

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00006502	2 PAGE # 1 of 9								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Dr. Edmund (Ted) <hr/> NICKNAME LAST SUFFIX Gordon	OFFICE USE ONLY									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6508 Bradley Drive Austin, TX 78723	Date Received Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 70%;">Receipt #</td> <td style="border: none; width: 30%;">Amount</td> </tr> </table>		Receipt #	Amount						
Receipt #	Amount										
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Michael <hr/> NICKNAME LAST SUFFIX Clement	Date Processed Date Imaged									
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION										
8 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)								
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09/26/2014 10/25/2014										
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Austin ISD Board of Trustees District 1									
GO TO PAGE 2											

09/12/14 1:43PM

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Gordon, Edmund (Ted) (Dr.)

14 ACCOUNT # (Ethics Commission filers)
00006502

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

16 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,175.97
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EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4.	TOTAL POLITICAL EXPENDITURES	\$	8,227.51
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CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,840.28
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OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Edmund Gordon

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edmund Gordon, this the 27th day of October, 2014, to certify which, witness my hand and seal of office.

Margery Elaine Hopkins Margery Elaine Hopkins Exec. Assis.
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 3/9	
2 FILER NAME Gordon, Edmund (Ted) (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00006502	
4 Date 10/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Kids First PAC 6 Contributor address; City; State; Zip Code 8807 Dawn Ridge Cir. Austin, TX 78757	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Kids First PAC Contributor address; City; State; Zip Code 302107 Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barksdale, Tamala (Hon.) Contributor address; City; State; Zip Code 10711 Jonwood Way Austin, TX 78753	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradford, Theola Contributor address; City; State; Zip Code 5507 Basswood Lane Austin, TX 78723	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buttrey, Sarah & Gregory Contributor address; City; State; Zip Code 902 W 31st St. Austin, TX 78705	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/5 Report: 4/9

2 FILER NAME Gordon, Edmund (Ted) (Dr.)

3 ACCOUNT # (Ethics Commission filers)

00006502

4 Date

10/23/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Clement, Michael & Cynthia

6 Contributor address; City; State; Zip Code
Address Not Available

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/20/2014

Full name of contributor out-of-state PAC (ID# _____)
Collin Group Inc.

Contributor address; City; State; Zip Code
P.O. Box 2746
Pflugerville, TX 78681

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2014

Full name of contributor out-of-state PAC (ID# _____)
De Uriarte, Mercedes

Contributor address; City; State; Zip Code
2101 Trail of the Madrones
Austin, TX 78746

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor out-of-state PAC (ID# _____)
Elder, Roxanne

Contributor address; City; State; Zip Code
P.O. Box 29179
Austin, TX 78755

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2014

Full name of contributor out-of-state PAC (ID# _____)
Evans, Roxanne

Contributor address; City; State; Zip Code
PO BOX 142534
Austin, TX 78714

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/5 Report: 6/9

2 FILER NAME Gordon, Edmund (Ted) (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00006502

4 Date
10/22/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Garcia, Gustavo (Hon.)

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)
\$100.00

6 Contributor address; City; State; Zip Code
7401 Ophelia Dr.
Austin, TX 78752

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/25/2014

Full name of contributor out-of-state PAC (ID# _____)
Hale, Charles & Melissa

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$400.00

Contributor address; City; State; Zip Code
1410 Alameda
Austin, TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/20/2014

Full name of contributor out-of-state PAC (ID# _____)
Hines, Barbara

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$75.00

Contributor address; City; State; Zip Code
1405 Witshire Blvd.
Austin, TX 78722

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/22/2014

Full name of contributor out-of-state PAC (ID# _____)
Leonard, Robert

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$3,500.00

Contributor address; City; State; Zip Code
5805 River Oaks Blvd.
Harahan, LA 70123

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/11/2014

Full name of contributor out-of-state PAC (ID# _____)
McKee, Evelyn

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$25.00

Contributor address; City; State; Zip Code
7601 Glenhill Cv.
Austin, TX 78752

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 7/9	
2 FILER NAME Gordon, Edmund (Ted) (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00006502	
4 Date 10/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speir, Stephen 6 Contributor address; City; State; Zip Code 1225 Corona Dr. Austin, TX 78723	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turner, Arthur Contributor address; City; State; Zip Code 3021 E 16th Street Austin, TX 78702	Amount of contribution (\$) \$23.82	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vargas, Joao Costa Contributor address; City; State; Zip Code 6819 Williamette Dr. Austin, TX 78723	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 8/9	2 FILER NAME Gordon, Edmund (Ted) (Dr.)	3 ACCOUNT # (TEC filers) 00006502
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4 Date 10/01/2014	5 Payee name CheckMark Typsetting
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6 Amount (\$) \$2,048.72	7 Payee address City; State; Zip Code 3217 N Hwy I-35 Austin, TX 78722
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/23/2014	Payee name Kelly Graphics
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Amount (\$) \$4,875.08	Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphic Design and Mailing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/17/2014	Payee name La Voz Newspaper
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Amount (\$) \$175.00	Payee address City; State; Zip Code P.O. Box 19457 Austin, TX 78760
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/29/2014	Payee name The Rivas Group
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Amount (\$) \$500.00	Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> General Consulting Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 9/9		2 FILER NAME Gordon, Edmund (Ted) (Dr.)		3 ACCOUNT # (TEC filers) 00006502	
4 Date 10/23/2014		5 Payee name The Rivas Group			
6 Amount (\$) \$628.71		7 Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphic Design and Print Collateral for Canvassing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: _____ Office held: _____	