CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: Report 51 The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE/ Μl OFFICE USE ONLY David **OFFICEHOLDER** R. Мr. NAME Date Received NICKNAME LAST SUFFIX Quintanilla 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** Austin 78746 2499 S. Capital of Tx Hwy Suite A102 Texas MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ **OFFICEHOLDER** Date Hand-delivered or Date Postmarked 789-0722 (512 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Mrs. Lisa Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Hoyt STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE 7 CAMPAIGN CITY; STATE; TREASURER Austin 78705 Texas 3303 Liberty Street **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** 512 589-5919 PHONE 9 REPORT TYPE X 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) 10 PERIOD Month Year Day Month Day Year COVERED 2016 2016 09 29 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Day Year Description 2016 80 X General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (If known) 12 OFFICE AISD Trustee At Large **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER-SHEET PG 2

					
14 C/OH NAME Quin	itanilla, David Ryan	7:	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	OOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DIDSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS TURES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
ļ	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
			,		
Additional Pages	, ,				
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI			
TOTALS	1. TOTAL F PLEDGE				
•		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 48,050.00		
EXPENDITURE TOTALS	3. TOTAL P UNLESS	\$			
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 19,975,35 ·		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	DAY \$ 28,074.65		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	* \$ 8,000.00		
18 AFFIDAVIT					
	AFTAN R. CAVAI Notary Public, State My Commission February 10,	true and correct and includes all information of the control of th	orjury, that the accompanying report is mation required to be reported by me		
Marketin		Signature of Candi	date or Officeholder		
AFFIX NOTARY STAME	YSEALABOVE	·			
	ibed before me, b	y the said David R. Quintailla	, this the		
day of October	, 20 <u>16</u> , t	o certify which, witness my hand and seal of office.			
- And		Afrian Corney	Noting Public		
Signature of officer ac	iministering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	FILER NAME Quintanilla, David Ryan Quintanilla, David Ryan						
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 40,550.00				
2,	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 7,500,00				
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4,	4. X SCHEDULE E: LOANS						
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS						
8.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS						
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 1/29 Report 4/51 Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ Akpan, Anietie 9/29/16 \$250,00 6 Contributor address; City; State; Zip Code 9311 Woodwind Lakes Dr. Jersey Village, TX 77040 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Arredondo, Abram 9/7/16 \$50,00 Contributor address; 10505 Channel Island Dr. City; State; Zip Code Austin, TX 78747 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of contribution (\$) Ballweg, Cole 7/25/16 \$1,000.00 Contributor address; City; State; Zip Code 4105 Shady Valley Ct. Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Ballweg, Cole 9/13/16 \$100.00 Contributor address; 4105 Shady Valley Ct. City; State; Zip Code Arlington, TX 76013 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 2/29 Report 5/51 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Quintanilla, David Ryan 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ 7 Amount of contribution (\$) Bagwell, Cole 9/18/16 \$350.00 6 Contributor address; City; State; Zip Code 4105 Shady Valley Ct. Arlington, TX 76013 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Beath, Cynthia 7/26/16 \$200.00 Contributor address; PO Box 989 City; State; Zip Code Wimberley, TX 78676 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Booth, Fiona 9/10/16 \$50.00 Contributor address; City; State; Zip Code 362 Atlantic #2A Brooklyn, NY 11217 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Brier, Brett 9/13/16 \$250.00 Contributor address; City; State; Zip Code 1305 Riverview Dr. Arlington, TX 76012 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 3/29 Report 6/51 Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Brown, Meg \$100.00 8/29/16 Contributor address; 1135 Barton Hills Dr. #143 Auslin, TX 78704 City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Camacho, Connie 8/16/16 \$100.00 Contributor address; City; State; Zip Code 211 Hitching Post Dr. Kyle, TX 778540 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Camacho, Tanya 9/29/16 \$200.00 Contributor address; 2817 Scotia Bluff Loop Austin, TX 78748 City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Catterall, Matthew 9/19/16 \$100.00 Contributor address; City; State; Zip Code 812 San Antonio St., Ste. 406 Austin, TX 78701 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,

