CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

SA FIRIT A CO.			
The C/OH instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FJRST	MI	OFFICE USE ONLY
OFFICEHOLDER	Kandall	Ch.	Date Received
NAME	Linearius	SUFFIX	- Date Neceived
	Pace	From \$	10-4-2014
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	`
OFFICEHOLDER MAILING ADDRESS	1411 Hardauin Ave.		Date Hand-delivered or Postmarked
change of address	Austin, TX 1876	73	Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	(512) 917-3130		
6 CAMPAIGN	MS/MRS/MR) FIRST	MI	Date Imaged
TREASURER NAME	NICKNAME LAST	SUFFIX	
	- Chavuin	شبحفلانهم	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS	1411 Norwalk Lane	#207	
(residence or business)	Austin, TX 78703		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 589 - 2083	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 09 /25 /	2014
11 ELECTION	Month Day Year ELECTION TYPE Month Day Year Primary Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	tonier _p	AISD Trus	tee District
		9. At-L	tee, District arge
<u> </u>	GO TO PAG	-	•

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	nce, Ken	ndall	15 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY I	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
	COMMITTEE TYPE	COMMITTEE NAME				
	SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N \$			
***	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 43,805,01			
EXPENDITURE TOTALS	3. TOTAL P	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	TOTAL POLITICAL EXPENDITURES \$ 14, 136, 52 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 12, 136, 52				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$ 13,548,31			
OUTSTANDING LOAN TOTALS	••	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$			
18 AFFIDAVIT			f perjury, that the accompanying report I information required to be reported by			
		Signature of Can	didate or Officeholder			
AFFIX NOTARY STAME			ρ_{α}			
Sworn to and subs	cribed before r	ne, by the said <u>Kendall</u> L. 20 14, to certify which, witness r	ny hand and seal of office.			
Dichi d	C PIM	and the				
Signature of officer admir	nistering oath	Printed name of officer administration of the UCOCK	Victile of Sect administering oath ly Commission Expires June 13, 2018			
4644-4- 4	(Pour ed 07/28/2014			

(512) 463-5800

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS		SCHEDULE A
The	Instruction Guide explains how to complete this form.	1 Total pages Sch	edule A:
2 FILER NAME	Pace, Kendall	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/25/4	6 Contributor address; City; State; Zip Code QU Boar Ridge	\$500.00	
	Houston, TX 77057	(If travel outside	i of Texas, complete Schedule T)
9 Principal occup		yer (See Instructions)	
Date	Full name of contributor 🗆 out-of-state PAC (10#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/14	Contributor address; City; State; Zip Code 7912 Ana Loop, 31d92	\$500.00	
	Austin, TX 78736	1	of Texas, complete Schedule T)
Principal occup		yer (See Instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (IDIF:	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/14	Contributor address; City; State; Zip Code 2913 Sparkling Brook Li	\$ \$0.00	
	Austin. Tx 72746		of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions) Employ	yer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: Uifton, Gay & Dayid) Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/14	Contributor address; City; State; Zip Code 2509 Farratt Ave.	\$250,00	
	Austin, Tx 18/03		f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions) Employ	ver (See Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/14	Contributor address; City; State; Zip Code	\$250-00	
	Austin TX 18703	(If travel outside o	f Texas, complete Schedule T)
Principal occup		ver (See Instructions)	
. If c	ATTACH ADDITIONAL COPIES OF THIS SCI ontributor is out-of-state PAC, please see instruction guid		requirements.

Texas Ethics Com	nmission	P.O. Box 12070	Austin, Tex	kas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		ONTRIBUTION PLEDGES (NS		schedule A
The	Instruction	Guide explains how to	o complete this	s form.	7 Total pages Sch	edule A:
2 FILER NAME	Par	ce, Kendo	a11		3 ACCOUNT # (E	thics Commission Filers)
4 Date			ut-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/25/14		butor address; City; S			\$100.00	
9 Principal occur		1 Meadowbro Austro, title (See Instructions)		10 Employer (See		of Texas, complete Schedule T)
5 Philopai voca	paudi r oca	mag (000 managara)				
Date	Red	dehase, an	out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/14	715	outor address; City; S GOLF CreSt		Į.	\$ 100.00	
Principal occup	pation / Job	L WW TX title (See Instructions)	7873	Employer (See		of Texas, complete Schedule T)
Date	1 4		out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/25/14	3110	redy Fred jutor address; city; s Muywood F 18tin, TV	itate; zip code Ve 100 - 3		\$100.00	
Principal occur	Mu	title (See Instructions)	18103	Employer (See	<u> </u>	of Texas, complete Schedule T)
(Histophia www	Janon	and food management				
Date		My, Will	uit-of-state PAC (IDIE:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/14	Contrib	- 1 001	<i>t</i>	_	\$ 100.00	
	1	1stin, TX	7674	7	1	of Texas, complete Schedule T)
Principal occup	pation / Job t	title (See Instructions)		Employer (See	instructions)	
Date	Full nar	me of contributor of our	ut-of-state PAC (ID#;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/M	Contribu	utor address; City; St	tate; Zip Code	ine	\$ 100.00	·
	<u> </u>	Austin, TX	7813			of Texas, complete Schedule T)
Principal occup	pation / Job t	title (See Instructions)		Employer (See	Instructions)	
lf c	ontributor	ATTACH ADDITION		F THIS SCHEDULE		requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 463-5800

