CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Ms. Yasmin S. NICKNAME LAST Wagner	MI SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX; APT / SUITE #; CITY: 11213 South Bay Lane Austi	state; zipcode in TX 78739	Date Hand-delivered or Postmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 923-2138	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Sara NICKNAME LAST Tasch	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 4603 Horseshoe Bend	CITY; STATE; Austin TX	78731
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 785-7714	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before election July 15 Sth day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 7 / 7 / 2014	9 / 25 /	Year / 2014
11 ELECTION	Month ELECTION DATE Year ELECTION TYPE Primary 11 / 4 / 2014	Runoff X	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) AISD Board of 7	Frustees, District 7
	GOTOPAG	GE 2	

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

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

FORM C/OH COVER SHEET PG 2

C/OH NAME			5 ACCOUNT # (Ethics	
Yasmin Wagner NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	E BY POLITICAL COMMITTEE DATE'S OR OFFICEHOLDER' HEY RECEIVE NOTICE OF SUC	S KNOWLEDGE OR CH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		•
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME	×	:#F
additional pages		GOMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION	1. TOTA	L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH GES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN ZED \$	
TOTALO		AL POLITICAL CONTRIBUTIONS ER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,63	5
EXPENDITURE TOTALS		3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		
1	4. TOT.	AL POLITICAL EXPENDITURES	\$ 2036	3.95
CONTRIBUTION BALANCE	5. TOTA	AL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS EPORTING PERIOD	* 397	74.58
OUTSTANDING LOAN TOTALS	6. TOTALAS	AL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C T DAY OF THE REPORTING PERIOD	S \$	
18 AFFIDAVIT	MARGERY ELAINE My Commission July 9, 20	Expires 18	de.	50 10 00 10 10 10 10 10 10 10 10 10 10 10
AFFIX NOTARY S		Signaturelof	Candidate or Officehol	der _, this the
		ore me, by the said Yasmin Washington, 2014 and to certify which, witness	ss my hand and	
Phoneus 8	leane H	Margary Elaine Hop	lein, Ad	er administering oath
Signature of officer	administering oath			Revised 07/28/

P.O. Box 12070

SCHEDULE A

	truction Guide explains how to complete this for	·m. 1	Total pages Schedule	
The Inst		3	ACCOUNT # (Ethics	Commission Filers)
	The Day		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FILER NAME	ner			
Yasmin Wag	J.1.0.) 7	7 Amount of 8	In-kind contribution description (if applicable)
Date 5	Full name of contributor out-of-state PAC (ID#:		contribution (\$)	
7/7/2014	Yasmin Wagner Contributor address: City: State; Zip Code 11213 South Bay Lane Austin, TX	78739	\$25 (If travel outside of T	exas, complete Schedule T)
	1	0 Employer (See Ir	nstructions)	
Principal occupat	tion / Job title (See Instructions)	O Links	0.77-446	
)	Amount of	In-kind contribution
Dete	Full name of contributor ut-of-state PAC (ID#:		contribution (\$)	description (if applicable)
Date	Kim Kent		1	
7/10/2014	Contributor address; City; State; Zip Code		\$200	
	712 Cornerstone Ln Bryn Mawr, PA	19010		Cahadula T)
	712 Comersione En 3.7			Texas, complete Schedule T)
	Last intions)	Employer (See	Instructions)	
Principal occupa	ation / Job title (See Instructions)			In-kind contribution
	□ out-of-state PAC (ID#		Amount of	description (if applicable)
Date	Full harne of contains		contribution (\$)	dose,,
7/10/2014	Alan Neuhoff Contributor address: City; State; Zip Code	75220	\$100	
	4222 Valley Ridge Rd Dallas, TX 75220		(If travel outside of Texas, complete Schedule T)	
	111-1 141111	Employer (See		
Dringinal OCCUI	pation / Job title (See Instructions)	Employer (eq		
Principal occup) Amount of	In-kind contribution
	Full name of contributor ut-of-state PAC (ID#_		contribution (\$)	description (if applicable)
Date	D Auton			
7/10/2014	Roseana Auten Contributor address: City: State: Zip Code		\$100	
1110120	1507 Yaupon Valley Rd Austin, T	X 78746	-5.000	Lata Schodule T)
	1507 Taupon valley			of Texas, complete Schedule T)
	(O Instructions)	Employer (Se	e Instructions)	
Principal occu	upation,/ Job title (See Instructions)			T Libertion
- 1	i hecking		Amount of	In-kind contribution description (if applicable
Date	Full name of contributor uut-of-state PAC (ID#:		contribution (\$)	describasi. (* 11
	Maria Hermon			
	Contributor address; City; State; Zip Cod	е	\$25	
	Contabate			
7/10/2014	Land Asker Troil Ruda TX	10010		e of Texas, complete Schedule T
7/10/2014	16013 Oak Arbor Hall Buda, 17		(If termed outsid	A OF TEXAS, COMPLETE
7/10/2014	16013 Oak Arbor Trail Buda, TX		(If travel outsid	e or lexas, complete

