

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jayme	MI
	NICKNAME	LAST Mathias	SUFFIX
OFFICE USE ONLY			
Date Received JHM14 16 3:55PM			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	PO BOX 2386		
	Austin, TX 78768		
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount	
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Hon. Sabino			
"Pio" Renteria			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	1511 Haskell		Austin TX 78702
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	07/01/2015	THROUGH	12/31/2015
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11/02/2016		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	Austin ISD, Board of Trustees District 2		

GO TO PAGE 2

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

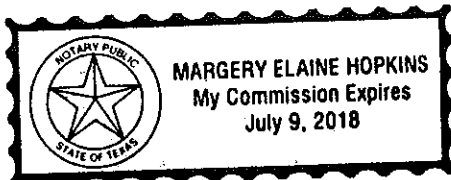
**FORM C/OH
COVER SHEET PG 2**
2 of 19

13 C / OH NAME Mathias, Jayme	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

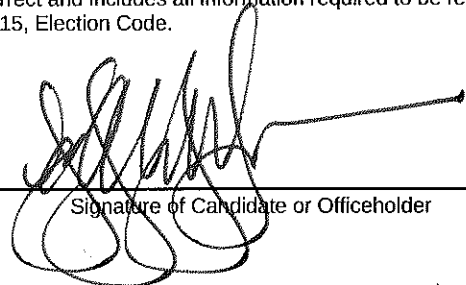
16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	162.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,015.00
----- EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	1,546.06
----- CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	511.90
----- OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	600.00

17 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jayme Mathias, this the 14th day of January, 20 16, to certify which, witness my hand and seal of office.

Margery Elaine Hopkins
Signature of officer administering

Margery Elaine Hopkins
Printed name of officer administering

Exec Assist
Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Mathias, Jayme		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,015.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,546.06
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/19
2 FILER NAME Mathias, Jayme		3 Filer ID
4 Date 07/19/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) & Nancy Maniscalco, Geoff Rips (The Honorable)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1311 Ardenwood Road Austin, TX 78722		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 12010 Carmel Park Lane Austin, TX 78727		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Page
Date 07/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunch, Shirely	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 730 S. Brazos Lockhart, TX 78644		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Andrew & Mary Alice	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code 753 Latteridge Drive Austin, TX 78748		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castle, Edith (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1611 Willow Street Austin, TX 78702		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/19
2 FILER NAME Mathias, Jayme		3 Filer ID
4 Date 07/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Cleofas	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3407 Highway 21 San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) Deacon		9 Employer (See Instructions) Holy Family American Catholic Church
Date 07/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Margaret	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1621 Bowerton Drive Austin, TX 78754		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuevas, Rita & Louis	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3212 Silk Oak Drive Austin, TX 78748		
Principal occupation / Job title (See Instructions) Enforcement/Collections		Employer (See Instructions) Texas Lottery Commission
Date 07/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreyer, Thorne	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code PO Box 16442 Austin, TX 78761		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Embree, Alice	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1210 Norwood Road Austin, TX 78722		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/19
2 FILER NAME Mathias, Jayme		3 Filer ID
4 Date 07/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Theresa <hr/> 6 Contributor address; City; State; Zip Code 2618 E. 3rd Street Austin, TX 78702	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everitt, Patti <hr/> Contributor address; City; State; Zip Code 4007 Crescent Drive Austin, TX 78722	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 07/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hon. Alfredo Munoz, Hon. Jon B. Reyes & <hr/> Contributor address; City; State; Zip Code 1201 Plum Street Lockhart, TX 78644	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Rafaela <hr/> Contributor address; City; State; Zip Code 5201 Gladstone Drive Austin, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) St. David's Rehabilitation Hospital
Date 07/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Marie <hr/> Contributor address; City; State; Zip Code 206 Lightsey Road Austin, TX 78704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/19
2 FILER NAME Mathias, Jayme		3 Filer ID
4 Date 07/19/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rudy 6 Contributor address; City; State; Zip Code 6815 DePaul Cove Austin, TX 78723	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Caterer		9 Employer (See Instructions) Alfred's Catering
Date 07/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Jeanne & Kenneth Contributor address; City; State; Zip Code 2035 County Road 84 Burgoon, OH 43407	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Joey & Erin Contributor address; City; State; Zip Code 4843 Monac Drive Toledo, OH 43623	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Daniel & Susie Contributor address; City; State; Zip Code 12609 Dessau Road Lot 559 Austin, TX 78754	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintero, Manuel & Mary Helen Contributor address; City; State; Zip Code 11700 Long Rifle Cove Austin, TX 78754	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/19
2 FILER NAME Mathias, Jayme		3 Filer ID
4 Date 08/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintero, Sandra C. ----- 6 Contributor address; City; State; Zip Code 11700 Long Rifle Cove Austin, TX 78754	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) Texas Medical Board
Date 07/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayner, Toni ----- Contributor address; City; State; Zip Code 3015 Val Drive Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renteria, Solana ----- Contributor address; City; State; Zip Code 1601 E. 5th Street, Apt. 111 Austin, TX 78702	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Robert & Karen (The Honorable) ----- Contributor address; City; State; Zip Code 3409 Tricking Springs Way Pflugerville, TX 78660	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Senior Consultant		Employer (See Instructions) J. L. Powers & Associates
Date 07/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Gonzalo ----- Contributor address; City; State; Zip Code 7909 Wykeham Drive Austin, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/19
2 FILER NAME Mathias, Jayme		3 Filer ID
4 Date 07/19/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, John Robert	7 Amount of Contribution (\$) \$123.00
	6 Contributor address; City; State; Zip Code 7809 Image Cove Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) Academic Coordinator		9 Employer (See Instructions) Texas Intensive English Program
Date 07/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shine, David	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 10631 Crestview Drive Fostoria, OH 44830	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweet, Caroline	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6021 Perlita Drive Austin, TX 78724	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AISD
Date 07/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim, Mahoney (The Honorable)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code P.O. Box 1544 Austin, TX 78767	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 07/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yorke, Gary & Jane (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 11906 Loomis Austin, TX 78738	
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self-Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/19	
2 FILER NAME Mathias, Jayme		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of contribution (\$)	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 11/19