The Instruction Gu	lde explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME PACE	Kendall	-	3 ACCOUNT# (E	thics Commission Filers)
4 Date 5 Full name	of contributor out-of-state PAC (#D#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Q 25 4 6 Contributor	address; City; State; Zip Code		\$100.00	
(4(0	Chaston Ave Austin Ix 10			of Texas, complete Schedule T)
9 Principal occupation / Job title	(See Instructions)	10 Employer (See I	Instructions)	
Sava	of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/14 Contributor			\$20.00	•
110%	Austin, Tx 18			of Texas, complete Schedule T)
Principal occupation / Job title	(See Instructions)	Employer (See I	nstructions)	
Date Full name of	of contributor 🔲 aut-of-state PAC (1D#_ Set , Christy)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/14 Contributor 470%	address; City; State; Zip Code		\$50.00	త్
A	nstin, Tx 1873	(of Texas, complete Schedule T)
Principal occupation / Job title	(See Instructions)	Employer (See I	nstructions)	
. ا	of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor	address; City; State; Zip Code 1 Kennelwood		\$250.00	
Au	ISTIM, TX 1800			f Texas, complete Schedule T)
Principal occupation / Job title	(See Instructions)	Employer (See I	nstructions)	
ald Rab	of contributor out-of-state PAC (10#=		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 2003	Sour Bud.	0.00	\$ 100.00	
Principal occupation / Job title		Employer (See I		f Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME		and the second s	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0/25/14	6 Contributor address; City; State; Zip Code		\$50.00	
	Austin, Tx 187	03	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor [] out-of-state PAC (10#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/14	Contributor address; City; State; Zip Code		\$aw.00	;
	Austn. TX 7878)7	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor U out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/14	Sandera Janon Contributor address; City; State; Zip Code 4400 Elohi Dr	, , , , , , ,	\$ (00.00	a#
	Austin IX 1874	.la	(if travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or josac, usique - ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/4	Contributor address; City; State; Zip Code 2510 Larratt	,	\$ 100-00	
	Austin, Tx 7870	3	(If travel outside	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (fD#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/4	Contributor address; City; State; Zip Gode	Jimmy	\$250.00	description (ii applicable)
	Mustin, TX 1810			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
9/25/4 6 Contributor address; City; State; Zip Code 13/12 Menden Austin TX 78703	(if travel outside of Texas, complete Schedule T)
	ployer (See Instructions)
Date Full name of contributor Gul-of-state PAC (ID#: SMLL, Jenn's Fer Contributor address; City; State; Zip Code	
9/25/14 3313 Big Bend Dr. Austin, TV 7873)	(If travel outside of Texas, complete Schedule T)
	oloyer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution contribution (\$) description (if applicable)
9/25/14 Contributor address; City; State; Zip Code	\$ 50.00
Principal occupation / Job title (See Instructions) Em	(If travel outside of Texas, complete Schedule T) ployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution contribution (\$) description (if applicable)
9/25/4 Contributor address; City; State; Zip Code 7603 Rockpoint D.	\$ 100.00
Principal occupation / Job title (See Instructions) Em	(If travel outside of Texas, complete Schedule T) ployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#: Date Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code 23 D6 Town 65 Lo	Amount of contribution (\$) Amount of description (if applicable)
Austin, Tx 18703	(If travel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS S	

Texas Ethics Com	mission	P.O. Box 12070	Austin, Texa	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		NTRIBUTIO PLEDGES O		IS		SCHEDULE A
The	Instruction (Guide explains how to	complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Prat	le Kendi	all		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full nam	e of contributorout	-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/24/4	6 Contribut	constonion doraddress; city; start west Riv	ate; Zip Code		f100.	
	<u> </u>	MSTI)	X ~/5/	10 Employer (See	 ' 	of Texas, complete Schedule T)
9 Principal occup	ation / Job tit	le (See Instructions)		10 Employer (dec		
Date	Full nam	e of contributor ou	t-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
42314	Contribut	tor address; City; Str Z FavWCS	+	·	\$30	
	<u> 4</u>	hstin, Th	787			of Texas, complete Schedule T)
Principal occup	ation / Job tit	le (See Instructions)		Employer (See	instructions)	<u></u>
Date	Full nam	e of contributor out	t-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/4	_	tor address; City; St.	ate; Zip Code	, , , , , , , , , , , ,	4100.	
	K	ustin IX	1870	3	(If travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job tit	le (See Instructions)		Employer (See	Instructions)	
Date	Full nam	· · · · · · · · · · · · · · · · · ·	t-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/4	Contribut Q	tor address; City; Sta	ate; Zip Code		\$100.	
	DI	astio, "TX	7670			of Texas, complete Schedute T)
Principal occup	ation / Job tit	le (See Instructions)		Employer (See I	nstructions)	
			A A L DIO COR		Amount of	In-kind contribution
Date	Full nam	zar, Daue	i-of-state PAC (ID#: ate; Zip Code		contribution (\$)	description (if applicable)
- your	26	08 MCCAIL	UM -1957C	57		 of Texas, complete Schedule T)
Principal occup	ation / Job tit	le (See Instructions)	<u> </u>	Employer (See I		
If co	ontributor is	ATTACH ADDITION	IAL COPIES OI	F THIS SCHEDULE	AS NEEDED	requirements.