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: Schedule 4/29 Report 7/51 The Instruction Guide explains how to complete this form. Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Cavanaugh, Nina \$20.00 9/1/16 Contributor address; 6402 McNeil Dr. #17 Austln TX, 78729 City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Cavanaugh, Stefanie 9/15/16 \$500.00 Contributor address; 12512 Deer Falls Dr. Auslin, TX 78729 City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Celerier, Raoul 9/9/16 \$100.00 Contributor address; City; State; Zip Code 3309 Bridle Path Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ Cobb, Gary 9/2/16 \$250.00 Contributor address; City; State; Zip Code 4325 Triboro Trl. Austin, TX 78749 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 5/29 Report 8/51 Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Cockrell, Estela 9/29/16 \$75.00 Contributor address; 1 Briar Trail Houston, TX 77056 City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Colmenero, Rudy 8/23/16 \$100.00 Contributor address; 43 Rainey Street #2601 Austin, TX 78701 City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#; Amount of contribution (\$) Corona, Virginia 9/1/16 \$250.00 Contributor address; 10011 Wild Dunes Dr. Austin, TX 78747 City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Cotera, Juan 9/19/16 \$100.00 Contributor address; City; State; Zip Code 812 San Antonio St., Ste 406 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 6/29 Report 9/51 2 FILER NAME Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ DePalma, Richard 9/1/16 \$75.00 Contributor address; City; State; Zip Code 7821 Wisteria Valley Drive Austin, TX 78739 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) DiCuffa, Jill 8/29/16 \$100.00 Contributor address: City; State; Zip Code 3601 Manchaca Road Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Dunleavy, Kevin 8/8/16 \$100.00 Contributor address; City; State; Zip Gode 2306 Westrock Drive Austin, Texas 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 9/29/16 Elliott, Christopher \$100.00 Contributor address; City; State; Zip Code 1705 Rabb Road Austin, TX 78704 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 7/29 Report 10/51 Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Foster, Betsy 9/27/16 \$50.00 6 Contributor address; City; State; Zip Code 3811 Bonnell Drive Austin, TX 78731 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Garcia, Blanca 8/25/16 \$100.00 Contributor address; City; State; Zip Code 1715 S, 1st Street Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Garrison, Scott 09/01/16 \$100.00 Contributor address; City; State; Zip Code 7702 Kiva Dr. Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Gattuson, Catherine 9/28/16 \$40.00 Contributor address; City; State; Zip Code 2200A Homedale Dr. Austin, TX 78704 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 8/29 Report 11/51 Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Gonzales, Catherine 9/1/16 \$100.00 6 Contributor address; City; State; Zip Code 2008 Bouldin Avenue Austin, TX 78704 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#: Date Amount of contribution (\$) Goss, Xiomara & Alan 9/20/16 \$100.00 Contributor address; 2410 Indian Trail City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Graci, Albert 9/12/16 \$200.00 Contributor address; City; State; Zip Code 15775 Booth Circle Volente, TX 78641 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Greer, Marcy 9/29/16 \$100,00 Contributor address: City; State; Zip Gode 2006 Wychwood Dr. Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. Schedule 9/29 Report 12/51 Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Gutierrez, Marcos 9/1/16 \$1,000.00 6 Contributor address; City; State; Zip Code 2801 Trailview Mesa Cove 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Gutierrez, Jorge 9/1/16 \$200.00 Contributor address; City; State; Zip Code P.O. Box 12492 Austin, TX 78711 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Hamstra, Janna 9/12/16 \$100.00 Contributor address; City; State; Zip Code 8430 Fountain Circle Austin, TX 78229 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Hernandez, Alfonso 9/1/16 \$75.00 City; State; Zip Code Contributor address; 507 W. 10th St. Austin, TX 78701 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 10/29 Report 13/51 2 FILER NAME Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Hightower, Keith 8/12/16 \$200.00 6 Contributor address; City; State; Zip Code P.O. Box 667 Marble Falls, TX 78654 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#; Amount of contribution (\$) Hilgers, Joan & David 8/23/16 \$200.00 Contributor address: City; State; Zip Code 701 Yaupon Valley Rd. West Lake Hills, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#; Amount of contribution (\$) Hinojosa, Regina 9/29/16 \$1,000.00 Contributor address; City; State; Zip Code P.O. Box 300095 Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Hoyt, Lisa 9/16/16 \$100.00 Contributor address; City; State; Zip Code 3303 Liberty Street Austin, TX 78705 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 11/29 Report 14/51 Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Joplin, James 9/20/16 \$20.00 6 Contributor address; City; State; Zip Code 601 Blueberry Hill Austin, TX 78745 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Lara, Rene \$25.00 9/1/16 Contributor address; City; State; Zip Code 1212 Guadalupe St. Apt. 207 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Lash, Cordey 9/10/16 \$50,00 Contributor address; City; State; Zip Code 1551 Oak Lawn Ave. #107 Dallas, TX 75207 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Lopez, Elvia 9/21/16 \$250.00 Contributor address; City; State; Zip Code 4009 Iriona Bend Austin, TX 78749 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: Schedule 12/29 Report 15/51 The Instruction Guide explains how to complete this form. 2 FILER NAME Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Manzur, Salma 8/25/16 \$200.00 6 Contributor address; City; State; Zip Code 501 W, 41st. Street Austin, TX 78751 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Martinez, Mack 9/29/16 \$150.00 Contributor address; City; State; Zip Code 3804 Bailey Ln. Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Masterton, Mary Claire 8/30/16 \$100.00 Contributor address; City; State; Zip Code 11300 Saddle Mountain Trail Austin, TX 78739 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Maxey, Glen 9/9/16 \$50.00 Contributor address; City; State; Zip Code P.O. Box 301058 Austin, TX 78703 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. Schedule 13/29 Report 16/51 Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:__ Mitchell, Michael \$100.00 9/29/16 6 Contributor address; City; State; Zip Code 507 Sabine St. Apt. 601 Austin, TX 78701 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Moore, Nick \$100.00 8/9/16 City; State; Zip Code Contributor address; 5300 Viamonte Lane Austin, TX 78739 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Moreno, Jay 9/17/16 \$150.00 City; State; Zip Code Contributor address; 4114 Placid Creek Way Round Rock, TX 78865 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ Moreno, Santiago 9/22/16 \$300.00 Contributor address; City; State; Zip Code 4811 Palma Nova San Antonio, TX 78253 Employer (See Instructions) Principal occupation / Job title (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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 14/29 Report 17/51 Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Moreno, Santiago 9/29/16 \$300,00 6 Contributor address; City; State; Zip Code 4811 Palma Nova San Antonio, TX 78253 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Munoz, Suzanne 9/9/16 \$75.00 City; State; Zip Code Contributor address; 301 Westmorland Drive Austin, TX 78745 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Munoz, Suzanne \$100,00 9/29/16 Contributor address; City; State; Zip Code 301 Westmorland Drive Austin, TX 78745 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Ngo-Brown, Trudy 9/10/16 \$50.00 Contributor address; City; State; Zip Code 7536 Cascade Rd. Grand Rapids, MI 49546 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 15/29 Report 18/51 2 FILER NAME Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Nuckols, Tom 9/29/16 \$50.00 6 Contributor address; City; State; Zip Code 2910 Kassarine Pass Austin, TX 78704 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#; Amount of contribution (\$) Orozco, Sylvia 9/1/16 \$100.00 Contributor address: City; State; Zip Code P.O. Box 2273 Austin, TX 78788 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Parker, Kristin 9/15/16 \$100.00 Contributor address; City; State; Zip Code 6705 Valburn Dr. Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Patterrson, Jody \$100.00 7/30/16 Contributor address; City; State; Zip Code 4602 Fawnwood Cove Austin, TX 78735 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 16/29 Report 19/51 2 FILER NAME Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 4 Date Full name of contributor out-of-state PAC (ID#:__ 7 Amount of contribution (\$) Pendleton, James 8/28/16 \$100.00 6 Contributor address; City; State; Zip Code 7609 Woodwind Dr. Alvarado, TX 76009 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Quintanilla, David 7/25/16 \$100.00 Contributor address; City; State; Zip Code 1911 Barton Hills Dr. Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Quintanilla, Maria A. 7/27/16 \$30.00 Contributor address; City; State; Zip Code 7718 Navarro Pl. Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Quintanilla, David 8/9/16 1,000.00 Contributor address; City; State; Zip Code 1911 Barton Hills Dr. Austin, TX 78704 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: Schedule 17/27 Report 20/51 The Instruction Guide explains how to complete this form. Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Quintanilla, Laura 8/22/16 \$5,000,00 6 Contributor address; City; State; Zip Code 1911 Barton Hills Dr. Austin, TX 78704 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Quintanilla, David 9/15/16 \$1,000.00 Contributor address; City; State; Zip Code 2817 Ravello Ridge Dr. Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Ramirez, Joe \$200.00 7/25/16 Contributor address; City; State; Zip Code 1200 Barton Hills Dr. Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ Velasquez, Roy IV 9/8/16 \$200.00 Contributor address; City; State; Zip Code 2817 Ravello Ridge Drive Austin, Texas 78735 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 18/29 Report 21/51 2 FILER NAME Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:__ Ramirez, Ken 8/10/16 \$250.00 6 Contributor address; City; State; Zip Code 901 S. Mopac Expressway Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Ramirez, Joann 8/10/16 \$300.00 Contributor address; City; State; Zip Code 2200-B Homedale Dr. Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Ramirez, Joann \$300.00 9/29/16 Contributor address; City; State; Zip Code 2200-B Homedale Dr. Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Ramirez, Roxanne 9/29/16 \$50,00 Contributor address; City; State; Zip Code 3709 Grooms St. Austin, TX 78705 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. Schedule 19/29 Report 21/51 Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Rayos, Arthur 9/12/16 \$75.00 6 Contributor address; City; State; Zip Code 6420 Smoke House Dr. Katy, TX 77449 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Reed, Phillip 9/19/16 \$100.00 Contributor address; City; State; Zip Code 812 San Antonio St., Ste. 406 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of contribution (\$) Robinson, Marvin \$50.00 9/16/16 Contributor address; City; State; Zip Code 14927 SW Millikan Way, Apt. 632 Beaverton, OR 97003 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Rodriguez, Andres 9/1/16 \$50.00 Contributor address; City; State; Zip Code 13401 Larrys Ln. Manchaca, TX 78652 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