2 FILER NAME
Mathias, Jayme

3 Filer ID
mathias@therivasgroup.net

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 12/19		2 FILER NAME Mathias, Jayme		3 Filer ID	
4 Date 07/14/2015		5 Payee name Austin Independent School District			
6 Amount (\$) \$43.50		7 Payee address; City; State; Zip Code 1111 W 6th St. Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facility Rental (Allan ES)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/07/2015		Payee name Quantum Digital			
Amount (\$) \$103.92		Payee address; City; State; Zip Code 8702 Cross Park Drive Austin, TX 78754			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/30/2015		Payee name Robert Schneider Memorial			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 8031 Doe Meadow Drive Austin, TX 78749			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution In Memoriam	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 13/19		2 FILER NAME Mathias, Jayme		3 Filer ID	
4 Date 07/17/2015		5 Payee name Rock & Roll Rentals			
6 Amount (\$) \$37.89		7 Payee address; City; State; Zip Code 1420 W Oltorf St. Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sound System Rental	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/12/2015		Payee name Springdale Farm			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 755 Springdale Rd. Austin, TX 78702			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue Rental	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/17/2015		Payee name Staples			
Amount (\$) \$248.00		Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd, Ste. #700 Austin, TX 78723			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 14/19	2 FILER NAME Mathias, Jayme	3 Filer ID
4 Date 07/29/2015	5 Payee name The Rivas Group	
6 Amount (\$) \$70.00	7 Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services for July Semiannual report
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2015	Payee name The Rivas Group	
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: Urban Farm Tour
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2015	Payee name The Rivas Group	
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: Passing of Trustee Schneider
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 15/19	2 FILER NAME Mathias, Jayme	3 Filer ID
4 Date 08/11/2015	5 Payee name The Rivas Group	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: D7 vacancy
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/19/2015	Payee name The Rivas Group	
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: LASA
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/27/2015	Payee name The Rivas Group	
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: Planning Commissoin
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 16/19	2 FILER NAME Mathias, Jayme	3 Filer ID
4 Date 09/28/2015	5 Payee name The Rivas Group	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: Yasmin Wagner
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2015	Payee name The Rivas Group	
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: TASB Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2015	Payee name The Rivas Group	
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: Achievement Gap
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 17/19	2 FILER NAME Mathias, Jayme	3 Filer ID
4 Date 10/16/2015	5 Payee name The Rivas Group	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: Mueller Texas Hold 'Em
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/23/2015	Payee name The Rivas Group	
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: Staffing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/30/2015	Payee name The Rivas Group	
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: Superintendent Salary
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 18/19	2 FILER NAME Mathias, Jayme	3 Filer ID
4 Date 10/06/2015	5 Payee name The Rivas Group	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: School Name Changes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2015	Payee name The Rivas Group	
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: Monaco on the Colorado
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2015	Payee name The Rivas Group	
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: Johnston & Disparities
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 19/19	2 FILER NAME Mathias, Jayme		3 Filer ID
4 Date 12/04/2015	5 Payee name The Rivas Group		
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: Thanksgiving	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/26/2015	Payee name The Rivas Group		
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 40973 Austin, TX 78704		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eblast: Marketing	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/07/2015	Payee name U.S. Postmaster		
Amount (\$) \$92.75	Payee address; City; State; Zip Code 3903 S Congress Ave. Austin, TX 78704		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Domestic Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held