P.O. Box 12070

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI		SCHEDULE A	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	iedule A:
2 FILER NAME	Pace, Kendall	. Annies - Annie A	3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	Full name of contributorout-of-state PAC(ED#: PAHERSON, DIAMA & BILL 6 Contributor address; City; State; Zip Code	, . ,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	2500 Spring Ln Austin, Tx 7870 pation / Job title (See Instructions)	3 10 Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
a Litticihat oceri	Detion / Job title (Ope mattuctions)	10 Employer (occ.)	Hatinonole,	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/4	Contributor address; City; State; Zip Code 11212 Crest Meado	oω	\$100.00	'
Principal occur	Pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(10#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/4	Contributor address; City; State; Zip Code 2716 Woold n'Ose		\$200.00	<i>*</i>
	Austin Tx 78003		· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (IDH: Dede Church & ASSOC; We	es LLC	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/14	Contributor address; City; State; Zip Code	1	\$250.00	
Principal occur	Austin Tx 78731 pation / Job title (See Instructions)	Employer (See tr		of Texas, complete Schedule T)
(Hilopat secup	Addity and the fore management	Latiping 4.	100 00000,707	
. Date	Full name of contributor [] out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/4	Contributor address; City; State; Zip Code 3700 Hampton Rd		\$ 100.00	
	Austin, Ty 1870s			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
lf c∙	ATTACH ADDITIONAL COPIES Of ontributor is out-of-state PAC, please see instru			requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Pace, Lendall	3 ACCOUNT # (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC(IDIF:) Cliq li offi , Lauren 6 Contributor address; City; State; Zip Code 2310 Prvett Austin, Ty 18703	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) ## (SO-DO) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	Instructions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
Of 24/14 Contributor address; City; State; Zip Code 1505 Hardouin Austin, Tx 19103	\$50.00 Sign's for tundraiser
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Full name of contributor out-of-state PAC (IDII): KNAGAS Barbara Contributor address; City; State; Zip Code 3305 RIVER PL AUSTIO, TX 79703	Amount of contribution (\$) in-kind contribution description (if applicable) # 50.00 Office Supplies for Imade and Second Contribution (if travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	instructions)
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)
2803 Scenic 28703	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See I	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
2104 Meadowbrosz Austin, TV 78703	\$ [00.00]
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE. If contributor is out-of-state PAC, please see instruction guide foradd	j.

(TDD 1-800-735-2989) (512) 463-5800 Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Pace, Kendall 8 In-kind contribution Amount of 4 Dafe description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of contributor Date description (if applicable) contribution (\$) Hunsen, Anna Contributor address; City; State; Zip Code 1706 WindSov Rd Principal occupation / Job title (See Instructions) (If travel outside of Texas, complete Schedule T Employer (See Instructions) In-kind contribution Amount of Pam'sh, Meli'ssa. Contributor address: City; State; Zip Code description (if applicable) contribution (\$) 49305 Bull Mountain Cove (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date description (if applicable) contribution (\$) # 50.00 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

(512) 463-5800

OTHER THAN PLEDGES OR LOANS					
The Instri	uction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:	
2 FILER NAME PA	ce. Kendall		3 ACCOUNT # (E	thics Commission Filers)	
	Full name of contributor Gout-of-state PAC(ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9/24/14 66	Contributor address; City; State; Zip Coda	_	\$500.00	 	
9 Principal occupation	/ Job title (See Instructions)	9703 10 Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)	
9 Frincipal occupation		10 Employer (See	menucions)		
Date F	full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Durrett Deth		CORRIDGION (4)	describitor (il application)	
9/24/14	total line in the	City; State; Zip Code			
	1712 Hartford	•	\$175.00		
	Austin TV 7870			f Texas, complete Schedule T)	
Principal occupation	/ Job title (See Instructions)	Employer (See I	nstructions)		
Date F	ull name of contributor)	Amount of	In-kind contribution	
	nhehagen, Ashley contributor address City; State; Zip Code		contribution (\$)	description (if applicable)	
012414 0	contributor address.) City; State; Zip Code	itate; Zip Code		W.	
100 (1 1	2709 Maria Anna	-	\$ 100.00		
	AUSTIN, TX 7876	·		f Texas, complete Schedulo T)	
Principal occupation	/ Job title (See Instructions)	Employer (See I	nstructions)	,	
Date F	ull name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution	
1.	Shah, Sameer		contribution (\$)	description (if applicable)	
alade o	ontributor address; City; State; Zip Code		\$200		
of all the	8-116 Little Lamon	111111111111111111111111111111111111111	\$350-00 j	. ;	
	Austin, TX 7875	7		f Texas, complete Schedule T)	
Principal occupation i	/ Job title (See Instructions)	Employer (See I	nstructions)		
Date F	ull name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
\(\lambda \)	runenhera, Kat		contribution (\$)	description (if applicable)	
alaud 1 6	ontributor address; Gity; State; Zip Code		\$ 100.00	·	
Martin 1	101 Kockeliff,		1,00,00		
	AUSTIN TX 7874	6		Texas, complete Schedule T)	
Principal occupation /	Job title (See Instructions)	Employer (See Ir	istructions)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	eduie A:
2 FILER NAME	Pace, Kendall		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/24/14	6 Contributor address; City; State; Zip Code	_	\$100.00	
	Austin, TX 1810	13	(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor 🗆 out-of-state PAC (ID#_ OUT OF STATE OF THE PACK (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
glastist !	Contributor address: City; State; Fig Code 5400 Mount Bunnell		\$ 100.00	<u> </u>
Principal occup	AuSto Tx 78731 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	The state DAC (IDW		l a	to triad contribution
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/23/14	Contributor address; City; State; Zip Code 210 West 10th St.		\$ 100.00	
	Austin, Tx 787	03	<u> </u>	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (If applicable)
9/23/14	Contributor address; City; State; Zip Code 2404 FURST Bend		\$ 100.00	
	Austin Tx 10	104	(If travel outside c	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor Path UL)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/23/14	Contributor address; City; State; Zip Code	2-2	\$ 50.00	ı
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Texas Ethics Commission POLITICAL COMMISSION OTHER THAN		NS	as 78711-2070	(512) 463-5800	(TDD 1-800-735-298
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The Instruction	Guide explains how to	complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME On	ce, Kend	oul l		3 ACCOUNT # (E	thics Commission Filers)
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9 Principal occupation / Job t	itle (See Instructions)	X 17	10 Employer (See	<u> </u>	of Texas, complete Schedule T)
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Principal occupation / Job title (See Instructions)

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

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

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

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2 FILED NAME	· · · · · · · · · · · · · · · · · · ·	Lendall			3 ACCOUNT # (E	thics Commission Filers)
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9 Principal occu	<u> </u>	STO, To (See Instructions)	× 7910	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
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alialin	421	or address; City; St. 2 She now	doah		\$ 50.00	**
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 463-5800