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

	id a smallete this fe	orm.	Total pages Schedu	^{e A:} 2 of 6
The Ins	truction Guide explains how to complete this fo		3 ACCOUNT # (Ethic	s Commission Filers)
FILER NAME	3111		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Yasmin Wag	ner Call III			In-kind contribution
	Full name of contributor ut-of-state PAC (ID#:		7 Amount of 8 contribution (\$)	description (if applicable)
Date 5		3		
	AllSa Willie		1	
/10/2014	Contributor address; City; State; Zip Code		\$50	
	5901 Burrough Dr Austin, TX 7874	45		- Schodule T)
1				Texas, complete Schedule T)
	tion / Job title (See Instructions)	10 Employer (See II	nstructions)	
Principal occupa	1017			In-kind contribution
T	Full name of contributor ut-of-state PAC (ID#		Amount of contribution (\$)	description (if applicable)
Date	Katie Malinski	1		
	Contributor address; City; State; Zip Code		\$20	
7/10/2014		_ 1	Ψ20	
1	1500 Karen Ave Austin, TX 78757	7		Towas complete Schedule T)
	M I I			Texas, complete Schedule T)
Deinginal OCCUP	ation / Job title (See Instructions)	Employer (See	Instructions)	
Principal occup			Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#:_		contribution (\$)	description (if applicable)
Date	Mike Silverman			
	Contributor address; City; State; Zip Code		\$20	
7/10/2014			ΨΖΟ	
1	6802 Pioneer Place Austin, TX 7	8/3/	(If travel outside	of Texas, complete Schedule T)
	St. 10° J	Employer (See		
Principal occu	pation / Job title (See Instructions)	Employer		The second second second
) Amount of	In-kind contribution description (if applicable)
Date	Full name of contributor ut-of-state PAC (ID#:	14	contribution (\$)	description (if applicable)
	Emma Succarlus			
	Contributor address; City; State; Zip Code	e	\$250	Ť
7/14/2014	3602 Armstrong Ave Austin, TX			
I are		M DATABLE SAND	(If travel outside	of Texas, complete Schedule T)
	C/ unity li.	Employer (Se	e Instructions)	
Principal occi	upation / Job title (See Instructions)			1 24 422
	5. Ill name of contributor □ out-of-state PAC (ID	#:	Amount of contribution (\$)	In-kind contribution description (if applicable
Date	Pair name of the		contribution (4)	
	Elaine Lindh		050	
7/14/2014	Contributor address; City; State; Zip Cod		\$50	
1	6046 Norway Rd Austin, TX 752	230		
	00101101101			e of Texas, complete Schedule T)
4		Employer (Se	ee Instructions)	
	cupation / Job title (See Instructions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

