

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Paul</i>	MI
	NICKNAME	LAST <i>Saldana</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;
			STATE; ZIP CODE
		<i>P.O. Box 1383 Austin Tx 78652</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( )		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Alberto</i>	MI
	NICKNAME	LAST <i>Garcia</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;
			STATE; ZIP CODE
		<i>P.O. Box 1383 Austin Tx 78652</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( )		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<i>8</i>	<i>18</i>	<i>14</i>
THROUGH		Month	Day
		<i>9</i>	<i>25</i>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
<i>11</i>	<i>4</i>	<i>14</i>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		
	OFFICE SOUGHT (if known)		
		<i>AISD Board Trustee District 6</i>	

OFFICE USE ONLY	
Date Received	
<i>10-4-2014</i>	
Date Hand-delivered or Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

GO TO PAGE 2

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Paul Saldana*

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1280.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10,000.00

EXPENDITURE  
TOTALS

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

\$ 299.63

4. TOTAL POLITICAL EXPENDITURES

\$ 5324.93

CONTRIBUTION  
BALANCE

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

\$ 5955.07

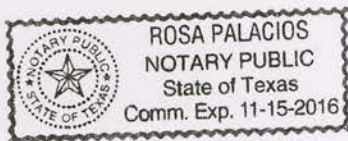
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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.



*Paul Saldana*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul Saldana, this the 4 day of October, 20 14, to certify which, witness my hand and seal of office.

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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/18/14	Ann Denkler 6 Contributor address; City; State; Zip Code 6112 Highlanddale Dr Austin Tx 78731	\$100	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)
8/23/14	Carol Hadnot Contributor address; City; State; Zip Code 6204 Brettonwoods Lane Austin Tx 78753	\$100	
		(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)
8/23/14	Aletta Banks Contributor address; City; State; Zip Code 9616 Copper Creek Austin Tx 78729	\$100	
		(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)
8/21/14	Alberto Garcia Contributor address; City; State; Zip Code 1715 S. 1st Street Austin Tx 78704	\$200	
		(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)
8/27/14	Marion Sanchez Contributor address; City; State; Zip Code 5934 Rep of Texas Blvd Austin Tx 78735	\$100	
		(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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9/4/14

Phillip & Janie Saldaña

\$100

6 Contributor address; City; State; Zip Code

1102 Red Cliff Dr  
Austin TX 78758

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/4/14

Carmelo & Dolores Macias

\$100

Contributor address; City; State; Zip Code

10017 Wild Dunes Dr.  
Austin TX 78747

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/4/14

Charlie Jackson

\$50.00

Contributor address; City; State; Zip Code

11900 Metric Blvd. 5165  
Austin TX 78758

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/4/14

Lizette Montiel

\$100

Contributor address; City; State; Zip Code

746 Northwestern Ave  
Austin TX 78702

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/4/14

Alicia Perez

\$100

Contributor address; City; State; Zip Code

1716 Palma Plz  
Austin TX 78703

(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**

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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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/4/14	Deborah Kelley 6 Contributor address; City; State; Zip Code 9101 La Cresada Dr. #1731 Austin TX 78749	\$50.00	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)
9/4/14	Christina R. Corona Contributor address; City; State; Zip Code 4411 Tello Path Austin TX 78749	\$200	
		(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)
9/15/14	Education Austin PAC Contributor address; City; State; Zip Code 316 W. 12th St. #202 Austin TX 78701	\$3000.00	
		(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)
9/24/14	Jan Lawson Contributor address; City; State; Zip Code 3629 Quiette Dr. Austin TX 78758	\$1.00	
		(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)
9/25/14	Education Austin PAC Contributor address; City; State; Zip Code 316 W. 12th St. #202 Austin TX 78701	\$2000	
		(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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/24/14	SW Laborers Dist Council 6 Contributor address; City; State; Zip Code 11720 East 21 Suite D Tulsa, OK 74129	\$1000	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)
9/24/14	Carole Keeton Contributor address; City; State; Zip Code 2904 Bowman Ave Austin TX 78703	\$500.00	
		(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)
9/8/14	Henry Gilmore Contributor address; City; State; Zip Code 803 N. Main St. Burnet TX 78611	\$100	
		(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)
9/8/14	Sarah Andre Contributor address; City; State; Zip Code 702 San Antonio St. Austin TX 78701	\$500	
		(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)
9/8/14	Helen Varty Contributor address; City; State; Zip Code 3405 Santa Monica Austin TX 78741	\$100	
		(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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9/15/14

Ricardo Guerra  
Contributor address; City; State; Zip Code  
2107 Key West Cove  
Austin TX 78746

\$100

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/17/14

Gloria Mata Pennington  
Contributor address; City; State; Zip Code  
5607 Shoal Creek  
Austin TX 78756

\$100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/20/14

Eric Goff  
Contributor address; City; State; Zip Code  
2500 E. 2nd St.  
Austin TX 78702

\$200

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/22/14

Kathleen Vale  
Contributor address; City; State; Zip Code  
2702 Dupont Cove  
Austin TX 78748

\$100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/24/14

Thomas L. Martinez  
Contributor address; City; State; Zip Code  
4909 Calhoun Canyon Loop  
Austin TX 78735

\$50.00

(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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/25/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jon Wainwright</i>	7 Amount of contribution (\$) <i>\$250.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4109 Ave F Austin TX 78751</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	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**

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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: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 9/5/14 5 Payee name Eleana Rodriguez/Hector Colles

6 Amount (\$) \$500 7 Payee address; City; State; Zip Code  
P.O. Box 40271  
Austin TX 786610

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Consulting (b) Description (If travel outside of Texas, complete Schedule T)

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

Date 9/15/14 Payee name Blue Roots

Amount (\$) \$1217.50 Payee address; City; State; Zip Code  
P.O. Box 300053  
Austin TX 78703

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Consulting 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 9/12/14 Payee name Urban Uniforms

Amount (\$) \$487.13 Payee address; City; State; Zip Code  
4114 W. Commerce #103  
San Antonio TX 78207

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Printing/Advertising Expense Campaign T-shirts 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 9/4/14 Payee name Serrano's

Amount (\$) \$350.00 Payee address; City; State; Zip Code  
9500 S. IH 35  
Austin TX 78748

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food + Bev Campaign Kickoff 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

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:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 9/5/14	<b>5</b> Payee name Jose Velasquez
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<b>6</b> Amount (\$) \$500	<b>7</b> Payee address; City; State; Zip Code 4900 E. 0th St #216 Austin TX 78741
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Consulting	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 9/5/14	<b>Payee name</b> Cenoveva Rodriguez
-----------------------	---

<b>Amount (\$)</b> \$500	<b>Payee address; City; State; Zip Code</b> 8313 Tripod Dr Austin TX 78747
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Consulting	<b>Description</b> (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 9/5/14	<b>Payee name</b> Dan Pickens
-----------------------	----------------------------------

<b>Amount (\$)</b> \$1500	<b>Payee address; City; State; Zip Code</b> 851 Jennifer Lane Driftwood TX 78619
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Consulting	<b>Description</b> (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 9/10/14	<b>Payee name</b> Skylar Bonilla
------------------------	-------------------------------------

<b>Amount (\$)</b> \$150	<b>Payee address; City; State; Zip Code</b> 2604 E. Cesar Chavez Austin TX 78702
-----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Consulting	<b>Description</b> (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/29/14	5 Payee name American Printing
-------------------	-----------------------------------

6 Amount (\$) \$179.05	7 Payee address; City; State; Zip Code 1606 Headway Cir Austin TX 78754
---------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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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 9/10/14	Payee name Worley
-----------------	----------------------

Amount (\$) \$54.25	Payee address; City; State; Zip Code 3217 N. IH 35 Austin TX 78722
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	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 9/10/14	Payee name Austin Tejano Dems
-----------------	----------------------------------

Amount (\$) \$200	Payee address; City; State; Zip Code 2544 Stoutwood Tr Austin TX 78745
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributor/Donation	Description (If travel outside of Texas, complete Schedule T)
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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 9/24/14	Payee name Texas Dem Party
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Amount (\$) \$200	Payee address; City; State; Zip Code 4818 E. Ben White #104 Austin TX 78741
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Water, File Access Polling Expense	Description (If travel outside of Texas, complete Schedule T)
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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