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The	Instruction Guide explains how to complete this f	form.	1 Total pages Sch	edule A:
2 FILER NAME	Pace, Kendall	-	3 ACCOUNT # (E	ithics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/18/14	Phipps, Ann 6 Contributor address; City; State; Zip Code 200 Stamford	-0	\$200.00	!
	Austin, TX -187			of Texas, complete Schedule T)
9 Prîncipal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor 🗆 out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/10/14	Contributor address; City; State; Zip Code 2501 Camino Atto		\$250.00	
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Date	Full name of contributor Out-of-state PAC(ID#;		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18/4	Contributor address; City; State; Zip Code 3500 M. Capital of Tex	cas thury	\$500,00	
	Austin, TV 70746		· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
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9/18/4	Contributor address; City; State; Zip Code		#100.00	
!	Austin Tx 125103		(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See II	nstructions)	

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Texas Ethics Con	nmission	P.O. Box 12070	Austin, Tex	(as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		ONTRIBUTION PLEDGES O		VS		SCHEDULE A
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9 Principal occu	···	title (See Instructions)	1010	10 Employer (See	<u> </u>	of Texas, complete Schedule T)
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वानाम	Contrib		State; Zip Code Nurch La		\$ (00.00]
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9/17/14	Contrib	rgess, 150° utor address; city; s	State; Zip Code Creek		\$ 100.00	# # #
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affer for	Contrib	(State; Zip Code	-1804.U	\$ 100.00	
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(TDD 1-800-735-2989) (512) 463-5800 Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Pace, Kendal 8 In-kind contribution 5 Full name of contributor | out-of-state PAC (ID#: 7 Amount of 5 Full name of contributor Smith, Alex 6 Contributor address; City; State; Zip Code 1200 Bruton Springs Rd. description (if applicable) contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) In-kind contribution ut-of-state PAC (ID#: Amount of Date description (if applicable) contribution (\$) To Ster Jay Contributor address; City; State; Zip Code \$75.00 3811 Bonnell Dr. (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date MINES, Melissa Contributor address; City; State; Zip Code 4609 Edgemont Dr. description (if applicable) contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor U out-of-state PAC (ID#_CONTRIBUTION CONTRIBUTION CONTRIBU In-kind contribution Amount of description (if applicable) contribution (\$) \$ 100.00 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions in-kind contribution Amount of contribution (\$) description (if applicable) Contributor address; City; State; Zip Code \$200.00 1206 Cheerlee (if travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

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aliche	6 Contributor address; City; Sf	ate; Zip Code	4 2000 001	
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9 Principal occur	pation / Job title (See Instructions)		(See Instructions)	Terration of the second
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9/13/14		ate; Zip Code	\$ 500.00	
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	Hallas, Tx	75705		Texas, complete Schedule T)
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2 FILER NAME 4 Date 5 9 Principal occupation Date 12 14	Full name of contributor out-of-state Contributor address; City; State;	PAC(ID#:	7 Amount of contribution (\$)	thics Commission Filers) 8 In-kind contribution description (if applicable) of Texas, complete Schedule Total description (if applicable)
4 Date 6 9 Principal occupation Date 012/14	Full name of contributor out-of-state VY-ESS Camille Contributor address; City; State; 1400 Hardouin Ave PMStin, TX 1910 n / Job title (See Instructions) Full name of contributor out-of-state AVVINGAL, Margan Contributor address; City; State; TOLO Northwood	Zip Code Zip Code 10 Employer (10 PAC(IDI): Zip Code	7 Amount of contribution (\$) 1 250-00 (If travel outside of contribution (\$)	8 In-kind contribution description (if applicable of Texas, complete Schedule T
9 Principal occupation Date	Full name of contributor out-of-state VY-ESS Camille Contributor address; City; State; 1400 Hardouin Ave PMStin, TX 1910 n / Job title (See Instructions) Full name of contributor out-of-state AVVINGAL, Margan Contributor address; City; State; TOLO Northwood	Zip Code Zip Code 10 Employer (10 PAC(IDI): Zip Code	contribution (\$) 1 250-00 (If travel outside of Contribution (\$)	description (if applicable) Texas, complete Schedule Texas, ln-kind contribution
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9/12/14	Contributor address; City; State; 3007 Sayoy Place		\$ (00.00	o ^t .
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3/11/14	Contributor address; City; State; 2403 Ruck Moor	Zip Code	\$100.00	
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POLITICAL CONTRIBUTIONS

SCHEDULE A

(512) 463-5800

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2 FILER NAME	Pace, Kendall		3 ACCOUNT#(E	thics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC(ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/10/14	6 Contributor address; City; State; Zip Code 1012 Chaston Austin, Tx 19103		#150.00	of Texas, complete Schedule T)
9 Principal occup) Employer (See I	······	T TONGS, COMPAGE CONTOURS TY
Date	Full name of contributor Dout-of-state PAC(IDIK)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/10/14	Contributor address; City; State; Zip Code 5902 LONESOME Valley	j Tv.	\$250.00	
	Austin, Tr 78731			f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
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9/10/14	Contributor address; City; State; Zip Code 2508 Harratt		\$50.00	16.,
	Austin, Tx 18703	LOCAL DE LA CALLANTA	(If travel outside o	of Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See I	nstructions)	
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alalu	Contributor address; City; State; Zip Code		\$50.00	
	Austin, Tx 78703			f Texas, complete Schedule T)
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9/8/14	Contributor address; City; State; Zip Code	as, TX 15205	(If travel outside o	f Texas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See II		
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Texas Ethics Commission