			CHEDULE AT
The	e Instruction Guide explains how to complete this form	i. ' ' '	s Schedule A1: 20/29 Report 23/51
2 FILER NAME	Quintanilla, David Ryan	3 Filer ID (E	thics Commission Filers)
9/16/16	5 Full name of contributor Rodriguez, Jesse 6 Contributor address; 1632 Bayland St. Round Rock, TX 78664	\$4.000 O	contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 9/10/16	Full name of contributor	Amount of \$150.00	contribution (\$)
Principal occup	pation / Job title (See Instructions)	mployer (See Instructions)	
Date 7/25/16	Full name of contributor	\$100.00	contribution (\$)
Principal occup	eation / Job title (See Instructions)	mployer (See Instructions)	W 40 - 41 - 41 - 41 - 41 - 41 - 41 - 41 -
Date 9/29/16	Full name of contributor out-of-state PAC (ID#:_Saiidi, Fardin Contributor address; City; State; Zip 12524 Verandah Ct. Austin, TX 78726	\$50.00	contribution (\$)
Principal occup	ation / Job title (See Instructions)	mployer (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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 21/29 Report 24/51 Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Walicek, Wendy 9/29/16 \$250.00 6 Contributor address; City; State; Zip Code 830 W. 3rd St. Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Santoscoy, Agustin \$100.00 9/11/16 Contributor address; City; State; Zip Code 5408 Nolda St. Houston, TX 77004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Shepard, Kristie \$40.00 9/15/16 Contributor address; City; State; Zip Code 7000 Post Oak Dr. N. Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Smith, Craig 9/1/16 \$50,00 Contributor address: City; State; Zip Code 1008 Barton Hills Drive Austin, Texas 78704 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 22/29 Report 25/51 Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Stanley, Alfred \$100.00 9/6/16 Contributor address; City; State; Zip Code P.O. Box 5674 Austin, TX 78763 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Steinbach, Penny 9/17/16 \$125.00 Contributor address; City; State; Zip Code 40 N. IH 35, Apt. 404 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Steinbarger, Shaun & Emily 7/29/16 \$100.00 Contributor address; City; State; Zip Code 6 Prato Park Drive Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Steinbarger, Mary 8/2/16 \$100.00 Contributor address: City; State; Zip Code 3215 Capsicum Cove Austin, TX 78748 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 23/29 Report 26/51 2 FILER NAME Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:____ Stukuls, Jeffrey \$100,00 9/29/16 6 Contributor address; City; State; Zip Code 7600 Clara Marie CV Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Taglioli, Nick \$75.00 9/10/16 Contributor address; City; State; Zip Code 3847 Clover Ln Dallas, TX 75220 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Taleghani, Sina \$5,000.00 9/10/16 Contributor address; City; State; Zip Code P.O. Box 191989 Dallas, TX 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ Tames, Charlie \$500.00 7/26/16 City; State; Zip Code Contributor address; 2902 Windshill Circle Austin, TX 78703 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	e Instruction Guide explains how	1 Total pages Schedule A1: Schedule 24/29 Report 27/51		
2 FILER NAME	_ Quintanilla, David Ryan			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor			7 Amount of contribution (\$)
7/27/16	6 Contributor address; 2749 Marshall Drive Frisco, TX 75033		e; Zip Code	. \$75.00
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor Thornthwaite, Martin	out-of-state PA	C (ID#:)	Amount of contribution (\$)
9/29/16	Contributor address; 2749 Marshall Dr. Frisco, TX 75033	City; State	e; Zip Code	\$100.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Tompkins, Jimmy	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
7/26/16	Contributor address; 11404 Kingsgate Austin, TX 78748	City; State	o; Zip Code	\$100.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 9/1/16	Full name of contributor Tompkins, Jimmy Contributor address; 2621 Blake St.		O (ID#:) e; Zlp Code	Amount of contribution (\$) \$200.00
Principal occu	Austin, TX 78748 pation / Job title (See Instructions)		Employer (See Instruc	tions)
	.			
	ATTACH ADDITIO	ONAL COPIES O	F THIS SCHEDULE AS N	EEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 25/29 Report 28/51 Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Turner, Michael \$100,00 9/7/16 6 Contributor address; City; State; Zip Code 9104 Deer Shadow Pass Austin, TX 78733 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Urbanovsky, Lamar 9/29/16 \$100.00 Contributor address; City; State; Zip Code 78 Twin Ridge Parkway Round Rock, TX 78664 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Vale, Kathleen 9/28/16 \$100.00 Contributor address; City; State; Zip Code 9705 Alex Ln. Austin, TX 78748 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Velasquez, Gloria \$500.00 8/27/16 Contributor address; City; State; Zip Code Ravello Ridge Dr. Austin, TX 78735 Employer (See Instructions) Principal occupation / Job title (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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 26/29 Report 29/51 Quintanilla, David Ryan 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) Verstraete Auteri, Sarah 9/14/16 \$200.00 6 Contributor address; City; State; Zip Code 1103 Fairway Court Mansfield, TX 76063 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Villa, Rich 9/1/16 Contributor address; City; State; Zip Code \$50.00 3000 