	late this fo	orm.	1 Total pages Sche	3 of 6
The In	struction Guide explains how to complete this fo		account # (Et	nics Commission Filers)
E	4111		3 40000111 11 (-1	
FILER NAME Yasmin Wag	mer 36 1.6.			8 In-kind contribution
asimii vvas	Full name of contributor ut-of-state PAC (ID#:		7 Amount of contribution (\$)	description (if applicable)
Date				
	Frank Hayes In Code		¢0E	
15/2014	6 Contributor address; City; State; Zip Code		\$25	
	6100 Rickerhill Ln Austin, TX 7873	39	(If travel outside	l of Texas, complete Schedule T)
	W. J. W. J.	10 Employer (See I		
Principal occupa	ation / Job title (See Instructions)	10 Employer (MODIFICATION 12	
*	70.254		Amount of	In-kind contribution description (if applicable)
Date	Full flattle of contains		contribution (\$)	description (ii =F)
	William & Anne Wagner			1
7/22/2014	Contributor address; City; State; Zip Code		\$1,000	
12212014	408 W. Goodwin Ave Victoria, TX	77901		Cabadula T
	408 VV. COCUMITATE			of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
Principal occup		,	Amount of	In-kind contribution
Dete	Full name of contributor out-of-state PAC (ID#:_		contribution (\$)	description (if applicable)
Date	Amy Cobb			
	Contributor address; City; State; Zip Code		\$25	i
7/22/2014	10021 Childress Dr Austin, TX 78753			
	10021 Cilidress Bi 7 (8 5 m)			de of Texas, complete Schedule T)
	(Coe Instructions)	Employer (See	e Instructions)	
Principal occu	upation / Job title (See Instructions)		1	In-kind contribution
	Full name of contributor out-of-state PAC (ID#		Amount of contribution (, (if applicable
Date	Jodi Schulemah			
	Contributor address; City; State; Zip Cod	le	\$100	
7/31/2014				
	7108 Wardman Rd Baltimore, I	IVID Z IZ IZ	(If travel outs	ide of Texas, complete Schedule T)
	64 64 E	Employer (Se	ee Instructions)	
Principal occ	cupation / Job title (See Instructions)			
	Sull pame of contributor Out-of-state PAC (ID	#.	Amount of contribution	In-kind contribution (\$) description (if applicable)
Date	Full Halfie of other		CONTIDUTION	(*)
	Robert Leonard	de	\$3,500	
8/5/2014	Contributor address; City; State; Zip Co		φ3,500	
	5804 River Oaks Rd. S. Haraha	an, LA 70123		tside of Texas, complete Schedule T
174	20 1 24 6 254 1 244 6		(If travel ou See Instructions)	ISIDE OF TEXAS, COMPLETE CONTESTANT
	ccupation / Job title (See Instructions)	Employer (S	occ manadad)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL	CONTRIBUTI	ONS
PULITIOAL	N DI EDGES	OR LOANS
OTHER THA	N PLEDGES	OIX =

SCHEDULE A

	to complete this fo	orm.	1 Total pages Sche	dule A: 4 of 6
The Ins	struction Guide explains how to complete this f		3 ACCOUNT # (Et	hics Commission Filers)
	301			
FILER NAME /asmin Wag	ner 3F3 1.65	1	7 Amount of	8 In-kind contribution description (if applicable)
Date 5	Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description (ii
	Amie King Contributor address; City; State; Zip Code		\$25	
/18/2014		91		Late Schedule T)
	PO Box 2084 Pflugerville, TX 786	10 Employer (See		of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	10 Employer (See	Historia	W W
			Amount of	In-kind contribution description (if applicable)
Date	Full name of contributor		contribution (\$)	description (" -FF
Date	Jennifer Hritz		. ¢25	1
9/2/2014	Contributor address; City; State; Zip Code		\$25	
9/2/2014	1819 W. 39th St Austin, TX 7873			e of Texas, complete Schedule T)
	1	Employer (Se	e Instructions)	
Principal occup	pation / Job title (See Instructions)		1000	In-kind contribution
	Full name of contributor out-of-state PAC (ID#	Contract Lypnes	Amount of contribution (\$	(if ==nlicable)
Date			Contribution	·
- 10 10 0 4 4	Mary Margaret George Contributor address; City; State; Zip Code		\$20	
9/3/2014	3200 W. 35th St. Austin, TX 7870			de of Texas, complete Schedule T)
	63	Employer (S	ee Instructions)	
Principal occi	upation / Job title (See Instructions)	A - A - W		Literation
	The state of the s	#-	Amount of	In-kind contribution (\$) description (if applicable)
Date	Full flame of comme		contribution ((4)
	Lorraine Trawick Contributor address; City; State; Zip Contributor		\$50	
9/6/2014	4922 E. Beverly Mae San Anto			side of Texas, complete Schedule T)
	Lectrotions)	Employer (See Instructions)	
Principal oc	cupation / Job title (See Instructions)		we were	f In-kind contribution
	out-of-state PAC (II	D#	Amount o contribution	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Date	Full Harrie of German		contribution	(Ψ)
9/13/2014	Kristin Gossett Contributor address; City; State; Zip Contributor address;	ode	\$100	
9/13/2014	6400 Carrington Dr Austin, TX			utside of Texas, complete Schedule T
	ccupation / Job title (See Instructions)	Employer	(See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

