# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The CION Inches	Puldo ormaino hourto comunista tibla forma	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 21	Ç.,
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. David  NICKNAME LAST Quintanilla	MI R. 	OFFICE USE ONL	apare
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER	2499 S. Capital of Tx Hwy Suite A102 Au  AREA CODE PHONE NUMBER	etty; State; zip code istin Texas 78746 Extension	Date Hand-delivered or Date Pos	Imarked
PHONE  6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mrs. Lisa  NICKNAME LAST Hoyt	MI  SUFFIX	Receipt # Amount  Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 3303 Liberty Street  AREA CODE PHONE NUMBER	JITE #; CITY; STATE; Austin Texas  EXTENSION	ZIP CODE 78705	
9 REPORT TYPE	( 512 ) 589-5919	Laurel L. LABANIII I	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH	- FR)
10 PERIOD COVERED	Month Day Year 09 / 30 / 2016	Month 10 /	Day Year 30 / 2016	
11 ELECTION	ELECTION DATE  Month Day Year Primary  11 / 08 / 2016 X General	ELECTION TYPE  Runoff Other Description Special		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known) AISD Trustee At Large		
	go то	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 Fil	er ID (Ethics Commission Filers)	
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages	·	COMMITTEE CAMPAIGN TREASURER NAME .		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 30,529.74			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
CONTRIBUTION	4. TOTAL POLITICAL EXPENDITURES \$ 31,467.89			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 12,876.76			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 8,000.00			
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.  AFTAN R. CAVANAUGH Notary Public, State of Texas My Commission Expires February 10, 2018  Signature of Candidate or Officeholder				
AFFIX NOTARY STAME	P/SEALABOVE		. 1	
Sworn to and subscribed before me, by the said Dard Quintulle, this the 315t day of Ochba, 20 16, to certify which, witness my hand and seal of office.				
Affan R. Corona Nolmy Public  Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FiLER NAME Quintanilla, David Ryan  20 Filer ID (Ethics C		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15,770.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 14,759.74
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$\$
4.	X SCHEDULE E: LOANS	\$ 8,000,00	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 31,467.89	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
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 CONTRIBUT RETURNED TO FILER	IONS	\$

### SCHEDULE A1

				OOMEDOLL YTT
Th	e Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1: Schedule 1/8 Report 4/21
2 FILER NAMI	≘ Quintanilla, David Ryan			3 Filer ID (Ethics Commission Filers)
4 Date 9/30/16	Macias, Carmelo		C (ID#:)	7 Amount of contribution (\$) \$100.00
· 	5410 South 1st. St. Austin, TX 78745	Oity, Ottain		
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Aziz, Luna	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
9/30/16	Contributor address; 825 Waterfall Way Austin, TX 78753	City; State	e; Zip Code	\$50,00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor [	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
9/30/16	Contributor address; PO Box 90872 Austin, TX 78735	City; State	o; Zip Code	\$50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor [ Prentice, Robert	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/1/16	Contributor address; 1500 Lorraine St Austin, TX 78703	City; State	a; Zip Code	\$1000.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITION		F THIS SCHEDULE AS NE	

## SCHEDULE A1

The I	nstruction Guide explains how t	form.	1 Total pages Schedule A1: Schedule 2/8 Report 5/21	
2 FILER NAME	2 FILER NAME Quintanilla, David Ryan			3 Filer ID (Ethics Commission Filers)
10/1/16	Full name of contributor Erwin, Larry  Contributor address; 355 1st. St. San Francisco, CA 94105	Erwin, Larry  Contributor address; City; State; Zip Code 355 1st. St.		7 Amount of contribution (\$) \$200.00
8 Principal occupa	ation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 10/2/16 ·	Full name of contributor  Tsen, Stephanie  Contributor address; 908 E. 53 1/2 St. Austin, TX 78751	out-of-state PAC	; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)
Date	Full name of contributor Dorman, Nada  Contributor address; 6605 Laurelwood Dr. Austin, TX 78731	out-of-state PAC		Amount of contribution (\$) \$25.00
Principal occupat	tion / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/4/16	Full name of contributor Tripoli, David Contributor address; 11806 Upland Ridge Dr. Austin, TX 78738		(ID#:)	Amount of contribution (\$) \$200.00
Principal occupat	tion / Job title (See Instructions)		Employer (See Instruct	tions)
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## SCHEDULE A1

