CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST / MI	OFFICE USE ONLY		
NAME	NICKNAME LAST SUFFIX Saldaña	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box / 1383	Date Hand-delivered or Postmarked		
change of address	Austin TX 78652	Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Processed		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Alberto	Date Imaged		
	NICKNAME LAST SUFFIX Garcia			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; CITY; STATE; P. O. BOX 1383 Australy Tx 7873	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()			
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
	limit			
10 PERIOD COVERED	Month Day Year THROUGH 10 / 25/	Year / y		
11 ELECTION	ELECTION DATE	General Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) A 15 D Trus tee	Board District 6		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.U. BOX 120/0

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Par		CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION			
TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ // DO . •		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0
	4. TOTAL POLITICAL EXPENDITURES \$ 4369		
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	\$ 7490.51	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perju	
	JENNIFER GAM	is true and correct and includes all inform me under Title 15, Election Code	nation required to be reported by
	MY COMMISSION EX	PIRES () /) /	1 -
The state of the s	February 23, 201	- Van Halo	In
		Signature of Candidate	or Officeholder
AFFIX NOTARY STAMI	P / SEAL ABOVE		
Sworn to and subs	cribed before r	ne, by the said	, this the
day of October, 20 4, to certify which, witness my hand and seal of office.			
Apriles &	ame/	Jennifer Gamez	Notary Public
Signature of officer admir	nistering oath	Printed name of officer administering oath	itle of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.U. BOX IZU/U

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:			
2 FILER NAME Paul Saldana	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)			
1019 6 Contributor address; City; State; Zip Code 3928 Brean Down Rd Pflugerville TX 78660	#200			
	(If travel outside of Texas, complete Schedule T) er (See Instructions)			
Date Full name of contributor Out-of-state PAC (ID#: Date Date	Amount of In-kind contribution contribution (\$) description (if applicable)			
10/9 Contributor address; City; State; Zip Code 4000 Vina lo po Dr	#100			
Principal occupation / Job title (See Instructions) Employee	(If travel outside of Texas, complete Schedule T) er (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution			
Contributor address; City; State; Zip Code 2604 Geraghty Ava Austin TX 78757	contribution (\$) description (if applicable) (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#: Funk Rodrisuez Contributor address; City; State; Zip Code P.O. Box 12-71	Amount of contribution (\$) In-kind contribution description (if applicable)			
Austri Tx 78 767	(If travel outside of Texas, complete Schedule T)			
	r (See Instructions)			
Date Full name of contributor ——out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)			
10/10 Contributor address; City; State; Zip Code 5607 5hort Creek	contribution (\$) description (if applicable)			
Justa 1x 18 56	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employe	r (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 OTHER THAN PLEDGES OR LOANS

P.U. BOX 120/0

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Lucio Varela 6 Contributor address; City; State; Zip Code 2616 Luzy Oak Avstu Tx 787	5 Dr 145	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
Date 10/16	Full name of contributor out-of-state PAC (ID#_ Don Martin Contributor address; City; State; Zip Code 33/2 Te xas S	For lane	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I	The second secon	
Date	Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code 4214 Bauntor Av 54 7 78 pation / Job title (See Instructions)	731 Employer (See I		In-kind contribution description (if applicable)
		A		
10/21	Full name of contributor out-of-state PAC (ID#_ Lavy Ways La Contributor address; City; State; Zip Code Loo E. Shh Av. Sh. Ty TS	202	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date 2	Full name of contributor out-of-state PAC (ID#:	Geld. Hey Dr.	The state of the s	In-kind contribution description (if applicable) of Texas, complete Schedule T)
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 OTHER THAN PLEDGES OR LOANS

P.U. BOX 12U/U

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 10 / 35	5 Full name of contributor out of state PAC (ID#	Juley Dr	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Lindu Leone Contributor address; City; State; Zip Code SEQU River C	ard Caks Pl	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Jettersm, l	/	The state of the s	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
				f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.U. BOX 120/U

Polling Expense
Printing Expense

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

Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

rees	The Instruction Guide explains how to		a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Paul Salda		UNT # (Ethics Commission Filers)
4 Date 10 /6/14	5 Payee name Check Morrk		
6 Amount (\$) 12323.67	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) **Trunting Sign	(b) Description (If travel outside of	Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date /0/7/14	Payee name Lu Voz		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Have Expense	Description (If travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 9 3114	Payee name Sura Lopa	22	
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consultant Fee	Description (If travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date 10 11 4	Payee name Meri con	Printing	
Amount (\$) 7 40.89	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Ex	Description (If travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officebolder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	