Cohoba Dr. Austin, TX 78748 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAG (ID#:_ Amount of contribution (\$) Villa, Rich 9/2/16 \$75.00 Contributor address; City; State; Zip Code 3000 Cohoba Dr. Austin, TX 78748 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ Winick, Seth \$200.00 9/29/16 Contributor address; City; State; Zip Code 1212 Guadalupe, Ste.1003 Austin, TX 78701 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 27/29 Report 30/51 Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:___ Young, Lynda \$25.00 9/29/16 City; State; Zip Code 6 Contributor address; 13105 Bidwell Drive Austin, TX 78729 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Zachry, Karen Lee \$250.00 9/9/16 Contributor address; City; State; Zip Code 606 Arcadia Place San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Velasquez, Zachary 9/1/16 City; State; Zip Code \$500.00 Contributor address; 2817 Ravello Ridge Drive Austin, Texas 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ Cuevas, Rita \$25.00 9/27/16 Contributor address; City; State; Zip Code 3212 Silk Oak Drive Austin, Texas 78748 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 28/29 Report 31/51 2 FILER NAME Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Edmonson, David 8/26/16 \$50,00 City; State; Zip Code 6 Contributor address; 4502 Pelham Drive Austin, Texas 78727 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) **Education Austin PAC** 9/3/16 \$5,000.00 Contributor address; City; State; Zip Code 316 West 12th Street, Suite 200 Austin, Texas 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) Education Austin PAC 9/26/16 \$5,000.00 City; State; Zip Code Contributor address; 316 West 12th, Suite 200 Austin, Texas 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Krupa, Gordon L. 9/2/16 \$100.00 Contributor address; City; State; Zip Code 1131 Hollow Creek Apt 113 Austin, Texas 78704 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Schedule 29/29 Report 32/51 2 FILER NAME Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) McCrimmon, Mark P. 9/29/16 \$100.00 Contributor address: City; State; Zip Code 508 Konstanty Drive Austin, Texas 78746 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Navarro, Catherine 9/27/16 \$50,00 Contributor address; City; State; Zip Code 9404 Bradner Drive Austin, Texas 78748 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Sefton, G. Brook IV 9/29/16 \$100.00 Contributor address: City; State; Zip Code 2108 Homedale Drive A Austin, Texas 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Southwest Laborers District Council PAC 9/2/16 \$350.00 Contributor address; City; State; Zip Code 11720 East 21th Street, Suite D Austin, Texas 78723 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	n. Total pages Schedule A2: Schedule 1/2 Report 33/51		
2 FILER NAME Quintanilla, David Ryan	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$		
5 Date 09/09/16 6 Full name of contributor ☐ out-of-state PAC ⟨ID#:	8 Amount of . 9 In-kind contribution Contribution \$. description \$. Voter File Access Check If travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor Camacho, Josh 9/1/16 Contributor address; 2817 Scotia Bluff Loop Austin, Texas 78748 Full name of contributor Cut-of-state PAC (ID#:			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF T			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

JON					
Ti	he Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A2: Schedule 2/2 Report 34/51		
2 FILER NAM	E David R. Quíntanilla	WANTE CONTRACTOR OF THE CONTRA	3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date 9/14/16	9/14/16 Verstraete Auteri, Sarah 7 Contributor address; City; State; Zip Code 1103 Fairway Court Mansfield, Texas 76063			9 In-kind contribution description Advertising side of Texas. Complete Schedule T.	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR J	UDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	ı of contributor's spo	use (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description state of Texas, Complete Schedule T.	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		IAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	UDICIAL) (See Instructions)	
Gontributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
				·	
1f	ATTACH ADDITIONAL COPIES OF T			raquiramente	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: Schedule 1/1 Report 35/50
2 FILER NAME Quit	ntanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state l Quintanilla, David Ryan	PAC (ID#:)	9 Loan Amount (\$) \$8,000.00
6 Is lender a financial Institution?	8 Lender address; City; 5	State; Zip Code	10 Interest rate 2% per year
Y No	Austin, Texas 78704		11 Maturity date 7/25/17
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	PAG (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	a financial		Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
if i	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Fortinment & Related Exc

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	pense Polling Expense rials Expense Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1: Schedule 1/16 Rpt 36/51	2 FILER NA	ME Quintanilla, David Ryan			3 Filer ID (Ethio	cs Commission Filers)	
4 Date 8/25/2015	5 Payee nam	ne Anderson High School		,, <u>.</u>			
6 Amount (\$) \$125.00	7 Payee add	ress; City; State; Z 8403 Mesa Drive Austin, Texas 78759	Zip Code	77.74			
8 PURPOSE OF EXPENDITURE	(a) Category (Advertising	See Categories listed at the top of this a g Expense	schedule) (iside of Texas. Complete , TX, officeholder living		
9 Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name	I	Office sought		Office held	
Date 8/10/2016	Payee nam	e Big Frog Custom T-Shirt				THE CONTRACTOR OF STATE OF STA	
Amount (\$) \$180.07	Payee add	ess; City; State; Z 5400 Brodie Lane #235 Austin, Texas 78745	îp Code				
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this s Expense	echedule)		side of Texas. Complete S TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name	1	Office sought		Office held	
Date 8/31/2016	Payee nam	e Brigid Shea Campaign					
Amount (\$) \$100.00	Payee addr	ess; City; State; Zi 2604 Geraghty Ave Austin, TX 78757	íp Code				
PURPOSE OF EXPENDITURE	_ ,	iee Categories listed at the top of this s ns/Donation Made by Candida		<u></u>	ilde of Texas. Complete S TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (artists a category not listed shows)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)	
Total pages Schedule F1: Schedule 2/16 Rpt 37/51	- F	3 Filer ID (Ethics Commission Filers)	
Date 9/29/2016	5 Payee name Chevron		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$30.00	2402 Lake Austin Blvd. Austin, Texas 78703		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Related Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
8/17/2016	Constant Contact		
Amount (\$)	Payee address; City; State; Zip Code		
\$21.32	1601 Trapelo Road Waltham, MA 0245		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Expense	Description Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
9/12/2016	Constant Contact		
Amount (\$) \$42.64	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 0245		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Expense	Description Check if travel outside of Texas. Complete Schedule T. 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	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B		Polling Expense Travel In District Printing Expense Travel Out Of District		
Candidate/Officeholder/Politica Credit Card Payment	•	Salaries/Wages/Contract Labor Other (enter a category not listed above)		
	The Instruction Guide explains			
1 Total pages Schedule F1: Schedule 3/16 Rpt 36/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)		
4 Date 8/31/2016	5 Payee name El Gallo Restaurant	= - + 00 00 M 4// No		
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
\$150.00	2910 S. Congress Ave. Austin, Texas 78704			
8	(a) Category (See Categories listed at the top of this sch			
PURPOSE OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		L_1 Check If Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name	1 10 10 40 40 4 4 4 4 4 4 4 4 4 4 4 4 4		
8/17/2016	FedEx Office			
Amount (\$)	Payee address; City; State; Zip	Code		
\$12.42	3300 Bee Cave Rd #715 Austin, TX 78746			
	Category (See Categories listed at the top of this scho	edule) Description		
PURPOSE	Printing Expense	Check If travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		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			
9/2/2016	FedEx Office	·		
Amount (\$)	Payee address; City; State; Zip	Code		
\$94.18	3300 Bee Cave Rd #715 Austin, TX 78746			
	Category (See Categories listed at the top of this sche	odule) Description		
PURPOSE OF	Printing Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	·	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				

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	ng Fees Office Ovise Food/Beverage Expense Polling Enations Made By Gift/Awards/Memorials Expense Printing B		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1: Schedule 4/16 Rpt 39/51	2 FILER NAME Quintanilla, David R. 3 Filer ID (Ethics Commission					
4 Date 9/6/2016	5 Payee name FedEx Office					
6 Amount (\$)	7 Payee address; City; State; Zip	o Code				
\$97.41	3300 Bee Cave Rd #715 Austin, TX 78746					
8	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF	Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
EXPENDITURE		Oneon ii nuoi	uii, IA, Guidendudei uvang expense			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
8/11/2016	GoDaddy.Com					
Amount (\$)	Payee address; City; State; Zip	Code				
\$16.21	14455 N Hayden Rd #219 Scottsdale, AZ 85260					
	Category (See Categories listed at the top of this sch	hedule) Description				
PURPOSE	Office Overhead Expense	Check if travel o	outside of Texas. Complete Schedule T.			
OF EXPENDITURE	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					
8/19/2016	GoDaddy.Com					
Amount (\$)	Payee address; City; State; Zip) Code				
\$5.40	14455 N Hayden Rd #219 Scottsdale, AZ 85260					
	Category (See Categories listed at the top of this sch	nedule) Description				
PURPOSE	Office Overhead Expense	Check If travel o	outside of Texas. Complete Schedule T.			
OF EXPENDITURE	: 	Check if Austi	in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)		
4		-		
1 Total pages Schedule F1: Schedule 5/16 Rpt 40/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)		
4 Date 9/6/2016	5 Payee name GoDaddy.Com			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$5.40	14455 N Hayden Rd #219 Scottsdale, AZ 85260			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Office Overhead Expense	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
9/12/2016	GoDaddy.Com			
Amount (\$)	Payee address; City; State; Zip Code			
\$10.80	14455 N Hayden Rd #219 Scottsdale, AZ 85260			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Office Overhead Expense	Check if travel outside of Texas, Complete Schedule T.		
OF EXPENDITURE		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			
9/19/2016	GoDaddy.Com			
Amount (\$)	Payee address; City; State; Zip Code			
\$5.40	14455 N Hayden Rd #219 Scottsdale, AZ 85260			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Office Overhead Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		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		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) how to complete this form.
