

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

140117 PM03:19

| | | | | | | | | | | | |
|---|--|--|--|-------------------------------------|---|---------------------------------|--|----------------------------------|---|---|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) 00078723 | 2 PAGE # 1 of 9 | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Dr. Kazique <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Prince | OFFICE USE ONLY | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5408 Pendleton Lane Austin, TX 78723 | Date Received Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black; padding: 2px;">Receipt #</td> <td style="padding: 2px;">Amount</td> </tr> </table> | | Receipt # | Amount | | | | | | |
| Receipt # | Amount | | | | | | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Dr. Kazique <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Prince | Date Processed Date Imaged | | | | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5408 Pendleton Lane Austin, TX 78723 | | | | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 777-1272 | | | | | | | | | | |
| 8 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table> | | | <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 type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Attach C/OH - FR) |
| <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 type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | | | | | |
| 9 PERIOD COVERED | Month Day Year MONTH DAY YEAR 09/26/2014 THROUGH 10/25/2014 | | | | | | | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year 11/04/2014 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known) Austin ISD Board of Trustees District 9 | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME Prince, Kazique (Dr.)

14 ACCOUNT # (Ethics Commission filers)
00078723

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

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

additional pages

16 CONTRIBUTION TOTALS

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) \$ 4,605.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 11,011.84

CONTRIBUTION BALANCE

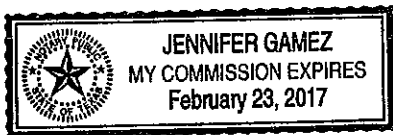
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 12186.12

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 27th day of October, 2014, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Jennifer Gamez
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/3 Report: 3/9 | |
| 2 FILER NAME Prince, Kazique (Dr.) | | 3 ACCOUNT # (Ethics Commission filers) 00078723 | |
| 4 Date 10/20/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berra, Joseph 6 Contributor address; City; State; Zip Code 7200 Bay City Bend Austin, TX 78725 | 7 Amount of contribution (\$) \$25.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 10/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campbell, Craig Contributor address; City; State; Zip Code 7308 Red Pebble Dr Austin, TX 78739 | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/23/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, Roxanne Contributor address; City; State; Zip Code P.O. Box 142534 Austin, TX 78714 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/10/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Middleton, Emma Contributor address; City; State; Zip Code 5120 English Glade Austin, TX 78725 | Amount of contribution (\$) \$5.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Helen Contributor address; City; State; Zip Code 8207 Viewridge Dr. Austin, TX 78724 | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Not Employed | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/3 Report: 4/9 | |
| 2 FILER NAME Prince, Kazique (Dr.) | | 3 ACCOUNT # (Ethics Commission filers) 00078723 | |
| 4 Date 10/21/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Halloran, Evelyn 6 Contributor address; City; State; Zip Code 12028 Pepperidge Austin, TX 78739 | 7 Amount of contribution (\$) \$75.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Psychologist | | 10 Employer (See Instructions) CATSS | |
| Date 10/08/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rockeymoore, Maya Contributor address; City; State; Zip Code 2014 Madisonville Ave. Baltimore, MD 21217 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Global Policy Solutions | |
| Date 10/21/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schlender, Paige Contributor address; City; State; Zip Code 1603 Garden Street Austin, TX 78702 | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Compliance Admin. | | Employer (See Instructions) BAE Systems | |
| Date 10/02/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Stacey Contributor address; City; State; Zip Code 6207 Mayhall Drive Austin, TX 78721 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Southwest Laborers District Council PAC Contributor address; City; State; Zip Code 5555 N Lamar Ste. E-121 Austin, TX 78751 | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 5/9

2 FILER NAME Prince, Kazique (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00078723

4 Date
10/14/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Texas Democratic Party

7 Amount of contribution (\$)
\$3,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
4818 E. Ben White Blvd.
Ste. 104
Austin, TX 78741

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/08/2014

Full name of contributor out-of-state PAC (ID# _____)
Tucker, Deborah

Amount of contribution (\$)
\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1000 Shoal Creek Blvd
Austin, TX 78756

