CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(512) 463-5800

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 FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	hendall	(7)	Date Received
NAME	NICKNAME LAST		
	- Page		
	ruce		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	E .
OFFICEHOLDER MAILING	1411 Hardouin Au	cha TV 1018	Date Hand-delivered or Postmarked
ADDRESS	1411 Hardouin Au	STIN IX 10103	
change of address	NO.		Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Busered
OFFICEHOLDER PHONE	(512) 917 - 3130	-	Date Processed
2 19 10000000000000000000000000000000000	MS/MRS (MR) FIRST	MI	Date Imaged
6 CAMPAIGN TREASURER	Lara	<u> </u>	ē
NAME	NICKNAME LAST		
	- Chauyin		
	CIMATI		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS	1411 Norwalk Ln.	#207	
(residence or business)			
	Austin, TX 7870	73	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	,
TREASURER	(512) 589 - 2089	2	
PHONE	509 - 200	2	
9 REPORT TYPE			15th day after campaign
	January 15 30th day before election	Runoff	treasurer appointment (officeholderonly)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
10 PERIOD	Manth Pay Vee-	Month Day	Year
COVERED	Month Day Year THROUGH	7.	
	10/20/14 THROUGH	12/06/	14
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
	Pnmary	Runoff	General Special
	12/16/14		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	AICH
		13 OFFICE SOUGHT (if known) Trustee,	TI3D
		Trustee,	District 9
	5		and the second s
	G GO TO PAG	GE 2	
	œ	- Later Constitution	

(512) 463-5800

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

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Pace,	Kendall	15 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	sed \$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,350.			
EXPENDITURE TOTALS	3. TOTALI	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 10,383.88					
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 3,039.18			
OUTSTANDING LOAN TOTALS	6. TOTAL I LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	* 3,034.18 THE \$ 5,000.—			
NO.	OSA PALACIOS OTARY PUBLIC State of Texas m. Exp. 11-15-2016	is true and correct and includes a me under Title 15, Election Code.	of perjury, that the accompanying report Il information required to be reported by			
AFFIX NOTARY STAN		me, by the said Kendall Pace	, this the			
Sworn to and sub	of December	to certify which, witness	my hand and seal of office.			
Non-Hala Signature of officer adm	cio	Printed name of officer administering oath	Title of officer administering oath			
1						

P.O. Box 12070

SCHEDULE A

		444 C		
The	Instruction Guide 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 contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/26/4			\$250	i T
	1512 Hardouin Ave. Au	KTID. TX 78703	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/28/4	Contributor address; City; State; Zip Code Sis Congress Austin		\$250	
	Sis Congress Austin	70701	(If travel outside o	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Trocked, complete concease 17
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/4/14	Contributor address; City; State; Zip Code		\$150	
	Austin, TX	78767	(If travel outside	 of Texas, complete Schedule T)
Principal occup	oation / 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)
11/5/4	Contributor address; City; State; Zip Code 5514 Purche		\$250.	
		75209		I 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 (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
111514	Contributor address; City; State; Zip Code).	\$250.	1
Principal occur	pation / Job title (See Instructions)	201 Employer (See I		of Texas, complete Schedule T)
spar oodu			noration and Marin explosion property and the 🗸	
	1X = *			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Pace, Kendall	3 ACCOUNT # (Ethics 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)
117(4 6 Contributor address; City; State; Zip Code 4203 Venceo Dr.	\$100
9 Principal occupation / Job title (See Instructions) 7973 1 10 Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#:) Budef Tony	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2920s	\$1000.
Austin, Tx 78755	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See I	nstructions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code 2806 Stroutget	\$1500.
Austin. 1x 78746	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See I	nstructions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	\$100
Austin , Tx 78731	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See I	nstructions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
Contributor address; City; State; Zip Code	contribution (\$) description (if applicable)
7010 NOAL WOOD	\$ 250.7
Principal occupation / Job title (See Instructions) Employer (See I	(If travel outside of Texas, complete Schedule T) nstructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED
If contributor is out-of-state PAC, please see instruction guide foradd	

