



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Pace, Kendall 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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,350.—</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>10,383.88</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,039.18</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5,000.—</u>

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.

Kendall Pace  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kendall Pace, this the 8th day of December, 2014, to certify which, witness my hand and seal of office.

Rosa Palacios Signature of officer administering oath  
ROSA PALACIOS Printed name of officer administering oath  
Paralegal/Elec. Asst. 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:

5

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/26/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Kreisle, Rita

6 Contributor address; City; State; Zip Code

1512 Hardouin Ave. Austin, TX 78703

7 Amount of contribution (\$)

\$250.-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/28/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ramsey, George

Contributor address; City; State; Zip Code

515 Congress Austin, TX 78701

Amount of contribution (\$)

\$250.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/4/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dowe, Doug

Contributor address; City; State; Zip Code

P.O. Box 1944 Austin, TX 78767

Amount of contribution (\$)

\$150.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/5/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Torgerson, Karin

Contributor address; City; State; Zip Code

5514 Purdue Dallas, TX 75209

Amount of contribution (\$)

\$250.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/5/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Street, Judy

Contributor address; City; State; Zip Code

1997 SW Carter Ln. Portland, OR 97201

Amount of contribution (\$)

\$250.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Fire King Crowns



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**5**

2 FILER NAME

**Pace, Kendall**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**11/7/14**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Small, Allison**

6 Contributor address; City; State; Zip Code

**4203 Venedo Dr.  
Austin, Tx 78731**

7 Amount of contribution (\$)

**\$100.-**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**11/7/14**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Budet, Tony**

Contributor address; City; State; Zip Code

**P.O. Box 29205  
Austin, Tx 78755**

Amount of contribution (\$)

**\$1000.-**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/7/14**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Little, Jeanne**

Contributor address; City; State; Zip Code

**2806 Stratford  
Austin, Tx 78746**

Amount of contribution (\$)

**\$1500.-**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/8/14**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Dochen, Sandy**

Contributor address; City; State; Zip Code

**5010 North Rim  
Austin, Tx 78731**

Amount of contribution (\$)

**\$100.-**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/9/14**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Armington, Margaret**

Contributor address; City; State; Zip Code

**7010 Northwood  
Dallas, Tx 75225**

Amount of contribution (\$)

**\$250.-**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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:

5

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/12/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Wagner, Yasmin

6 Contributor address; City; State; Zip Code

11213 South Bay Ln.  
Austin, TX 78739

7 Amount of contribution (\$)

\$250.-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/12/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Hendrick, JT

Contributor address; City; State; Zip Code

4300 Abbott Ave.  
Dallas, TX 75205

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Green, Lisa

Contributor address; City; State; Zip Code

2613 Delwood  
Austin, TX 78703

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ray, Christine

Contributor address; City; State; Zip Code

3804 Agape Ln  
Austin, TX 78735

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Lalic, Nada

Contributor address; City; State; Zip Code

5423 Shoalwood  
Austin, TX 78756

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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:

5

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/14/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gottesman, Sanford

6 Contributor address; City; State; Zip Code

1900 Scenic  
Austin, TX 78703

7 Amount of contribution (\$)

\$500.-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/14/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Laird, Trey

Contributor address; City; State; Zip Code

2619 Spring Austin, TX 78703

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Benson, Craig

Contributor address; City; State; Zip Code

1415 Walmen  
Austin, TX 78703

Amount of contribution (\$)

\$250.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/17/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Rivera, Julian

Contributor address; City; State; Zip Code

2404 Forest Bend Dr.  
Austin, TX 78704

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/17/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Johnson, Tyler

Contributor address; City; State; Zip Code

2400 Windsor  
Austin, TX 78703

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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>5</b>	
2 FILER NAME <b>Pace, Kendall</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/17/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Clifton, Gay</b>	7 Amount of contribution (\$) <b>\$100.-</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2509 Jarrett Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/20/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stanley, Alfred</b>	Amount of contribution (\$) <b>\$150.-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1409 Hardoin Ave Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/27/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mouritsen, Jennifer</b>	Amount of contribution (\$) <b>\$250.-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3605 Cassava Austin, TX 78746</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/2/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hirsh, Patty</b>	Amount of contribution (\$) <b>\$100.-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2806 Wade Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor 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 | 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.