POLITICAL CONTRIBUTIONS

SCHEDULE A

(512) 463-5800

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9/8/14	6 Contributor address; City; State; Zip Code 3110 May wood Ave		\$500.00		
9 Principal occup	Austin Tx 7010	3 10 Employer (See I	L	of Texas, complete Schedule T)	
Date	Full name of contributor	}	Amount of	In-kind contribution	
	Mear, Marnie	. , ,	contribution (\$)	description (if applicable)	
9/8/14	Contributor address; City; State; Zip Code 2008 MCCall		\$250.00		
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P.O. Box 12070

Austin, Texas 78711-2070

(TDD 1-800-735-2989)

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4 Date 5 Full name of contributor Quit-of-state PAC(IDII:	contribution (\$) description (if applicable)			
Atherton, CA 94027				
Contributor address; City; State; Zip Code	Amount of contribution (\$) in-kind contribution description (if applicable)			
	Amount of In-kind contribution			
9/4/14 KNAGGS, Barbera Contributor address; City; State; Zip Code 3305 River Rd Austin, To 78703	description (if applicable) *** (1000.00 (if travel outside of Texas, complete Schedule T)			
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Jemil, Lisa	Amount of In-kind contribution contribution (\$) description (if applicable)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)			
9/3/14 Contributor address; City; State; Zip Code 3303 Bridle Path	Amount of contribution (\$) In-kind contribution description (If applicable)			
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 foradditional reporting requirements.				

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Employer (See Instructions)

Principal occupation / Job title (See Instructions)

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9/1/14	6 Contributor address? City; State; Zip Code 2512 Tambil Place	1000.00	1
9 Principal occu	Patton / Job title (See Instructions) 10	(If travel outside	i e of Texas, complete Schedule
Date	Full name of contributor out-of-state PAC(ID#:	Amount of contribution (\$)	In-kind contribution description (if applica
9/1/4	Contributor address; City; State; Zip Code 1203 Clare Ave.	\$200.00)
Principal occu	Pation / Job title (See Instructions)	(If travel outside Employer (See Instructions)	of Texas, complete Schedule
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applica
8/31/14	Contributor address; City; State; Zip Code 2400 To Wer Dr.	\$250.00)
Principal occu	pation / Job title (See Instructions)	(If travel outside	l e of Texas, complete Schedule
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	In-kind contribution description (if applical
313114	Contributor address; City; State; Zip Code 7105 West Rim	\$1000.00	
Principal occu	pation / Job title (See Instructions)	(If travel outside Employer (See Instructions)	of Texas, complete Schedule
Date	Full name of contributor out-of-state PAC (IDIK) Amount of contribution (\$)	In-kind contribution description (if applicat
· [[Contributor address; City; State; Zip Code	\$500.00	
8/30/14	3706 Enfield Austin, Tr 79703	ļ	 of Texas, complete Schedule

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	45		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	iedule A:
2 FILER NAME	Pace, Kenfall		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC(IDIK:		7 Amount of contribution (\$)	8 In-kind contribution description (If applicable)
8130/14	210 DOUCE - 1010		\$25.00	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor U out-of-state PAC(IDI):)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/30/14	Contributor address; City; State; Zip Code	, , , , , , , , , ,	dt 1-2 -00	'. 1
O("- (· ·	2310 W. 8th St. Austin, TX 79703		\$ 100.00	Cahadula Ti
Principal occur	pation / Job title (See Instructions)	Employer (See I	~	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (IDI):)	Amount of contribution (\$)	in-kind contribution description (if applicable)
8(30(14	Contributor address: City; State; Zip Code 2001 Raleigl	, , , , , , , , , , , ,	\$ 100.00	6°.
Principal occup	Pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor ut-of-state PAC (IDIK		Amount of contribution (\$)	In-kind contribution description (if applicable)
812014	Sigracki Jennite Contributor address; City; State; Zip Code II Godwood Pl.	£	\$ (00.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
Date	Full name of contributorout-of-state PAC(ID#;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/29/14	Contributor address; City; State; Zip Code 3315 WINCSON D.		\$250.00	
Principal occup	Puston, TX pation / Job title (See Instructions)	Employer (See Ir	 	f Texas, complete Schedule T)
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 foradditional reporting requirements.				

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS		SCHEDULE A	
The	Instruction Guide explains how to complete this form.	i Total pages Sch	nedule A:	
2 FILER NAME	Pace, Kendall	3 ACCOUNT# (E	Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC(IDII: PASTOV, Julie 6 Contributor address; City; State; Zip Code 1508 Hardouin Ave Austin, Tx 780703	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occup	pation / Job title (See Instructions) 10 Employer (Se		or rossos sompless some .,	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)	
8 25(14 Principal occup	Dation / Job title (See Instructions) 5490 LORMONT TX 77056 Employer (See	(if trave) outside o	f Texas, complete Schedule T)	
Date	Full name of contributor	_) Amount of	In-kind contribution	
8/19/14	Conffeth, Bevery Contributor address; City; State; Zip Code 5696 Longmont	contribution (\$)	description (if applicable)	
Principal occup	pation / Job title (See Instructions) Employer (See		f Texas, complete Schedule T)	
Date 8 (a (4	Full name of contributor Unit-of-state PAC (ID#: Sudd Uth Toby Contributor address; City; State; Zip Code 2201 Greenlee Pusto, Ty 79703	Amount of contribution (\$) \$ (000.00)	In-kind contribution description (if applicable)	
Principal occupa	ation / Job title (See Instructions) Employer (See		Texas, complete Schedule T)	
9 (19 (4	Full name of contributor out-of-state PAC (IDIF:) WOUNTON ROCKY Contributor address; Gity; State; Zip Code ASIS Would ridge	Amount of contribution (\$)	In-kind contribution description (If applicable)	
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 foradditional reporting requirements.				

POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER	OTHER THAN PLEDGES OR LOANS					
The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A:				
2 FILER NAME	0 1/ / /	3 ACCOUNT # (Ethics Commission Filers)				
	Pace, Kendall	7 Amount of 8 In-kind contribution				
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)				
الماليداه	6 Contributor address; City; State; Zip Code	# 100.				
10,11.4	2500 Spansln	(If travel outside of Texas, complete Schedule T)				
	ation / Job title (See Instructions) 10 Employer (See					
9 Principal occup	ation / Job title (See Matroctions)					
Date ·	Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)				
9/18/14	Contributor address; City; State, Zip Code 11321 Chatam Berry	\$ SD				
,	phstin, TX 70740	(If travel outside of Texas, complete Schedule T)				
Principal occup	ation / Job title (See Instructions) Employer (See	e Instructions)				
Date	Full_name of contributor) Amount of In-kind contribution contribution (\$) description (if applicable)				
9/2/14	Stands J. Afred Contributor address: City; State; Zip Gode	\$ 100				
	Austin IX 18103	(If travel outside of Texas, complete Schedule T)				
Principal occup	eation / Job title (See Instructions) Employer (See	e instructions)				
Date	Full name of contributor [] out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)				
9/25/14	Contributor address; City; State; Zip Code	\$1000 . —				
	P.O. 60 X 30-2107	(If travel outside of Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Amount of In-kind contribution				
Date	Full name of contributor	Amount of In-kind contribution (s) description (if applicable)				
	Contributor address; City; State; Zip Code					
	•	Tayon complete Schadule T)				
	Employer (Sec	(If travel outside of Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions) Employer (Sec					
	ACDITO OF THE SCHEDIN	E AS NEEDED				

		CATEGORIES FOR BOX 8(• •
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Travel In District	Transportation Equipment & Related Expense 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)
7	<u> </u>	explains how to complete this.	·
1 Total pages Schedule F:	2 FILER NAME Pale, Ker	rdall	3 ACCOUNT # (Ethics Commission Filers)
4 Date 0/21 (4	5 Payes name DFR Ce Ma	X	
6 Amount (\$)		ate; Zip Code	
\$04.32	907 W. St. A	fustin, TX 187	to 1
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	on (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	office overnead		ne loadeo.
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held
Date	Payee name 0		
8125/4	U.S. Post A	Hice	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
\$40.00	West Austin Sta	tion Austra.	TX 78703-9998
PURPOSE	Category (See categories listed at the top	of this schedule) Descriptio	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	office overhead	d post 1	office box renta
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	
Date	Payee name	•	
812a/W	and areas	ies	
Amount (\$)	Payee address; City; Sta	fe; Zip Code	
\$2500.00	P.O. BOX 68500	8 Austin, TX	78768
PURPOSE	Category (See categories listed at the top	of this schedule) Description	n (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Exp	penca lunda.	te development
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	VIC D-OVINOVINI
Date I	Payee name		
8[29[14	Piryx, com	The Oad	
Amount (\$)		ie; Zip Code	
\$20.05	144 2nd St. Sa	.n trancisco, K	2A 94105
PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	online	transaction fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	tht Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS	NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor alsing Expense strict Rental Expense	oan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Pace, Kenda	el		3 ACCOUNT # (Ethics Commission Filers)
4 Date 30(14	5 Payee name) <i>/</i> /)		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
\$66.68	144 2nd St. Sa	in Franc	isou, CF	94105
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description (I	ftravel cutside of Texas, complete Schedule T)
EXPENDITURE	Tees		online.	transaction tees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held
Date 1 (Payee name			
0131114	Payee address; City; Sta	1		
Amount (\$)	1			
\$ 99.35	144 and St. Star	1 Francis	co, ca	94105 #
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (II	travel outside of Texas, complete Schedule T)
EXPENDITURE	Tees		online -	transactui dees
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sought	Office held
Date Oli (14	Payee name			
Amount (\$)	Payee address; City; Stat	te; Zip Code		
\$115.45	144 and st. S	,4ntran	cisco, CF	7 94105
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees		online to	ansactur Leos
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
Date (2/14	Payee name Pir YX. WM	1		
Amount (\$)	Payee address; City; State	e; Zip Code	,	
28.25	144 2nd St	Sint	rancisco	12A 94105
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description (if	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees		online to	ansaction less
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sought	Office held
	ATTACH ADDITIONAL CO	DIES VE ANIS 6	CHEDIN E V6 ME	EDED

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

(TDD 1-800-735-2989)

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salarles/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related 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)
7	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
	Pace, Kendall
4 Date	5 Payee name
1/3/14	Piryx. WM
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32.50	144 Drust. Santrancisco, CA 94105
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Tees looking transcription does
9 Complete ONLY if direct	Candidate / Office holder name Office sought Office held
expenditure to benefit C/C	OH
Date.	Payee name,
वीयात	Piryx.com.
Amount (\$)	Payee address; City; State; Zip Code
A	I del a de la contraction
\$39.80	144 and St. Santrancisco, CA 94105
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Pees online transported tees
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/O	yH · · · · · · · · · · · · · · · · · · ·
Date /	Payee name
alala	Piryx.com
Amount (\$)	Payee address; City; State; Zip Code
108787	Lila Lot O. Tarasa AA Addison
* J 1.32	144 and St. Sun Francisco, CA 94105
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Tees unline transaction des
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date	Payee name,
710114	prid > - com
Amount (\$)	Payee address; City; State; Zip Code
#132.45	144 and st. San Francisco , CA 94105
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees online transaction less
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL CODIES OF THIS SCHEDUL F AS NEEDED