	al-t- thin	form	1 Total pages Scheo	lule A: 5 of 6
The In	struction Guide explains how to complete this	101111.	a + accumit # (Eth	ics Commission Filers)
	31.11		3 ACCOUNT # (Eur	100 001111111
FILER NAME Yasmin Wag	mer 31 - 144			
				8 In-kind contribution description (if applicable)
Date 5	Full name of contributor out-of-state PAC (ID#:_		contribution (\$)	describation (iii -17)
	Tara Trawick		1	4
/20/2014	6 Contributor address; City; State; Zip Code		\$50	
/20.20				
	5331 McKinley St Bethesda, MD	20014	(If travel outside of	f Texas, complete Schedule T)
		10 Employer (See	Instructions)	
Principal occupa	ation / Job title (See Instructions)	10 1		
)	Amount of	In-kind contribution description (if applicable)
Date	Full flame of contains		contribution (\$)	description (ii applicable)
	Janis Gernert			
- 10 1 100 1 1	Contributor address; City; State; Zip Code	9	\$100	
9/24/2014		49		
	6037 Abilene Trl Austin, TX 787	10	(If travel outside	of Texas, complete Schedule T)
	304 V 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Employer (See		
Principal occup	pation / Job title (See Instructions)	Linpley		
	14.1	+) Amount of	In-kind contribution description (if applicable)
Date	Full name of contributor ut-of-state PAC (ID#		contribution (\$)	description (if applicable)
	Molly Fernandes		*	
	Contributor address; City; State; Zip Coo	de	\$250	
9/24/2014				P
	9612 Rockbrook Dr Austin, TX 75220		(If travel outside	of Texas, complete Schedule T)
	\$6 E K -1	Employer (Se	ee Instructions)	
Principal occu	pation / Job title (See Instructions)	Linployer		- Lander
) Amount of	In-kind contribution
Date	Full name of contributor Out-of-state PAC (ID	#:	contribution (\$)	description (if applicable
	Joene Grissom			i de la companya de
	Contributor address; City; State; Zip Co	ode	\$25	
9/24/2014	The second secon			
	6603 Shadow Valley Austin, T	X 1010.	(If travel outsic	le of Texas, complete Schedule T)
	91 12-3	Employer (S	ee Instructions)	
Principal occ	upation / Job title (See Instructions)			
	7 (8)) Amount of	In-kind contribution
Date	Full name of contributor ut-of-state PAC (contribution (description (if applicable
	Alisa Weldon		7.	
9/24/2014	City State Zin C	ode	\$50	
9/24/2014	13000 TO 1000	x 78704		
	1211 W. Mary St #2 Austin, T		(If travel outs	ide of Texas, complete Schedule T
	cupation / 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.