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The	Instruction Guide explains how	1 Total pages Schedule A1: Schedule 3/8 Report 6/21		
2 FILER NAME	2 FILER NAME Quintanilla, David Ryan			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Ramirez, Reed	out-of-state PAC	C (ID#;)	7 Amount of contribution (\$)
10/5/16	6 Contributor address; 3403 Cherrywood Rd. Austin, TX 78722	City; State	e; Zip Code	\$250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Hornsby, Chris	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/10/16	Contributor address; 1779 Wells Branch Pkwy.	Clty; State	a; Zip Code	\$200.00
	Austin, TX 78728	9		•
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Bodwell, Michael	out-of-state PAC	) (ID#;)	Amount of contribution (\$)
10/11/16	Contributor address; 3532 Colgate Ave. Dallas, TX 75225	City; State	; Zip Code	\$200.00
Principal occup	ation / Job title (See Instructions)	WILLIAM	Employer (See Instruc	tions)
Date	Full name of contributor Saifi, Mina	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
10/12/16	Contributor address; 1523 San Rafael Dallas, TX 75218	City; State	:	\$100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
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## SCHEDULE A1

The	Instruction Guide explains how to con	form.	1 Total pages Schedule A1: Schedule 4/8 Report 7/21	
2 FILER NAME Quintanilla, David Ryan			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor 📋 օս Quintanilla, David	ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/13/16	6 Contributor address; C 2817 Ravello Ridge Dr. Austin, TX 78735		Zip Code	\$10.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor 🔲 ou Malfaro, Louis	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
10/13/16	Contributor address; C 1510 E. 11th St. Austin, TX 78702			\$100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				ions)
Date	Full name of contributor 🔲 օս Acosta, Rosanne	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
10/13/16	Contributor address; City; State; Zip Code 611 FM 1626 Austin, TX 78748			
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor 🔲 ou Everitt, Patti	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
10/17/16	10/17/16  Contributor address; Clty; State; Zip Code 4007 Crescent Dr. Austin, TX 78722			\$100.00
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDITIONAL	COPIES OF	THIS SCHEDULE AS NE	EEDED

## SCHEDULE A1

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: Schedule 5/8 Report 8/21	
2 FILER NAME	Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-s Albert, David	tate PAC (ID#:)	7 Amount of contribution (\$)	
10/19/16	6 Contributor address; City; 1101 Grove Blvd. #703 Austin, TX 78741	State; Zip Code	. \$250.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date	Full name of contributor	tate PAC (ID#:)	Amount of contribution (\$)	
10/20/16	Contributor address; City; 6000 Cloudridge Arlington, TX 76016	State; Zip Code	\$50.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	otions)	
Date	Full name of contributor	late PAC (ID#;)	Amount of contribution (\$)	
10/20/16 ·	Contributor address; City; 613 Heam Austin, TX 78703	State; Zip Code	\$25.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	otions)	
Date	Full name of contributor	tate PAC (ID#:)	Amount of contribution (\$)	
10/20/16	Contributor address; City; 12338 Barryknoll Ln. Houston, TX 77024	State; Zip Code	\$150.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
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## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Schedule 6/8 Report 9/21
2 FILER NAME	Quintanilla, David Ryan	***************************************	3 Filer ID (Ethics Commission Filers)
4 Date 10/21/16	5 Full name of contributor	) (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; State 9432 Hopeland Dr. Austin, TX 78749	; Zip Code	\$20.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 10/6/16	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State 501 3rd St. Washington, DC 20001	; Zip Code	\$200.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 10/7/16	Full name of contributor out-of-state PAC Henderson, Thomas	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State; PO Box 1415 Austin, TX 78767	Zip Code	\$500.00
Principal occup	eatlon / Job title (See Instructions)	Employer (See Instruct	tions)
Date 10/21/16	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State; 316 West 12th St. Austin, TX 78701	Zip Code	\$10,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lons)
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	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	FDFD
	If contributor is out-of-state PAC, please see instru		

### SCHEDULE A1

The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: Schedule 7/8 Report 10/21
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor ☐ out-of-state Lorenz, Perry	PAC (ID#:)	7 Amount of contribution (\$)
6 Contributor address; City; St 1311 E. 6th St. Austin, TX 78702	tate; Zip Code	\$1,000.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruc	ptions)
Date Full name of contributor out-of-state Gonzales, Israel	PAC (ID#:)	Amount of contribution (\$)
	tate; Zip Code	\$200.00
Principal occupation / Job title (See Instructions)	Employer (See Instruct	tions)
Date Full name of contributor out-of-state Macias, Carmelo	PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; Sta 10017 Wild Dunes Austin, TX 78747	ate; Zip Code	\$200.00
Principal occupation / Job title (See Instructions)	Employer (See Instruct	tions)
Date Full name of contributor out-of-state if Upchurch, Todd	PAG (ID#:)	Amount of contribution (\$)
· · · · · · · · · · · · · · · · · · ·	ate; Zip Code	\$100.00
Principal occupation / Job title (See Instructions)	Employer (See Instruct	tions)
ATTACH ADDITIONAL CORES	OF THIS SCHEDIN E AS ME	:Enen