SCHEDULE F

(512) 463-5800

	EXPENDITURE CATEGORIE	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages	• •
Accounting/Banking Consuiting Expense	Legal Services Solicitation/Fund Food/Beverage Expense Travel In District	draising Expense Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of D	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Fees		d/Rental Expense OTHER (enter a category not listed above)
7	The Instruction Guide explains how t	METATOR TO THE TOTAL PROPERTY OF THE TOTAL P
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Pace, Kendall	
4 Date	5 Payee name	
91814	GILL STOCKEDIES	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
do a um ma	0.0.BUX 685008 A	istin TV Tation
* 3848.00	א פטטנטט אטע	justin, TX 78768
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	Consulting & Yard Signs
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		
Part.	Paraga nama	
Date	Payee name	
1014	SCUTT LYEUTUIT	
Amount (\$)	Payee address; City; State; Zip Code	,
オコクルコー	3012 Oak Crest Aus	stin, TX -18704
4324115	The Contract of the Contract o	7" IN 10 10 T
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Eventeapense	Photos
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/O		Olito sough
Date A A	Payee name	
MANA	VIMX.COM	
Amount (\$)	Payee address; City; State; Zip Code	
d1120	144 and of San Fran	ncisco, CA 94105
11.60	3. JUN4141	101800, CH 44105
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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EXPENDITURE	Fees	Mine transaction fees
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	Н	
Date (Payee name	
91014	Vicin som	
Amount (\$)	Payee address; City; State; Zip Code	
\dagger \land \dagger \land \dagger \land \dagger \dag		,
#36.45	144 and st. Sontranc	isco, CA 94105
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FRAC	online transaction tees
	2	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE (Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense rict tental Expense	Loan Repayment/Rein Transportation Equipm Contributions/Donation Candidate/Officeho OTHER (enter a categ	ent & Related Expense is Made By Ider/Political Committee
1 Total pages Schedule F:	2 FILER NAME POICE, KENDO	[1]		3 ACCOUNT#(Ethics Commission Filers)
4 Date 14/14	6 Payee name				
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code			
\$40.00	144 2nd st Sun-	Francis	co, cA	94105	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)		(If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Fees			WUNSACTION Austin, TX, officeholder livin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	nt	Office held
Date	Рауее пате				
01/4/184	PICKLEOM				
Amount (\$)	Payee address; City; Stat	e; Zip Code			
\$ 24.30	144 and st. Se	n Franci	1500 i Ca	a oxflos	
PURPOSE	Category (See categories listed at the top of			(If travel outside of Texas, co	mplete Schedule T)
OF	_		onlinet	anaction for	2.05
EXPENDITURE	fees		Check If A	ustin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	t	Office held
Date /	Рауее пате				
01/10/14	Picity, pom				
Amount (\$)	Pavee address: City; State	e; Zip Code			
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115118		Francise			maleta Pahadula T\
PURPOSE	Category (See categories listed at the top o	f this schedule)		(If travel outside of Texas, co	
OF EXPENDITURE	LPPS .		CheckifA	Cansactus— V ustin, TX, officeholder liver	g expense
Complete ONLY if direct	Candidate / Officeholder name		Office sough		Office held
expenditure to benefit C/O	H				
Date (Payee name				
Mulie	U.S. Post	office		, , , , , , , , , , , , , , , , , , , ,	
Amount (\$)	Payee address; City; State	Station	1810	3-9008	
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, co	mplete Schedule T)
OF	Timat Francis	a [MPS_	
EXPENDITURE	Went Expense			ustin, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	E	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS I	NEEDED	

P.O. Box 12070

		CATEGORIES FOR BOX 8(a	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundralsing Expense Travel In District	Transportation Equipment & Related Expense 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)
4	The Instruction Guid	e explains how to complete this f	
1 Total pages Schedule F:	2 FILER NAME	1 _ 1	3 ACCOUNT # (Ethics Commission Filers)
<u></u>	Pace, Ver	vall	
4 Date	5 Payee name	· January	!
alulat	GNI Grateg	166	
6 Amount (\$)	7 Payee address; City; St	· •	!
Hinor 10	P.D. BOX GOS ON	& Austin, TX	79,7108
21102112D	1000000	arjeso is sim	. 0 . 0
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Danhas Eus	ranse Your	-d Signis
 Complete <u>ONLY</u> if direct expenditure to benefit C/C 	Candidate / Officeholder name) Onice adul	ant Olloo hold
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Date	Payee name	0 A - A	
4/11/14	Pavee address: City: St	BOM .	
Amount (\$)	1 " " " " " " " " " " " " " " " " " " "		
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EXPENDITURE	300	U' 11/1/E)	transaction fees
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	e Office soug	lut Owe need
одронитель то			
Date	Payee name	<i>m</i>	
4/12/14	Y MXLO	<u>0m</u>	
Amount (\$)		ate; Zip Code	
d 110 20	hild and st. Sc	intrancisco, C	A 9410S
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PURPOSE	Category (See categories listed at the to	ρ of this schedule) Description	n (if travel outside of Texas, complete Schedule T)
OF ·	Fees		transaction les
EXPENDITURE			aht Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	jnt Once nod
exheuritate to penetrate or			
Date	Payee name		
M15/14	LUYK.C	<u>om</u>	
Amount (\$)	Payee address; City; St	ate; Zip Code	
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434.80	Later On one	11 Chancoo Co	014103
PURPOSE	Category (See categories listed at the top	n of this schedule) Description	11 (If fravel outside of Texas, complete Schedule T)
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OF EXPENDITURE	Fees	on the	transactuitees
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	Office soug	trancacturitees unt office held
EXPENDITURE	Candidate / Officeholder name	ON ME Office soug	trancacturifies