3.4

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 70
POLITICAL CO	ONTRIBUTION PLEDGES (ONS OR LOANS

SCHEDULE A

	.AP	1 Total pages Sched	ule A: 6 of 6
The li	nstruction Guide explains how to complete this form.		
1110 11		3 ACCOUNT # (Ethi	cs Commission File(s)
FILER NAME			
Yasmin Wa	gner, 31.11	7 Amount of	8 In-kind contribution
Tuorimi T	5 Full name of contributor out-of-state PAC (ID#	contribution (\$)	description (if applicable)
Date	5 Full forms	7.50	
	Gary Anderson		
/25/2014	6 Contributor address; City; State; Zip Code	\$250	
12012011			
	11513 Coalwood Ln Austin, TX 78739	(If travel outside o	f Texas, complete Schedule T)
	il - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	e Instructions)	
Principal occup	pation / Job title (See Instructions)		
	AN A) Amount of	In-kind contribution
Date	Full name of contributor uut-of-state PAC (ID#	contribution (\$)	description (if applicable)
Date	Rosa Maria & Alberto Gonzalez		
	Contributor address; City; State; Zip Code	\$50	
9/25/2014	Contributor address, City, State,	ΨΟΟ	
3/20/20	11321 Chatman Berry Ln Austin, TX 78748		Schedule T)
	to the second se		of Texas, complete Schedule T)
	Employer (S	ee Instructions)	
Principal occi	upation / Job title (See Instructions)		In-kind contribution
	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	description (if applicable)
Date		Continuation (+)	
	Dyana Limon-Mercado		
	Contributor address; City; State; Zip Code	\$100	1
9/25/2014			
	2100 Mimosa Dr Austin, TX 78745	(If travel outside	of Texas, complete Schedule T)
	Employer (See Instructions)	
Principal oc	cupation / Job title (See Instructions)		- No.
) Amount of	In-kind contribution description (if applicable)
Date	Full name of contributor ut-of-state PAC (ID#:	contribution (\$	description (ii applicable
Date	AustinKidsFirst PAC		Campaign
	Contributor address; City; State; Zip Code	\$1,000	consulting
9/25/201	4 Contributor address, TV 70703	4.,	The second secon
3/20/20	PO Box 302107 Austin, TX 78703		Services de of Texas, complete Schedule T)
,		(If travel outsi	de di Texas, comp
	ccupation / Job title (See Instructions)	(See Instructions)	
Principal of	ccupation / dob data (1	In-kind contribution
	Full pame of contributor ut-of-state PAC (ID#:	Amount of contribution (· · · · · · · · · · · · · · · · · · ·
Date	Full flame of the	Contain	
*:	Gina Budu		
9/25/20	14 Contributor address; City; State; Zip Code	\$50	
3/20/20	6200 Mesa Grande Dr Austin, TX 78749		
	6200 Mesa Grande Di Addin, 1777	(If travel out	side of Texas, complete Schedule T
	occupation / Job title (See Instructions)	r (See Instructions)	
	(Para)	THE PROPERTY OF THE PROPERTY O	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to compare the content of the conten	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)
otal pages Schedule F:	2 FILER NAME the transfer place Yasmin Wagner	3 ACCOUNT # (Ethics Commission Filers)
9/14/2014	5 Payee name Sarah Bork Hamilton Photography	
Amount (\$) \$378.88	7 Payee address; City; State; Zip Code 4614 Jinx Ave Austin,TX 78745	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	Photography Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought Office held
Date 9/20/2014	Sarah Bork Hamilton Photography	
Amount (\$) \$92.01	Payee address; City; State; Zip Code 4614 Jinx Ave Austin, TX 78745	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Digital Photography Files Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit	ct Candidate / Officeholder name	Office sought Office field
Date 9/20/2014	CheckMark Typesetting	
Amount (\$) \$1,192.77	Payee address City; State; Zip Code 3217 N IH 35 Austin, TX 78722	
PURPOSE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Signs Check if Austin, TX, officeholder living expense
Complete ONLY if dir expenditure to benefi	ect Candidate / Officeholder name	Office sought Office held
Date 9/21/2014	Payee name H.E.B. Grocery	
Amount (\$) \$245.00	Payee address; City; State; Zip Code 5800 Slaughter Lane Austin, TX	78749
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER - Postage	Description (If travel outside of Texas, complete Schedule T) Postage Stamps Check if Austin, TX, officeholder living expense Office sought
Complete ONLY if	Candidate / Officeholder name	Office sought