1 Total pages Schedule F1: Schedule 6/19 Rpt 41/51	1	3 Filer ID (Ethics Commission Filers)
4 Date 8/2/2016	5 Payee name Harland Clarke Check	
6 Amount (\$) \$33.61	7 Payee address; City; State; Zip 15955 La Cantera Parkway	
8	San Antonio TX 78256 (a) Category (See Categories listed at the top of this sof	hedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Office Overhead Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	1 Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
9/14/2016	Home Depot Sunset Valley Tx	
Amount (\$)	Payee address; City; State; Zip	Code
\$189.13	1200 Home Depot Blvd Sunset Valley, TX 78745	
	Category (See Categories listed at the top of this sch	nedule) Description Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE	Advertising Expense	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	
9/19/2016	Lupe Tortilla	
Amount (\$) \$30.79	Payee address; City; State; Zip 701 S Capital of Texas Hwy West Lake Hills, TX 78746	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. 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 O	OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Schedule 7/16 Rpt 42/51 Quintanilla, David R. 4 Date 5 Payee name McCallum Football Booster Club 8/24/2016 City; State; Zip Code 6 Amount (\$) 7 Payee address; 5600 Sunshine Dr \$300.00 Austin, TX 78756 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/22/2016 Moreno, Randy Amount (\$) Payee address; City; State; Zip Code 13332 Larrys Lane \$2,000.00 Manchaca, Texas 78652 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Consulting Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Moreno, Randy 9/13/2016 Amount (\$) Payee address; City; State; Zip Code 13332 Larrys Lane \$2000.00 Manchaca, Texas 78652 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Consulting Expense Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Printing Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Quintanilla, David R. Schedule 8/16 Rpt 43/51 4 Date 5 Payee name Office Depot 8/31/2016 City; State; Zip Code 6 Amount (\$) 7 Payee address; 701 S Capital Of TX Hwy Ste 500 \$67.81 West Lake Hills, TX 78746 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. Office Overhead Expense PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/1/2016 Office Depot City; State; Zip Code Amount (\$) Payee address; 701 S Capital Of TX Hwy Ste 500 \$53.42 West Lake Hills, TX 78746 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office Overhead Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/9/2016 Office Depot Amount (\$) Payee address; City; State; Zip Code 701 S Capital Of TX Hwy Ste 500 \$59.05 West Lake Hills, TX 78746 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office Overhead Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Schedule 9/16 Rpt 44/51 Quintanilla, David R. 4 Date 5 Payee name 8/31/2016 South Austin Democrats 6 Amount (\$) 7 Payee address; City; State; Zip Code PO Box 152592 \$105.00 Austin, Texas 78715 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contribution/Donation Made by Candidate Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/12/2016 Raising Cane's #16 Amount (\$) Payee address; City; State; Zip Code 3201 Bee Cave Rd \$5.15 Austin, TX 78746 Category (See Categories listed at the top of this schedule) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/5/2016 Reid, Paul Amount (\$) City; State; Zip Code Payee address; 3408 Rainer Drive \$227.32 Arlington, Texas 76016 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Printing Expense	
1 Total pages Schedule F1: Schedule 10/16 Rpt 45/51	2 FILER NAME Quintanilla, David R.		3 Filer ID (Ethics Commission Filers)
4 Date 8/26/2016	5 Payee name Serranos Café	712	L
6 Amount (\$) \$38.25	7 Payee address; City; State; Zi 5030 Hwy 290 West Austin, Texas 78735	p Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Food/Beverage Expense	Check if travel ou	utside of Texas. Complete Schedule T. i, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/22/2016	Payee name Sobre Todo Consulting	19.00	
Amount (\$)	Payee address; City; State; Zip	o Code	
\$1,000.00	5920 Lux Street Austin, Texas 78721		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol Consulting Expense	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/22/2016	Steve Grandury		
Amount (\$) \$541.25	Payee address; City; State; Zip 216 W. Pearl Street Grandbury, Texas 76048	Code	***
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Advertising Expense	Check if travel outsi	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundralsing Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Quintanilla, David R. Schedule 11/16 Rpt 46/51 4 Date 5 Payee name Texas Democratic Party 9/12/2016 City; State; Zip Code 7 Payee address; 6 Amount (\$) 1106 Lavaca Suite 100 \$1,200.00 Austin, Texas 78701 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. Contribution/Donations Made by Candidate PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Texas Tees Etc 9/1/2016 Payee address; City; State; Zip Code Amount (\$) 7801 N. Lamar Blvd. #A124 \$299.04 Austin, TX 78752 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Advertising Expense PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/6/2016 Texas Tees Etc City; State; Zip Code Payee address; Amount (\$) 7801 N, Lamar Blvd. #A124 \$299.04 Austin, TX 78752 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Advertising Expense PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Schedule 12/16 Rpt 47/51 Quintanilla, David R. 4 Date 5 Payee name ThunderCloud Subs 8/31/2016 6 Amount (\$) 7 Payee address; City; State; Zip Code 3201 Bee Caves Rd \$25.10 Austin, TX 78746 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense PURPOSE Check If Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date ThunderCloud Subs 9/1/2016 City; State; Zip Code Amount (\$) Payee address; 3201 Bee Caves Rd \$9.00 Austin, TX 78746 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Beverage Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date 8/30/2016 **TODO Austin Newspaper** City; State; Zip Code Amount (\$) Payee address; 1400 Corona Drive \$240.00 Austin, Texas 78723 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Consulting Expense	Event Expense Loan Hepayment/Heimbursement Solicitation/Fundraising Expe Fees Office Overhead/Rental Expense Transportation Equipment & F Food/Beverage Expense Polling Expense Travel In District			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District		
Contributions/Donations Made B	y Gift/Awards/Me	emorials Expense	Polling Expense Printing Expense	Travel Out Of District		
Candidate/Officeholder/Politica Credit Card Payment	idate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) and Payment					
	ine instruc	tton Guide explains	s how to complete this form.			
1 Total pages Schedule F1: Schedule 13/16 Rpt 48/51		nilla, David R.		3 Filer ID (Ethics Commission Filers)		
4 Date 9/28/2016	5 Payee name Velaso	uez, Roy IV				
6 Amount (\$)	7 Payee address;	City; State; Zip	o Code			
\$340.00		2817 Ravello Ridg Austin, Texas 787				
8	(a) Category (See Categories	listed at the top of this so				
PURPOSE	Contract Labor			outside of Texas. Complete Schedule T.		