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District Office Overhead/Rental Expense te exptains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME PARP, V-PS	Yeall	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9 144 6 Amount (\$)	7 Payee address; City; S	Ridge Austin	TX 78746
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/C	(a) Category (See categories listed at the to PCN TOS E		n (If Iravel outside of Texas, complete Schedule T)
Date (\$)	Payee name	Matte; Zip Code	
#28,96	, .,	an Francisco, C	A 94105
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See categories listed at the te	orline	(If travel outside of Texas, complete Schedule T) + Con South Sees ht Office held
expenditure to benefit C/C			
Amount (\$)	Pirxxic	6 M tate; Zip Code	
#124155	i i	itrancisco, ca	94105
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule) Description	(If travel outside of Texas, complete Schedule T) Transcot D. Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	
Date	Payee name DiYYXi ()	pm	
4 4, 25		itanoisco, of a	
PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	online	(If travel outside of Texas, complete Schedule T) +
expenditure to benefit C/C	ЭН	COPIES OF THIS SCHEDULE AS	NEEDED

P.O. Box 12070

SCHEDULE F

	\$\$\frac{1}{2}\$\$		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BOX 8(a Salarles/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this s	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER PAME PACE, LAN	dall	3 ACCOUNT # (Ethics Commission Filers)
4 Date (24)	5 Payee name	1	
6 Amount (\$)	7 Payee address; City; Star 144 And St. San	ate; zip Code N Fran CUSCO, CA	a4105
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule) (b) Descriptio	n (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ght Office held
Date 0122/14	Payee address; City; Sta	M	
Amount (\$)	1	· · ·	
\$83.17	144 and St. San	Francisco, Cf	1 94105
PURPOSE OF EXPENDITURE	Category (See categories listed at the top		n (If travel outside of Texas, complete Schedule T) Walvecott on Lous
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office soug	
Date Q 23 Lut Amount (\$)	Payee name PL / X / (VO) Payee address; City; Sta	Y\ ate; Zip Code	
4156, 45		an Fran Cisco (ea orthos
PURPOSE	Category (See categories listed at the top	of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	tees	online	transaction dees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ht Office held
Date 9/24/il	Payee name: LA Man (cha	-
Amount (\$)	- 1A	te; Zip Code	
# 1416 133	2203 Hannock	Dr. Austin, 1	× 78156
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	(If trayel outside of Texas, complete Schedule T)
EXPENDITURE	FUNDIVOUSING E	expense cos	tut tourty
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	' Office sough	ht Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS	NEEDED

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(512) 463-5800

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salarles/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor alsing Expense trict Rental Expense	Loan Repayment/Rei Transportation Equipo Contributions/Donatio Candidate/Officeh OTHER (enter a cate	ment & Related Expense
1 Total pages Schedule F:	2 FILER NAME PACE, KI	endall		3 ACCOUNT#	(Ethics Commission Filers)
4 Date GOLVILI	5 Payee name	Om			
6 Amount (\$)	1 7	ate; Zip Code	<u> </u>	4 .	
刘68.13	144 And St. Sol	n Fran C	Keo, e	A ortla	<u> </u>
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	1-ees		online	transacti	ndpos
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sough	it	Office held
Date Mas 14	Payee name	EESCANIE	Pir	X. COM	
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
\$ 453.58	144 and st. S	Santran	eises,	CA ON	105
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	Fees		online	+ transcol	troudoes
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	w.	Office Held
Date .	Payee name	,		·	
Amount (\$)	Payee address; City; Stat	ite; Zip Code			
ŀ					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(if travel outside of Texas, c	complete Schedule T)
OF EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	I	Office sought	t	Office held
Date	Рауее патте				
Amount (\$)	Payee address; City; Stat	te; Zip Code		•	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	of this schedule)	Description ((If travel outside of Texas, o	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sought	l	Office held
,	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS N	VEEDED	

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

		S FOR BOX 8(a)	
CADCNDILIBE	CATEGURIE	S FUR BUX 0(a)	

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I	Rental Expense OTHER (enter a	a category not listed above)
• • • •	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule H:	2 FILER NAME	3 ACCOL	JNT # (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name	·	
Amount (\$)	Business address; City; State; Zip Code	_	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	OIN I ELECTION I DIADO	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salar Legal Services Solici Food/Beverage Expense Trave Polling Expense Office	GORIES FOR BOX 8(a) es/Wages/Contract Labor ation/Fundraising Expense In District Coverhead/Rental Expense Overhead/Rental Expense Ins how to complete this form. Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date & (20 (14)	5 Payee name Walmart o C	
6 Amount (\$) \$\frac{1}{2}\frac{1}{2}\frac{1}{2}\cdot 0\frac{1}{2}	7 Payee address; City; State; Zi) Code
Reimbursement from political contributions intended	702 SWOLS. Bent	onulle, AR 72716
8 PURPOSE OF	(a) Category (See categories listed at the top of this so	edule) (b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Accounting 1Ba	nking checks
Date Oly (14	Payee name Moo. CO m	
Amount (\$) Amount (\$) Amount (\$) Reimbursement from political contributions intended		e East Prunichence R1 02914
PURPOSE OF	Category (See categories listed at the top of this sch	dule) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising	Business Cords
Date 01/14/14	Payee name Purebutions, co	Y
Amount (\$) The Solution of the political contributions intended	Payee address; City; State; Zip 4930 Chippewa Ud	nt-A. Medina, OH 44256
PURPOSE OF	Category (See categories listed at the top of this sche	Description (if travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising	puttons
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip	ode ·
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheo.	le) Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

	<u> </u>	
	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule I	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date : ···	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See Instructions regarding type of information required.)

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

SCHEDULE K

116	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
FILER NAME	Pace, Kerdall	3 ACCOUNT # (Ethics Commission F	ilers)
Date	5 Name of person from whom amount is received Lincoln Date 6 Address of person from whom amount is received; City; State; Zip Code	8 Amoi (\$)	
	7 Purpose for which amount is received	10me	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amou (\$)	
	Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amour (\$)	nt
	Purpose for which amount is received		
Date .	Name of person from whom amount is received	Amoun (\$)	at
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