, FL 33990	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Fire Protection Specialist		10 Employer (See Instructions) State of Florida	
Date 6/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandy McDonald Contributor address; City; State; Zip Code 5002 Daymon Ct, Hutto, TX 78634	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Primrose School of Cedar Park	
Date 6/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Alexander Contributor address; City; State; Zip Code 166 Hermine, San Antonio, TX 78212	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas San Antonio	
Date 6/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Pescatrice Contributor address; City; State; Zip Code PO Box 553, Fort Myers, FL 33902	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Inspector		Employer (See Instructions) State of Florida	
Date 6/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Peters Contributor address; City; State; Zip Code PO Box 5788, Austin, TX 78763	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) CD&P	

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2 FILER NAME <b>Melissa Zone</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/28/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Esther Tindall</b> 6 Contributor address; City; State; Zip Code <b>807 N. Lamar Ave, Cameron, TX 76520</b>	7 Amount of contribution (\$) <b>\$45</b>  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Homemaker</b>		10 Employer (See Instructions)	
Date <b>6/28/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sandy Monroe</b> Contributor address; City; State; Zip Code <b>1105 E. 14 1/2 Street, Cameron, TX 76520</b>	Amount of contribution (\$) <b>\$100</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Homemaker</b>		Employer (See Instructions)	
Date <b>6/29/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Deborah Ratner</b> Contributor address; City; State; Zip Code <b>17300 Parkland Dr., Shaker Hts, OH 44120</b>	Amount of contribution (\$) <b>\$250</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Homemaker</b>		Employer (See Instructions)	
Date <b>6/29/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelby Schulz</b> Contributor address; City; State; Zip Code <b>8524 Burnet Road, Austin, TX 78757</b>	Amount of contribution (\$) <b>\$25</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Account Manager</b>		Employer (See Instructions) <b>Office Depot</b>	
Date <b>6/29/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joeph Reynolds</b> Contributor address; City; State; Zip Code <b>2611 West 49th St, Austin, TX 78731</b>	Amount of contribution (\$) <b>\$350</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angel Austin 6 Contributor address; City; State; Zip Code 615 W. St John's Ave, Austin, TX 78731	7 Amount of contribution (\$) \$75  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Sales Associate		10 Employer (See Instructions) International Innovations	
Date 6/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Somers Contributor address; City; State; Zip Code 11504 Shadow Creek Dr, Manor, TX 78653	Amount of contribution (\$) \$100  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Human Resource Generalist		Employer (See Instructions) City of Round Rock	
Date 6/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Glass Contributor address; City; State; Zip Code 1701 Pheasant Roost, Austin, TX 78758	Amount of contribution (\$) \$15  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) State of Texas	
Date 6/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Reynolds Contributor address; City; State; Zip Code 2611 West 49th ST, Austin, TX 78731	Amount of contribution (\$) \$350  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CR Solutions	
Date 6/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelsea Kotrla Contributor address; City; State; Zip Code 900 Taulbee LN. #109, Austin, TX 78757	Amount of contribution (\$) \$100  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Austin Referral Realty	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>11</b>	
2 FILER NAME <b>Melissa Zone</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/29/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Glass</b>	7 Amount of contribution (\$) <b>\$15</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1701 Pheasant Roost, Austin, TX 78758</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Sales</b>		10 Employer (See Instructions) <b>Self Employed</b>	
Date <b>6/30/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrizia Iasiello</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2195 West 101st ST, Cleveland, OH 44102</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Operator</b>		Employer (See Instructions) <b>AT&amp;T</b>	
Date <b>6/30/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roy Tindall</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>807 N. Lamar Ave, Cameron, TX 76520</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Pressman</b>		Employer (See Instructions) <b>Main Printing Inc.</b>	
Date <b>6/30/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Craig Nazor</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11701 Barchetta Dr., Austin, TX 78758</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Adjunct Professor</b>		Employer (See Instructions) <b>ACC</b>	
Date <b>6/30/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelley Britt</b>	Amount of contribution (\$) <b>\$25</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2018 Center Street Apt 501, Cleveland, OH 44113</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Senior Transportation Planner</b>		Employer (See Instructions) <b>NOACA</b>	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A: <p style="text-align: center; font-size: 1.2em;">11</p>	
<b>2</b> FILER NAME <p style="text-align: center; font-size: 1.2em;">Melissa Zone</p>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <p style="font-size: 1.2em;">6/30/2014</p>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Jonathan Kotrla</p> <b>6</b> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">900 Taulbee LN, Austin, TX 78757</p>	<b>7</b> Amount of contribution (\$) <p style="font-size: 1.2em;">\$100</p> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Realtor</p>		<b>10</b> Employer (See Instructions) <p style="font-size: 1.2em;">Austin Referral Realty</p>	
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Melissa Zone</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan <b>6/16/14</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melissa Zone</b>	9 Loan Amount (\$) <b>\$550.00</b>
6 Is lender a financial Institution?  Y    N	8 Lender address;   City;   State;   Zip Code  <b>7513 Saint Cecelia St., Austin, TX 78757</b>	10 Interest rate <b>N/A</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions) <b>Senior Planner</b>		13 Employer (See Instructions) <b>Travis County</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address;   City;   State;   Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y    N	Lender address;   City;   State;   Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;   City;   State;   Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>2</b>	<b>2</b> FILER NAME <b>Melissa Zone</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>6/9/14</b>	<b>5</b> Payee name <b>HEB</b>	
<b>6</b> Amount (\$) <b>\$55.58</b>	<b>7</b> Payee address; City; State; Zip Code <b>5808 Burnet Rd, Austin, TX 78756</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Food for Kickoff Event</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>6/10/14</b>	Payee name <b>Worley Printing</b>	
Amount (\$) <b>\$83.35</b>	Payee address; City; State; Zip Code <b>3217 N IH-35, Austin, TX 78722</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Stickers and Push Cards</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>6/12/14</b>	Payee name <b>PAYPAL</b>	
Amount (\$) <b>\$37.34</b>	Payee address; City; State; Zip Code <b>2211 North First Street San Jose, CA 95131</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>Facebook Ads</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>6/16/14</b>	Payee name <b>Worley Printing</b>	
Amount (\$) <b>\$1,158.96</b>	Payee address; City; State; Zip Code <b>3217 N IH-35, Austin, TX 78722</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Stickers and Push Cards</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>2</b>	<b>2</b> FILER NAME <b>Melissa Zone</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>6/20/14</b>	<b>5</b> Payee name <b>Rindy Miller Media</b>	
<b>6</b> Amount (\$) <b>\$200</b>	<b>7</b> Payee address; City; State; Zip Code <b>2401 E 6th St, #1007, Austin, TX 78702</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Media services</b>
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>6/26/14</b>	Payee name <b>Wells Fargo</b>	
Amount (\$) <b>\$12</b>	Payee address; City; State; Zip Code <b>400 W 15th St, Austin, TX 78701</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>Checking fees</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>1</b>	<b>2</b> FILER NAME <b>Melissa Zone</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>5/18/14</b>	<b>5</b> Payee name <b>TCDP</b>	
<b>6</b> Amount (\$) <b>\$75.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>1910 E. M.L.K., Austin, TX 78702</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Campaign Training</b>
Date <b>6/23/14</b>	Payee name <b>CADW</b>	
Amount (\$) <b>\$125.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>615 Cardinal Lane, Austin, TX 78704</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contributions</b>	Description (If travel outside of Texas, complete Schedule T) <b>Female Legislators Event</b>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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