1 Total pages Schedule F: <i>5</i>	2 FILER NAME <i>Pace, Kendall</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/30/14</i>	5 Payee name <i>InFocus Campaigns</i>
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6 Amount (\$) <i>\$6,266.58</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 10726 Fort Worth, TX 76114</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Polling Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>paid phones</i>
	<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
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Date <i>11/4/14</i>	Payee name <i>InFocus Campaigns</i>
------------------------	--

Amount (\$) <i>\$521.16</i>	Payee address; City; State; Zip Code <i>P.O. Box 10726 Ft. Worth, TX 76114</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Robocalls</i>
	<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
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Date <i>11/5/14</i>	Payee name <i>Piryx.com</i>
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Amount (\$) <i>\$40.10</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
	<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
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Date <i>11/7/14</i>	Payee name <i>Piryx.com</i>
------------------------	--------------------------------

Amount (\$) <i>\$127.30</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**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: 5	<b>2</b> FILER NAME Pace, Kendall	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 11/8/14	<b>5</b> Payee name Piryx.com
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<b>6</b> Amount (\$) \$8.20	<b>7</b> Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) online transaction fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/9/14	Payee name Piryx.com
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Amount (\$) \$20.05	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/12/14	Payee name Piryx.com
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Amount (\$) \$8.20	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/13/14	Payee name Piryx.com
------------------	-------------------------

Amount (\$) \$8.20	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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.

1 Total pages Schedule F: <b>5</b>	2 FILER NAME <b>Pace, Kendall</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--------------------------------------	--

4 Date <b>11/14/14</b>	5 Payee name <b>Pirya.com</b>
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6 Amount (\$) <b>\$80.50</b>	7 Payee address; City; State; Zip Code <b>144 2nd St. San Francisco, CA 94105</b>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fees</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>online transaction fees</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/17/14</b>	Payee name <b>Pirya.com</b>
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Amount (\$) <b>\$24.60</b>	Payee address; City; State; Zip Code <b>144 2nd St. San Francisco, CA 94105</b>
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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>online transaction fees</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/20/14</b>	Payee name <b>Kinkos</b>
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Amount (\$) <b>\$693.06</b>	Payee address; City; State; Zip Code <b>3300 Bee Coves Rd Austin, TX 78746</b>
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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>post cards</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/21/14</b>	Payee name <b>Kinkos</b>
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Amount (\$) <b>\$40.32</b>	Payee address; City; State; Zip Code <b>3300 Bee Coves Rd Austin, TX 78746</b>
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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>post cards</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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.

1 Total pages Schedule F: <b>5</b>	2 FILER NAME <b>Pace, Kendall</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--------------------------------------	--

4 Date <b>11/24/14</b>	5 Payee name <b>U.S. Post Office - West Austin 78703</b>
---------------------------	---

6 Amount (\$) <b>\$1258.-</b>	7 Payee address; City; State; Zip Code <b>West Austin Station 78703</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Stamps</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>11/27/14</b>	Payee name <b>Pirya.com</b>
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Amount (\$) <b>\$20.05</b>	Payee address; City; State; Zip Code <b>144 2nd St. San Francisco, CA 94105</b>
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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>online transaction fees</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/28/14</b>	Payee name <b>Wells Fargo</b>
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Amount (\$) <b>\$16.-</b>	Payee address; City; State; Zip Code <b>3105 Windsor Rd. Austin Tx 78703</b>
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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>Bank fee</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/30/14</b>	Payee name <b>GMI Consulting</b>
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Amount (\$) <b>\$1075.-</b>	Payee address; City; State; Zip Code <b>P.O. Box 685008 Austin, Tx 78768</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>access to email lists</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

1 Total pages Schedule F: <b>5</b>	2 FILER NAME <b>Pace, Kendall</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>12/2/14</b>	5 Payee name <b>Piryx.com</b>
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6 Amount (\$) <b>\$3.20</b>	7 Payee address; City; State; Zip Code <b>144 2nd St. San Francisco, CA 94105</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fees</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Online transcription fees</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>Pace, Kendall</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>11/14/14</b>	5 Payee name <b>Facebook</b>
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6 Amount (\$) <b>\$40.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Ads</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>11/13/14</b>	Payee name <b>Facebook</b>
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Amount (\$) <b>\$61.35</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Ads</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>11/20/14</b>	Payee name <b>Facebook</b>
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Amount (\$) <b>\$67.01</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Ads</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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