CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

				T T	
The C/OH Instruction Guit	DE explains how to complete this form.	1 ACCOUN (Ethics Cor 000787)	nmission filers)	2 PAGE# 1 of 10	
3 CANDIDATE/	MS/MRS/MR FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER	Dr. Kazique			Date Received	
NAME	NICKNAME LAST Prince		SUFFIX	10-6-	2014
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 5408 Pendleton Lane	City; S	TATE; ZIP CODE	Date Hand-delivered	or Date Postmarked
Change of Address	Austin, TX 78723				
				Receipt #	Amount
5 CAMPAIGN	MS/MRS/MR FIRST		MI	Date Processed	
TREASURER NAME	Dr. Kazique			Date Imaged	<u> </u>
	NICKNAME LAST Prince		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 5408 Pendleton Lane Austin, TX 78723	APT/SUITE#; C	ITY: STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 777-1272	E	XTENSION		
8 REPORT TYPE	January 15 X 30th day before July 15 8th day before	<u> </u>	Runoff Exceeded \$500 limit	15th day after cappointment (of	
				and the second s	
9 PERIOD COVERED	Month Day Year		Month Day	Year	
	07/01/2014	THROUGH	09/25/20	14	
10 ELECTION	ELECTION DATE ELECTION DATE Month Day Year 11/04/2014	CTION TYPE Primary F	Runoff	General	Special
11 OFFICE	OFFICE HELD (if any)	A	DFFICE SOUGHT (if known) Lustin ISD, Board of Vistrict 9		
	GC	O TO PAGE 2	•	1-	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Princ	e, Kazique (Dr.)		14 ACCOUNT # 00078723	(Ethics Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the count the candidate's or officeholder's knowledge or consent. Candid y receive notice of such expenditures	candidate / officeholder. ates and officeholders a	These expenditures may re required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		- (-
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		7
16 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,030.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZI	\$	0.00
	4. TOTAL P	OLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	13,030.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$	0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all information require	ed to be reported by
M	JENNIFER GAMEZ Y COMMISSION EXPI February 23, 2017	nes Me	andidate or Officehold	der
AFFIX NOTARY ST	「AMP / SEAL ABOVE		and date of officerior	
Swom to and subscribe	11	e saidfy which, witness my hand and seal of office.	, this the	off day
Signature of officer admini	Dane	/ Jennifer Gamez	Notes	ry Public
Signature of officer admini	stering oath	Print name of officer administering oath	Title of officer admin	istering oath

	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 1/8	Report: 3/10
2	FILER NAME	Prince, Kazique (Dr.)		3 ACCOUNT# 00078723	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Annette Lovoi Campaign)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/12/2014	6 Contributor address; City; State; Zip Code 2520 Longview Street Ste. 313 Austin, TX 78705		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/18/2014	Contributor address; City; State; Zip Code 7200 Bay City Bend Austin, TX 78725		\$25.00 	
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	loation / Job title (See Instructions)	Employer (See In	structions)	
		,			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/18/2014	Contributor address; City; State; Zip Code 7200 Bay City Bend Austin, TX 78725		\$25.00	
				1 '	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
electrical des companies de la	08/18/2014	Contributor address; City; State; Zip Code 2200 S Lamar Austin, TX 78704		\$10.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
End-rydom/essacradess-Adassis saine Assessis en Essacrades es Espacrades	09/14/2014	Contributor address; City; State; Zip Code 5308 Avenue H Austin, TX 78751		\$25.00	
					Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	N GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 2/8	Report: 4/10
2	FILER NAME	Prince, Kazique (Dr.)			3 ACCOUNT # 00078723	(Ethics Commission filers)
4	Date	5 Full name of contributor Brathwaite, Yvonne	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/19/2014	6 Contributor address; 4090 Ridgehurst Dr. Smryna, GA 30080	City; State; Zip Code		\$50.00	Texas, complete Schedule T)
				10 Employer (See In:		
9	Principal occup	ation / Job title (See Instruction	15)	10 Employer (See In	structions)	
	Date	Full name of contributor Campbell, Craig	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/11/2014	Contributor address; 7308 Red Pebble Dr Austin, TX 78739	City; State; Zip Code	······································	\$10.00	
					(If travel outside of	Texas, complete Schedule T)
				Employer (See In		Toxag complete control (
	Principal occup	ation / Job title (See Instruction	is)	Employer (See in	structions)	
	Date	Full name of contributor Casey, Matthew	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/10/2014	Contributor address; 9217 Everglade Drive Austin, TX 78722	City; State; Zip Code		\$10.00	
					(If travel outside of	Texas, complete Schedule T)
	P	attan / Jak titla /Can lanturation	20)	Employer (See In		,
	Principal occup	ation / Job title (See Instruction	15)	Employer (occ in	311 401107107	
	Date	Full name of contributor Cobb, Gary	☐ out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/28/2014	Contributor address; 4325 Triboro Trail Austin, TX 78749	City; State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Cokley, Kevin	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/09/2014	Contributor address; 11913 Landsdown Road Austin, TX 78754	City; State; Zip Code		\$25.00	
					(If travel outside of	Texas, complete Schedule T)
-	Principal occur	pation / Job title (See Instruction	ns)	Employer (See In	structions)	and the state of t
	. morper occup	(1000)				