OF EXPENDITURE			Cneck II Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officehol	der name	Office sought	Office held		
Date	Payee name					
8/29/2016	Velasquez	r, Zachary				
Amount (\$)	Payee address;	City; State; Zip	Code			
\$240.00		2817 Ravello Rid Austin, Texas 78				
	Category (See Categories	listed at the top of this sc	hedule) Description			
PURPOSE	Contract Labor		Check if travel or	utside of Texas. Complete Schedule T.		
OF EXPENDITURE			Check if Austir	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehol	der name	Office sought	Office held		
Date	Payee name					
9/13/2016	Velasquez	, Zachary				
Amount (\$)	Payee address;	City; State; Zip				
\$312.00		2817 Ravello Rido Austin, Texas 787				
	Category (See Categories	isted at the top of this sc	nedule) Description			
PURPOSE	Contract Labor		Check if travel or	utside of Texas. Complete Schedule T.		
OF EXPENDITURE			Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	der name	Office sought	Office held		
	ATTACH ADDIT	IONAL COPIES (OF THIS SCHEDULE AS NEI	EDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Travel Out of District Other (enter a category not listed above)		
1 Total magae Cabadula Ed-	•	pioto tina totim	3 Eiler ID (Ethica Commission Filesa)	
1 Total pages Schedule F1: Schedule 14/16 Rpt 49/51			3 Filer ID (Ethics Commission Filers)	
4 Date 8/25/2016	5 Payee name VistaPrint			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$53.21	95 Hayden Ave. Lexington, MA 02421			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin,	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/28/2016	VistaPrint			
Amount (\$)	Payee address; City; State; Zip Code			
\$189.97	95 Hayden Ave. Lexington, MA 02421			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing Expense	[]	side of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8/16/2016	Wal-Mart Super Center			
Amount (\$)	Payee address; City; State; Zip Code			
\$18.80	5017 W Hwy 290 Austin, TX 78746			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Office Overhead Expense		side of Texas. Complete Schedule T.	
OF EXPENDITURE		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 NEE	DED	
orms provided by Texas Eth	ics Commission www.ethics.state.tx.	JS	Revised 9/8/20	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Printing Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Schedule 15/16 Rpt 50/51 Quintanilla, David R. 4 Date 5 Payee name 8/18/2016 Worley Printing 6 Amount (\$) 7 Payee address; City; State; Zip Code 3217 IH35 \$1,000.00 Austin, Texas 78722 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 8/31/2016 Worley Printing Amount (\$) Payee address; City; State; Zip Code 3217 IH35 \$2,617.72 Austin, Texas 78722 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 9/9/2016 Worley Printing Amount (\$) Payee address; City; State; Zip Code 3217 IH35 \$4,242,08 Austin, Texas 78722 Category (See Categories listed at the top of this schedule) Description Advertising Expense **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By **Event Expense**

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District rees Food/Beverage Expense Gitt/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Schedule 16/16 Rpt 51/51 Quintanilla, David R. 4 Date 5 Payee name Advance Austin 9/23/2016 6 Amount (\$) 7 Payee address; City; State; Zip Code 4900 Gonzales Street #116 \$150.00 Austin, Texas 78702 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Contribution/Donation Made by Candidate OF Check If Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9/13/2016 Yvette Gronedo Amount (\$) Payee address; City; State; Zip Code 13332 Larrys Lane \$500.00 Manchaca, Texas 78662 Category (See Categories listed at the top of this schedule) Description Contract Labor **PURPOSE** Check If travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 9/18/2016 Planned Parenthood Amount (\$) Payee address; City; State; Zip Code 1823 E 7th St \$100.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Contribution/Donation Made by Candidate OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Glif/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER I			3 Filer ID (Ethics Commission Filers)	
4 Date 9/29/16	5 Payeen				
6 Amount (\$)	7 Payee a	• • • •	ip Code		
\$592.36		P.O. Box 301267 Austin, Texas 78703			
8	(a) Categor	y (See Categories listed at the top of this so	chedule) (b) Description		
PURPOSE OF	Banking		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE			L_J Check If Aus	stin, TX, officeholder tiving expense	
Complete ONLY if direct expenditure to benefit C/OH	Candic	date / Officeholder name	Office sought	Office held	
Date	Payee na	ıme			
Amount (\$)	Payee ac	ddress; City; State; Zip	O Code		
SUSPACE	Category	' (See Categories listed at the top of this sch			
PURPOSE OF			I I	rutside of Texas. Complete Schedule T. n, TX, officeholder living expense	
EXPENDITURE			La Ondon is Adden	n, 1X, officerrology fiving expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	Office sought	Office held	
Date	Payee na	me			
			. •		
Amount (\$)	Payee add	dress; City; State; Zip	Code		
	Category	(See Categories listed at the top of this sche	edule) Description		
PURPOSE		,	r	ulside of Texas. Complete Schedule T.	
OF EXPENDITURE			F F	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name	Office sought	Office held	
	ATTA	ACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEE	:DED	