SCHEDULE A

				88 _{E1}
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule 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)
11/12/14	6 Contributor address; City; State; Zip Code		\$250	
	Austin,	TX 78139	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_) 0 4	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/12/14	Contributor address; City; State; Zip Code	8.68 8.68 8.68 8	W	
11	4300 Alobott Are		\$100.	
	Dallas, Tx 75	205	(If travel outside o	l of Texas, complete Schedule T)
Principal occup	ation / 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)
11/13/14	Contributor address; City; State; Zip Code	8: 18: 18: 18: 4: 24: 18: 4: 24: 18: 4: 1	\$ in -	
1 - 1 -	2613 Delwood Austin	TX 78703	\$ 100.—	I
Principal occup	ation / Job title (See Instructions)	Employer (See I		or rexas, complete schedule 1)
Date	Full name of contributor out-of-state PAC (ID#:	Y	Amount of	In-kind contribution
Date :	Ray, Christine		contribution (\$)	description (if applicable)
11/4/4	Contributor address; City; State; Zip Code 3 804 Agape Lo		\$100.	r
Principal occurs	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Fillicipal occupi	ation / Job title (Gee Histractions)	Linployer (dec)	nati dellona)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/14/14	Contributor address; City; State; Zip Code			Sectional Provider Avance of the section and
Media	5423 Shoal wood		\$ 100.	
	100.01	8756		of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I	ristructions)	
If co	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.
11 60	minutor is out-or-state FAO, piedse see mist	avaion galae iolauu		

SCHEDULE A

	a
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Pace, Lemball	3 ACCOUNT # (Ethics 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 Principal occupation / Job title (See Instructions) 10 Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide forade	AS NEEDED

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

SCHEDULE A

	п.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Pace, Kendall	3 ACCOUNT # (Ethics 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)
11 17 14 6 Contributor address; City; State; Zib Code	\$ 100.
Austin, Tx 19703	(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)
11 20 14 Contributor address City; State; Zip Code 1400 Hardouin Ave	\$150
Austin TV 795703	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	The state of the s
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution
Mountsen Jennifer	contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code 3605 Cassava	\$ 250.
Austin, Tx 70746	(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#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	\$ 100
Austin, Tx 18703	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
	Î.
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Timopal occupation / occ and (occ monactions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	TARGETTA SATURDA SATUR
If contributor is out-of-state PAC, please see instruction guide forad	ditional reporting requirements.

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Advertising Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Consulting Expense Travel In District Travel Out Of District **Event Expense** Polling Expense **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: 2 FILER NAME 4 Date 5 Payee name FUA WORTE, **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Description (If travel outside of Texas, complete Schedule T) (See categories listed at the top of this schedule) PURPOSE Kohocells OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) St. Santrancisco, CA 94105 Description (If travel outside of Texas, complete Schedule T) PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) 1 Francisco, CA a410 Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office held