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/8	8 Report: 5/10
2 FILER NAME	Prince, Kazique (Dr.)		3 ACCOUNT # 00078723	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Conyers, Yolanda	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/22/2014	6 Contributor address; City; State; Zip Code 9915 Westminister Glenn Austin, TX 78730		\$250.00	
- Di : I				Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/23/2014	Contributor address; City; State; Zip Code 1100 Angelina Street Austin, TX 78702	-	\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		roxas, complete defleatile 1)
	,	Zimpioyor (odo in		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/11/2014	Contributor address; City; State; Zip Code 5415 W Harrow Drive Houston, TX 77084		\$50.00 	
			(If travel outside of T	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,,,,,
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/12/2014	Contributor address; City; State; Zip Code 10614 Marias River Drive Austin, TX 78748		\$25.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/02/2014	Contributor address; City; State; Zip Code 316 W 12th Street St. 202 Austin, TX 78701		\$10,000.00 	
		т.		exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	tructions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/8	8 Report: 6/10
2 FILER NAME	Prince, Kazique (Dr.)		3 ACCOUNT # 00078723	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Everitt, Patti)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/12/2014	6 Contributor address; City; State; Zip Code 4007 Crescent Drive Austin, TX 78722		\$200.00	Tours complete Schodule TV
				Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/04/2014	Contributor address; City; State; Zip Code 713 Beardsley Lane Austin, TX 78746		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal coors	pation / Job title (See Instructions)	Employer (See In	1	
Principal occup	Janon 7 300 line (See instructions)	Employer (occ ii	ou dollorio,	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/23/2014	Contributor address; City; State; Zip Code 4418 Jinx Ave Austin, TX 78745		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	1	,
r maipar occup	Salion, oos tillo (oos mallacilons)	2pioj 01 (000 II		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/10/2014	Contributor address; City; State; Zip Code 2814 E 22nd Street Austin, TX 78722		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/02/2014	Contributor address; City; State; Zip Code 8020 Tee Drive Austin, TX 78747		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		, salay complete constants ()
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The Instruction	אס GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/8	3 Report: 7/10
2 FILER NAME	Prince, Kazique (Dr.)		3 ACCOUNT # 00078723	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Jamison, Gina Lee	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/18/2014	6 Contributor address; City; State; Zip Code 1011 Bluebird Drive Manchaca, TX 78652		\$25.00	I Texas, complete Schedule T)
		1. F. J (O I-	1 .	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In		
Date	Full name of contributor	‡).	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/19/2014	Contributor address; City; State; Zip Code 702 W Crestland Austin, TX 78701		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
		Employer (See In	L:	
Principal occup	pation / Job title (See Instructions)	Employer (See in	istructions)	1
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/11/2014	Contributor address; City; State; Zip Code 1602 Gaston Austin, TX 78703		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In	estructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/01/2014	Contributor address; City; State; Zip Code PO BOX 142934 Austin, TX 78714		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/23/2014	Contributor address; City; State; Zip Code 7601 Glennhill Cove Austin, TX 78752		\$25.00	
				rexas, complete scriedule 1)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	on Guide explains how to complete this form.		1 PAGE#	
	THE INSTRUCTION	The Gold Cappaine from the Complete time form			8 Report: 8/10
2	FILER NAME	Prince, Kazique (Dr.)		3 ACCOUNT # 00078723	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Middleton, Emma)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/10/2014	6 Contributor address; City; State; Zip Code 5120 English Glade Austin, TX 78725		\$5.00	
					Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/12/2014	Contributor address; City; State; Zip Code 4606 Avenue H Austin, TX 78701		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/12/2014	Contributor address; City; State; Zip Code 12337 La Guardia Ln Del Valle, TX 78617		\$20.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	Dation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/12/2014	Contributor address; City; State; Zip Code 5214 Joy Sayers Ave. #3 Austin, TX 78756		\$100.00	
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/12/2014	Contributor address; City; State; Zip Code 2804 Ware Road Austin, TX 78741	7	\$25.00	
				1	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/	8 Report: 9/10
2 FILER NAM	E Prince, Kazique (Dr.)		3 ACCOUNT # 00078723	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Schlender, Paige	#)	7 Amount of contribution (\$)	8
08/20/2014	6 Contributor address; City; State; Zip Code 1603 Garden Street Austin, TX 78702		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/22/2014	Contributor address; City; State; Zip Code 1603 Garden Street Austin, TX 78702		\$25.00	
			(If traval outside of	Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See Ir	1	Texas, complete outleading 17
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/18/2014	Contributor address; City; State; Zip Code 6705 Hillcroft Drive Austin, TX 78724		\$25.00	
			1	Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/2014	Contributor address; City; State; Zip Code 6207 Mayhall Drive Austin, TX 78721		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/18/2014	Contributor address; City; State; Zip Code 7A Parkway Dr. South Amboy, NJ 18879		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	Employer (See In	nstructions)	

POLITICAL CONTRIBUTIONS

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/8 Report: 10/10
FILER NAME	Prince, Kazique (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00078723
Date	5 Full name of contributor)#)	7 Amount of 8 In-kind contribution (\$) description (if applicable
09/12/2014	6 Contributor address; City; State; Zip Code 1310 S 1st Street Ste. 300 Austin, TX 78704	,	\$100.00
			(If travel outside of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)
		,	