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 8/8 Report 11/21 Quintanilla, David Ryan 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:\_\_\_ Chapa, Roberto 10/19/16 \$100.00 Contributor address; 5009 Pyrenees Pass City; State; Zip Code Austin, TX 78738 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Jaster, Gary 10/2/16 \$250.00 Contributor address; City; State; Zip Code 1608 W. 6th Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) City; State; Zip Code Contributor address; 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 t	this form.  1 Total pages Schedule A2: Schedule 1/2 Report 12/21
2 FILER NAME Quintanilla, David Ryan	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CO	ONTRIBUTIONS \$
5 Date 10/28/16 6 Full name of contributor out-of-state PAC (ID# Texas AFT) 7 Contributor address; 3000 South IH-35, Ste 175 Austin, Texas 78704	8 Amount of 9 In-kind contribution description \$8,363.74 Mailer  Zip Code  Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instru	actions) 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 JUDICIA	AL)
Date  Full name of contributor  Texas AFT  10/28/16  Contributor address; 3000 South IH-35, Ste 175  Austin, Texas 78704	Amount of In-kind contribution Contribution \$ description  \$4396,00 Voice Calls  Zip Code  Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instru-	ctions) 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 JUDICI.	IAL)
	ES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2: Schedule 2/2 Report 13/21	
2 FILER NAME  David R. Quintanilla	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$	
5 Date 10/25/16 6 Full name of contributor	8 Amount of . 9 In-kind contribution description Contribution \$ . description Advertising  Check if travel outside of Texas. Complete Schedule T.  The 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 ☐ out-of-state PAC (ID#:  Contributor address; City; State; Zip Cod	Amount of In-kind contribution Contribution \$ . description  le Check if travel outside of Texas. Complete Schedule T.	
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)		
ATTAQUE ADDITIONAL CODIFIC OF T	LIC COLEDINE AC NEEDED	
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Revised 9/8/2015

#### **LOANS** SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. Schedule 1/1 Report 14/21 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Quintanilla, David Ryan 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan Name of lender Loan Amount (\$) out-of-state PAC (ID#:\_ Quintanilla, David Ryan \$8,000.00 10 Interest rate is lender Lender address; City; State; Zip Code a financial 1911 Barton Hills Drive Institution? 11 Maturity date Austin, Texas 78704 No 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) X none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:\_ Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Ν Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (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 MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District 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 Ryan Schedule 1/7 Rpt 15/21 4 Date 5 Payee name 10/3/2015 Thundercloud Subs 7 Payee address; City; State; Zip Code 6 Amount (\$) 2801 S, Lamar \$16.09 Austin, Texas 78704 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Food Expense PURPOSE ☐ Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/4/2016 Go Daddy Amount (\$) Payee address; City; State; Zip Code 14455 N Hayden Rd #219 \$21.60 Scottsdale, AZ 85260 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** Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date 10/4//2016 Randy Moreno City; State; Zip Code Amount (\$) Payee address; \$412.00 13332 Larrys Lane Manchaca, Texas 78652 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contract Labor Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee 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 2/7 Rpt 16/21 Quintanilla, David R. 4 Date 5 Payee name Vista Print 10/5/2016 6 Amount (\$) 7 Payee address; City; State; Zip Code 95 Hayden Ave. \$261.95 Lexington, MA 02421 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **TODO Austin** 10/11/2016 Amount (\$) Payee address; City; State; Zlp Code \$365.00 Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Worley Printing 10/11/2016 City; State; Zip Code Amount (\$) Payee address; \$2757.55 3217 N Interstate 35 Frontage Rd Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Printing Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement

Advertising Expense

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gilt/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor		ense Dense	Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
O EQUOLOGIC PAYMORE		The Instruction Guide explain	ins how to co	emplete this form.			
1 Total pages Schedule F1: Schedule 3/7 Rpt 17/21	2 FILER N	AME Quintanilla, David R.			3 Filer ID (Ethic	cs Commission Filers)	
4 Date 10/11/2016	5 Payee na	me Felix Quintanilla					
6 Amount (\$) \$1345.00	<b>7</b> Payee ac	Idress; City; State; 2910 Watchful Fox Austin, Texas 78748	Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor Expense		schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	,	Office sought		Office held	
Date 10/12/2016	Payee na	me Constant Contact					
Amount (\$) \$42.64	Payee ad	dress; Clty; State; 2 3675 Precision Drive Loveland, CO 80538	Zip Code				
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this	schedule)	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		ate / Officeholder name	ļ	Office sought		Office held	
Date	Pavee na	ıme					
10/16/2016	, _, _	Liberal Austin Democrats					
Amount (\$) \$100.00	Payee ad	dress; City; State; 2	Zip Code				
PURPOSE OF EXPENDITURE		gory (See Categories listed at the top of this schedule) ation Made by Candidate		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	-	ate / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

## **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 Excense

Solicitation/Fundralsing Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica		Polling Expense se 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 Gulde e	explains how to complete this form.			
1 Total pages Schedule F1: Schedule 4/7 Rpt 18/21	2 FILER NAME Quintanilla, David F	₹.	3 Filer ID (Ethics Commission Filers)		
4 Date 10/162016	5 Payee name U T Austin				
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code			
\$20.00	1 University Station SSB 4.104 Austin, TX 78712-				
8 .	(a) Category (See Categories listed at the top	of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	Donation Made by Candidate		Check if ravel outside of Texas. Complete Schedule T.  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 10/20/2016	Payee name Community Impact				
Amount (\$)	Payee address; City; State	e; Zip Code			
\$4,080.00	16225 Impact Way, Ste Pflugerville, TX 78660				
	Category (See Categories listed at the top of	of this schedule) Description			
PURPOSE OF EXPENDITURE	Advertising Expense		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		
Date	Payee name				
10/21/2016	Zachary Velsquez				
Amount (\$) \$180.00	Payee address; City; State 2817 Ravello Ridge Dr. Austin, TX 78735	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Contract Labor Expense	Check if travel o	outside of Texas. Complete Schedule T. In, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NE	EDED		

## **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 Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Gard Payment	<u>u</u>	ains how to complete this form.	Office (enter a category not listed above)		
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)		
Schedule 5/7 Rpt 19/21	Quintanilla, David R.		O THOS ID (LINES COMMISSION THOSE)		
<b>4</b> Date 10/21/2016	5 Payee name Roy Velasquez				
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
\$290.00	2817 Ravello Ridge Austin, TX 78735				
8	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description			
PURPOSE OF EXPENDITURE	Contract Labor Expense		Check if ravel 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 H	Office sought	Office held		
Date	Payee name				
10/25/2016	Austin Chronicle				
Amount (\$)	Payee address; Clty; State;	Zip Code			
\$1545.00	4000 N Interstate 35 Austin, TX 78751	-			
	Category (See Categories listed at the top of th	ls schedule) Description			
PURPOSE	Advertising Expense	Check If travel	Check If travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Ausi	lln, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
10/25/2016	Sobre Todo Consulting				
Amount (\$)	Payee address; City; State;	Zip Code			
\$750.00	5920 Lux Street Austin, Texas 78721		·		
	Category (See Categories listed at the top of th	is schedule) Description			
PURPOSE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check If Ausi	tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel In District Gift/Awards/Memorials 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Schedule 6/7 Rpt 20/51 Quintanilla, David R. 4 Date 5 Payee name Heidi Gibbons 10/25/2016 6 Amount (\$) 7 Payee address; City; State; Zip Code 613 Hearn \$325.00 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contract Labor Expense 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 10/26/2016 Mr. Gattis Pizza Amount (\$) Payee address; City; State; Zip Code 2801 Bee Cave Rd \$23.18 Rollingwood, TX 78746 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food Expense OF 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 10/27/2016 Wal Mart Amount (\$) City; State; Zip Code Payee address; \$66.92 Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Schedule 7/7 Rpt 21/21 Quintanilla, David R. 4 Date 5 Payee name Kelly Graphics 10/25/2016 6 Amount (\$) 7 Payee address; City; State; Zip Code 1409 Quaker Ridge Dr \$18,698.64 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. PURPOSE Printing Expense OF 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 10/30/2016 Donate Way Amount (\$) Payee address; City; State; Zlp Code P.O. Box 301267 \$167.32 Austin, Texas 78703 Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas. Complete Schedule T. **PURPOSE** Banking Expense OF 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 Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ☐ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED