

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 Mr.	FIRST David	MI
	NICKNAME "D"	LAST Thompson	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 1306 Chicon St.	APT / SUITE #: Unit A	CITY: STATE: ZIP CODE Austin, TX 78702
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 568-5035
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST AL	MI
	NICKNAME	LAST Lopez	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 7206 Providence Ave.	APT / SUITE #:	CITY: STATE: ZIP CODE Austin, TX 78752
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 695-8170	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	THROUGH	Month / Day / Year 9 / 25 / 2014
11 ELECTION	Month / Day / Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) AISD Board of Trustees - District 1	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

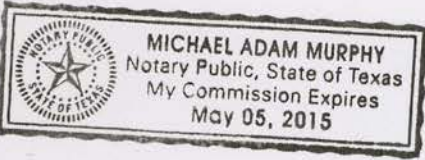
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME <u>David "D" Thompson</u>	15 ACCOUNT # (Ethics Commission Filers)
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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"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
	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	\$ 1234.90
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6806.28
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 71.08
	4. TOTAL POLITICAL EXPENDITURES	\$ 2433.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4372.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael Adam Murphy, this the 6 day of October, 2014, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Michael A. Murphy
Printed name of officer administering oath

Notary Public
Title of officer administering oath

UCI 6 14 4:08PM

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 AL Lopez		3 ACCOUNT # (Ethics Commission Filers)		
4 Date 9/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Blair Brandon	7 Amount of contribution (\$) 182.28	8 In-kind contribution description (if applicable) Voter file list	
6 Contributor address; City; State; Zip Code 2122 Hancock Dr. Austin, TX 78756		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Political Affairs Manager		10 Employer (See Instructions) Texas Apartment Association		
Date 8/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shawn Bueche	Amount of contribution (\$) 680.00	In-kind contribution description (if applicable) Graphic Design	
Contributor address; City; State; Zip Code 1203 W. 44th Unit # Austin, TX 78756		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Self		
Date 8/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott Wade	Amount of contribution (\$) 450.00	In-kind contribution description (if applicable) Photography	
Contributor address; City; State; Zip Code 1302 Cloverleaf Dr. Austin, TX 78735		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self		
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nick Bonus	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1033 La Posada Dr. Austin, TX 78752		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Cross Cultural Worker		Employer (See Instructions) Frontiers		
Date 9/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jennifer Lacamo	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1225 SW Palm City, FL 34990 Magnolia Bluff Dr.		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Graphic design / web programmer		Employer (See Instructions) American Custom Yachts		
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 AL LOPEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Thompson Sr.	7 Amount of contribution (\$) 140.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 14053 Huber Rd. Seguin, TX 78155		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Supervisor		10 Employer (See Instructions) DOD	
Date 9/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rachel Elliston	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3412 Cole Ave. Dallas, TX 75204		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Accenture	
Date 9/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matthew Siman	Amount of contribution (\$) 56.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 105 Wildwood Ave. Arlington, MA 2470		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Research Assistant		Employer (See Instructions) TUFTS University	
Date 9/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Todd Engstrom	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15024 Mallard Green Ln. Austin, TX 78728		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Self	
Date 9/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Darin Thompson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5902 Band Table Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) IBM	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				SCHEDULE A
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME AL Lopez			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rusty Chiles	6 Contributor address; City; State; Zip Code 5830 Cheena Houston, TX 77096	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) C&E Banking			10 Employer (See Instructions) Wells Fargo	
4 Date 9/7/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martha Lowe	6 Contributor address; City; State; Zip Code 4525 Page St. Austin, TX 78723	7 Amount of contribution (\$) 240.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Bookkeeper			10 Employer (See Instructions) Self	
4 Date 9/13/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Adam Zimel	6 Contributor address; City; State; Zip Code 4009 Madrid Austin, TX 78759	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Real Estate Broker			10 Employer (See Instructions) Endavor Real Estate Group	
4 Date 9/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Emily Edwards	6 Contributor address; City; State; Zip Code 8307 Racine Trl. Austin, TX 78717	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Physical therapist			10 Employer (See Instructions) St. Davids Roundrock	
4 Date 9/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cheryl Tucker	6 Contributor address; City; State; Zip Code 1710 Todd Ln Cedar Park, TX 78613	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Realtor			10 Employer (See Instructions) Best Agents in Texas	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**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 AL LOPEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Murphy	7 Amount of contribution (\$) 1040.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1008 W. 25 1/2 St. Apt. 103 Austin, TX 78705		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Minister		10 Employer (See Instructions) Austin Stone Community Church	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Klein	Amount of contribution (\$) 600.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1018 Milam Pl. Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) CS Presents	
Date 9/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colleen Tomkins	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 161 Hudson St. New York, NY 10013 5B		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self	
Date 9/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Rechner	Amount of contribution (\$) 259.38	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 58 Hoaglands Lane Old Brookville, NY 11545		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Chairman & CEO		Employer (See Instructions) RXP	
Date 9/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley Tusk	Amount of contribution (\$) 650.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 112 E. 19th St. New York, NY 10003 Apt. 11F		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Tusk Strategies	
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 AL Lopez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/18/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Campbell Brown	7 Amount of contribution (\$) 650.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 529 5th Ave. New York, NY 10017		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) N/A		10 Employer (See Instructions) N/A	
Date 9/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daniel Clarke	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5641 Wharton Dr. Fort Worth, TX 76133		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rosa + Alberto Gonzalez	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11321 Chatham Berry Austin, TX 78743		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired School teacher		Employer (See Instructions) N/A	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daniel Clarke	Amount of contribution (\$) 26.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 440 Arbor Club Ln Euless, TX 76039		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leadership For Educational Equity	Amount of contribution (\$) 1600	In-kind contribution description (if applicable) Purchase of SmartVan TX
Contributor address; City; State; Zip Code 1805 7th St. NW Washington DC, 20001		(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 AL Lopez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leadership for Educational Equity	7 Amount of contribution (\$) 1,043.31	8 In-kind contribution description (if applicable) Candidate Coaching
6 Contributor address; City; State; Zip Code 1805 7th St. NW Washington DC, 20001		(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)
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)
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)
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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PLEGGED CONTRIBUTIONS				SCHEDULE B
The Instruction Guide explains how to complete this form.			1 Total pages Schedule B:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨				\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)	
<small>(If travel outside of Texas, complete Schedule T)</small>				
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
<small>(If travel outside of Texas, complete Schedule T)</small>				
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
<small>(If travel outside of Texas, complete Schedule T)</small>				
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
<small>(If travel outside of Texas, complete Schedule T)</small>				
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
<small>(If travel outside of Texas, complete Schedule T)</small>				

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

LOANS

SCHEDULE E

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

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

POLITICAL EXPENDITURES		SCHEDULE F
EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense
Consulting Expense	Food/Beverage Expense	Travel In District
Event Expense	Polling Expense	Travel Out Of District
Fees	Printing Expense	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 F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/22/14	5 Payee name American Printing & Mailing	
6 Amount (\$) 2,144.30	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) <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 9/25/14	Payee name Contigo	
Amount (\$) 218.67	Payee address; City; State; Zip Code 2027 Anchor Ln. Austin, TX 78723	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expenses	Description (If travel outside of Texas, complete Schedule T) <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address: City: State: Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
		<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	Business name
------	---------------

Amount (\$)	Business address: City: State: Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
		<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	Business name
------	---------------

Amount (\$)	Business address: City: State: Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
		<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	Business name
------	---------------

Amount (\$)	Business address: City: State: Zip Code
-------------	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received	8 Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		