Check if Austin, TX, officeholder living expense

Office sought

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

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/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor aising Expense trict Rental Expense	Loan Repayment/Reir Transportation Equipm Contributions/Donation Candidate/Officeho OTHER (enter a catego	nent & Related Expense ns Made By older/Political Committee
1 Total pages Schedule F:	2 FILER NAME Pale,	Wend	all	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	2m			
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code			
\$8.20	144 and 8t. S.		lisco, C	A asho	5
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)		(If travel outside of Texas, c	omplete Schedule T)
EXPENDITURE	Fees			Austin, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt	Office held
Date 11 9 14	Payee name PiryX.	Com			
Amount (\$)	Payee address; City; Sta	te; Zip Code			
\$20.05	144 and St. So	in From	icisco,	CA ax	105
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If trayel outside of Texas, co	
EXPENDITURE	Fees			ustin, TX, officeholder livir	the second secon
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	ıt	Office held
Date 11/12/14	Payee name Piryx.	com			
Amount (\$)	Payee address; City; Stat	te; Zip Code			
88.20	144 2nd St. S.	an Fren	aireo,	CA ax	105
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, co	omplete Schedule T)
EXPENDITURE	Fees		Check if A	ustin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	t	Office held
Date (1 13 14	Payee name Piryx. O	om			
Amount (\$) 4 % · 20	Payee address; City; State	San Fra	n Cisco,	CA 94	105
PURPOSE OF EXPENDITURE	Category (see categories listed at the top	of this schedule)	orline	(If fravel outside of Texas, co	ng expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH		Office sough	t	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense rict lental Expense	Contributions/Donation Candidate/Officeho OTHER (enter a categ	ent & Related Expense s Made By lder/Political Committee
1 Total pages Schedule F:	2 FILER NAME LENGTH	all		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name Ricyx. COn	Λ			
6 Amount (\$)	7 Payee address; City; State		iseo, Cf	7 94105	_
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	f this schedule)	online fre	If travel outside of Texas, co	Lees
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	l	Office sought		Office held
Date III 17 14	Payee name	^			<i>u</i> :
Amount (\$)	Payee address; City; State	e; Zip Code			
\$24.60	144 2 nd St. So	en Franc	isco, Cf	7 actios	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	onlike	If travel outside of Texas, co	Lees
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date 11/20/14	Payee address; City; State	e; Zip Code			
\$693.06	3300 Bee Con	es Rd	Austin,	TX 78-	146
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	post	f travel outside of Texas, co	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date 11/21/14	Payee name Kinkoś				
Amount (\$) 54 0.32	Payee address; City; State		Justin.	Tx 787	46
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Po	If travel outside of Texas, co OST COVOLS stin, TX, officeholder livin	
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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	ontract Labor Loan Repayment/Reimbing Expense Transportation Equipme Contributions/Donations Candidate/Officehold Rental Expense OTHER (enter a catego	nt & Related Expense Made By der/Political Committee
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME Pace, Kendal	3 ACCOUNT # (E	thics Commission Filers)
4 Date 11/21/14	U.S. Post Office.	West Austin -	18103
6 Amount (\$) \$1258. —	7 Payee address; City; State; Zip Code West Austric Stat	TUL 78703	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, con	nolete Schedule T)
OF EXPENDITURE	Advenising Expense	Stamps Check if Austin, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 1/27/14	Payee name Piryx.com		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.05	144 and St. Sentranc	1500, CA 94105	-
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	Fees	Check if Austin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 11/28/14	Payee name Well's Forso		
Amount (\$)	Payee address; City; State; Zip Code 3 105 WindSw Rd. 4	Austri TX 787	03
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, com	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 11/30 14	Payee name GNI Consulta		
Amount (\$) \$ 1075.	Payee address; City; State; Zip Code P-O-Box 695008 A	ustin, Tx 787	68
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, con	nplete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
(2)	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

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 Dis Office Overhead/F	ontract Labor Laising Expense Thick Rental Expense C	Contributions/Donation Candidate/Officeho DTHER (enter a categ	ent & Related Expense is Made By Ider/Political Committee
1 Total pages Schedule F:	2 FILER NAME Pace,	Kenda	11	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12 2 14	5 Payee name Diryx	. com			
6 Amount (\$)	144 2 ml St. S	ate; Zip Code	alsco,	CA 94	4105
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If	ftravel outside of Texas, co	mplete Schedule T)
EXPENDITURE	Fees		Check if Aus	muscefu stin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, co	mplete Schedule T)
EXPENDITURE			Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	29	Office held
Date	Payee name			= 27	
Amount (\$)	Payee address; City; Sta	te; Zip Code			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, cor	mplete Schedule T)
EXPENDITURE			Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
×					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)		travel outside of Texas, con	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	1	Office sought		Office held
		PIES OF THIS S	CHEDULE AS NE	EDED	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EVDENDITUDE	CATEGORIES F	OR BOY 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	tract Labor Lo ing Expense Tra Co ct ntal Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
	The Instruction Guide	explains now to c	omplete this form.	
1 Total pages Schedule G:	Pace, Ke	indali		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name Facebo	ode		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; Sta	ate; Zip Code 2d. Park (C	A 94	025
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If the Acts	ravel outside of Texas, complete Schedule T)
	110.001112.01		Check if Aust	in, TX, officeholder living expense
Date (3 14	Payee name Faceboo	K		-
Amount (\$) Reimbursement from political contributions inlended	Payee address; City; State Cit	ate; Zip Code	CA 94	2025
PURPOSE OF EXPENDITURE	Advertising 5	of this schedule)	Ad	ravel outside of Texas, complete Schedule T) in, TX, officeholder living expense
Date 11 30 14	Payee name Faceba	014		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; Sta	ete; Zip Code Park	CA ax	1025
	Category (See categories listed at the top	of this schedule)	Description (Ift	ravel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	A Code	expense	Ad	S in, TX, officeholder living expense
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
Amount (\$) Reimbursement from political contributions intended	rayee address, City, Oil	10, 21p 0000		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
			Check if Austi	n, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				