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Executive Director

Employer (See Instructions)
Nat'l Center on Domestic and Sexual Violence

LOANS**SCHEDULE E**

| | | |
|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/1 Report: 6/9 |
| 2 FILER NAME Prince, Kazique (Dr.) | | 3 ACCOUNT # (Ethics Commission filers) 00078723 |
| 4 TOTAL OF UNITEMIZED LOANS: 000000 | | \$ |
| 5 Date of loan 10/06/2014 | 7 Name of lender Prince, Kazique <input type="checkbox"/> out-of-state PAC (ID# _____) | 9 Loan Amount (\$) \$10,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code 5408 Pendleton Ln. Austin, TX 78723 | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 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 checked="" type="checkbox"/> not applicable | 17 Name of guarantor 18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal Occupation | | 21 Employer |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|--|--|---|
| 1 PAGE # Schedule: 1/3 Report: 7/9 | 2 FILER NAME Prince, Kazique (Dr.) | 3 ACCOUNT # (TEC filers) 00078723 |
|--|--|---|

| | |
|-----------------------------|---|
| 4 Date 10/24/2014 | 5 Payee name Austin Chronicle |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$925.00 | 7 Payee address City; State; Zip Code P.O. Box 49066 Austin, TX 78765 |
|----------------------------------|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|---|--|

| | | |
|---|-------------------------------|--|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
|---|-------------------------------|--|

| | |
|--------------------|---------------------------------|
| Date 10/15/2014 | Payee name La Voz Newspapers |
|--------------------|---------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$700.00 | Payee address City; State; Zip Code P.O. Box 19457 Austin, TX 78760 |
|-------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|--|

| | | |
|---|-------------------------------|--|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
|---|-------------------------------|--|

| | |
|--------------------|-------------------------|
| Date 10/09/2014 | Payee name MailChimp |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$75.00 | Payee address City; State; Zip Code 512 Means St. Ste. 404 Atlanta, GA 30318 |
|------------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email System <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|---|

| | | |
|---|-------------------------------|--|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
|---|-------------------------------|--|

| | |
|--------------------|--|
| Date 10/13/2014 | Payee name Steven Noreyko Photography |
|--------------------|--|

| | |
|-------------------------|---|
| Amount (\$) \$589.06 | Payee address City; State; Zip Code 909 Gardner Road #2 Austin, TX 78721 |
|-------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photography <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|--|

| | | |
|---|-------------------------------|--|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
|---|-------------------------------|--|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | 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.

| | | | | | |
|--|---|--|---|---|--------------|
| 1 PAGE # Schedule: 2/3 Report: 8/9 | | 2 FILER NAME Prince, Kazique (Dr.) | | 3 ACCOUNT # (TEC filers) 00078723 | |
| 4 Date 09/30/2014 | 5 Payee name The Rivas Group | | | | |
| 6 Amount (\$) \$500.00 | 7 Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> General Consulting Services | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/22/2014 | Payee name The Rivas Group | | | | |
| Amount (\$) \$600.00 | Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> General Consulting Services | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/23/2014 | Payee name The Rivas Group | | | | |
| Amount (\$) \$4,918.95 | Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphic Design, Voter Targeting, Print Collateral for Mailing | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/24/2014 | Payee name The Rivas Group | | | | |
| Amount (\$) \$554.88 | Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphic Design for Ads and Push Cards | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | 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.

| | | | | | |
|--|--|---|--|---|--|
| 1 PAGE # Schedule: 3/3 Report: 9/9 | | 2 FILER NAME Prince, Kazique (Dr.) | | 3 ACCOUNT # (TEC filers) 00078723 | |
| 4 Date 10/23/2014 | | 5 Payee name U.S. Postmaster | | | |
| 6 Amount (\$) \$2,148.95 | | 7 Payee address City; State; Zip Code 823 Congress Ave. #150 Austin, TX 78701 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) OTHER - Postage | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage for Mailer | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought: Office held: | |