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURI	E CATEGORIES F	OK BOX o(a)	Loan Repayment/Reimbursement
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salaries/Wages/Col Solicitation/Fundrais Travel In District Travel Out Of District Office Overhead/Ro	ing Expense	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1663	The Instruction Guid	de explains now to		3 ACCOUNT # (Ethics Commission Filers)
otal pages Schedule F:	2 FILER NAME TOURS	1912		
2 of 2	Yasmin Wagner	i (1).		
1	5 Payee name [Xietis]	111		
9/25/2014	Pirvy Inc.	A company		
	7 Payee address;	State; Zip Code	04.044	0E
Amount (\$)	144 2nd St. 1st Floo	or San Francis	co, CA 941	05
\$128.29			(b) Description	(If travel outside of Texas, complete Schedule T)
	(a) Category (See categories listed at the	e top of this schedule)		ction Fees
PURPOSE	Solicitation/Fundraisin	n Expense	Iransac	Austin, TX, officeholder living expense
EXPENDITURE			Office sou	Office held
governa na natoria	Candidate / Officeholder na	ame _	Office soul	
Complete ONLY if direct expenditure to benefit C	1 1			
experionare to		1 A 4 4 5 4		
Date	Payee name			
	City:	State; Zip Code	10.62	
Amount (\$)	Payeo dudi-	Olato,		
	Oh, I			Wilds
		- subjectedule)	Descripti	on (If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at	the top of this scriedule)		
OF	1 2.	OL: 5	Check	k if Austin, TX, officeholder living expense
EXPENDITURE		3.48	Office so	ught Office held
Complete ONLY if dire	ct Candidate / Officeholder r	name	-	
expenditure to benefit	C/OH TITE	1. 1		
<u> </u>	Payee name	2 teapli		
Date	rayoonam			
	dense: City	y; State; Zip Code		# 1
Amount (\$)	Payee address: City			
				a baddeTV
*	1.00	at the top of this schedule)	Descrip	otion (If travel outside of Texas, complete Schedule T)
	Category (See categories listed	at the top of this soliceans)		
PURPOSE	(17)	14.	The second secon	eck if Austin, TX, officeholder living expense Office held
EXPENDITURE		r name	Office s	sought Office field
Complete ONLY if di	cect Candidate / Officeholde	(1		
expenditure to benef	it C/OH			
	Payee name	200 ml m	74	
Date				
	Payee address; C	ity; State; Zip Coo	le v	
Amount (\$)	Payee address,	2000		
			1450	- complete Schedule T)
	Category (See categories lists	ed at the top of this schedule	Desc	ription (If travel outside of Texas, complete Schedule T)
	Category (See categories lists	ed at the tel		APPROPRIEST OF THE PROPRIEST OF THE PROP
	\$33.4 J			heck if Austin, TX, officeholder living expense Office held
PURPOSE		A We	Office	sought
	7 - 24 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ler name	Office	
OF EXPENDITURE	direct Candidate / Officehold	1237 140	1	
OF	direct	onal copies of	1	

MADE FROM PERSONAL FUNDS

Austin, Texas 78711-2070 POLITICAL EXPENDITURES

SCHEDULE G

(TDD 1-800-735-2989)

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Gift/Awards/Memorials Expense Advertising Expense Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Consulting Expense Candidate/Officeholder/Political Committee Travel Out Of District **Event Expense** Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: Yasmin Wagner 7 11 5 Payee name 4 Date 6/28/2014 Wix.com City; State; Zip Code 6 Amount (\$) 7 Payee address; \$24.85 PO Box 40190 San Francisco, CA United States Reimbursement from X political contributions intended (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Website Hosting EXPENDITURE Fees Check if Austin, TX, officeholder living expense Payee name Date 112 11 7/28/2014 Wix.com File Payee address; City; State; Zip Code Amount (\$) \$15.95 X Reimbursement from political contributions PO Box 40190 San Francisco, CA United States Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** Website Hosting EXPENDITURE Fees Check if Austin, TX, officeholder living expense Payee name Date 8/28/2014 Wix.com City; State; Zip Code Amount (\$) Payee address; \$15.95 PO Box 40190 San Francisco, CA United States Reimbursement from political contributions Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF Website Hosting Fees EXPENDITURE Check if Austin, TX, officeholder living expense Date Payee name City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED