FORM C/OH **CANDIDATE / OFFICEHOLDER COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Total pages filed: Filer ID The C/OH Instruction Guide explains how to complete this form. 19 **FIRST** MI CANDIDATE / MS/MRS/MR OFFICE USE ONLY OFFICEHOLDER Jayme NAME Date Received JHN14 16 MYCC: **SUFFIX** LAST NICKNAME Mathias Date Hand-delivered or Date Postmarked CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: ZIP CODE OFFICEHOLDER PO BOX 2386 MAILING Amount Receipt# **ADDRESS** Change of Address Austin, TX 78768 Date Processed Date Imaged FIRST МІ **CAMPAIGN** MS/MRS/MR **TREASURER** NAME Sabino Hon. **SUFFIX** LAST NICKNAME "Pio" Renteria APT / SUITE #; CITY: STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN **TREASURER** ADDRESS (Residence or Business) TX 78702 Austin 1511 Haskell CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE REPORT TYPE 15th day after campaign treasurer 30th day before election Runoff January 15 appointment (officeholder only) Exceeded \$500 limit Final Report (Attach C/OH-FR) 8th day before election July 15 Year Month Day PERIOD Month Day Year COVERED THROUGH 12/31/2015 07/01/2015 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Other Runoff Month Day Year Primary 11/02/2016 Special χ General 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Austin ISD, Board of Trustees District 2 Austin ISD, Board of Trustees District 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							
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		-						
	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRESS	S							
16 CONTRIBUTION TOTALS	1. TOTAL POLITICA LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$ 162.00						
	2. TOTAL POLITIC (OTHER THAN F		\$ 2,015.00							
EXPENDITURE TOTALS		AL EXPENDITURES OF \$100 OR LESS, UNLESS IT	TEMIZED	\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 1,546.06						
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY OF THE	\$ 511.90						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 600.00						
AFFIX NO	MARGERY ELAINE HOPK My Commission Expire July 9, 2018	Signature of C		e reported by me						
Sworn to and subse	cribed before me, by the sa	^ (, this the \ Cf !	<u>day</u>						
Signature of office	Elane Hah	Printed narted of officer administering	Title of officer ad	ec. Assist						

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 19 19 Filer ID **18 FILER NAME** Mathias, Jayme 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE 2,015.00 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ Х 1. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 0.00 \$ 2. Х 0.00 SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. Х \$ SCHEDULE E: LOANS 4. 1,546.06 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 5. Х 0.00 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 6. Х

SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

7.

8.

10.

11.

12.

Х

X

\$

\$

\$

\$

\$

\$

0.00

0.00

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

	on Guide explains how to complete this fo	1:	1 Total pages Schedule A1:	
	on Guide explains now to complete this to	orm.	Sch: 2/6 Rpt: 5/19	
FILER NAME Mathias, Jayme	÷		3 Filer ID	
Date 5 07/18/2015	Full name of contributor out-of-state PAC (ID#:Cruz, Cleofas Contributor address; City; State; Zip Code 3407 Highway 21 San Marcos, TX 78666		7 Amount of Contribution (\$)	\$100.00
Principal occupat Deacon		9 Employer (See Instructions) Holy Family American Ca		# # # # # # # # # # # # # # # # # # #
Date 07/30/2015	Full name of contributor out-of-state PAC (ID#:Cuellar, Margaret Contributor address; City; State; Zip Code 1621 Bowerton Drive Austin, TX 78754		Amount of Contribution (\$)	\$100.00
Principal occupat Retired	tion / Job title (See Instructions)	Employer (See Instructions)		
Date 07/30/2015	Full name of contributor out-of-state PAC (ID#:_Cuevas, Rita & Louis Contributor address; City; State; Zip Code 3212 Silk Oak Drive		Amount of Contribution (\$)	\$100.00
Principal occupat	Austin, TX 78748 tion / Job title (See Instructions)	Employer (See Instructions		
Enforcement/C		Texas Lottery Commissi	ion	
Date 07/18/2015	Full name of contributor out-of-state PAC (ID#:_ Dreyer, Thorne Contributor address; City; State; Zip Code PO Box 16442		Amount of Contribution (\$)	\$20.00
Principal occupa Retired	Austin, TX 78761 Ition / Job title (See Instructions)	Employer (See Instructions	;)	
Date 07/18/2015	Full name of contributor out-of-state PAC (ID#:_ Embree, Alice Contributor address; City; State; Zip Code 1210 Norwood Road Austin, TX 78722		Amount of Contribution (\$)	\$50.0
Pule dis all :	ation / Job title (See Instructions)	Employer (See Instructions	3)	

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

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

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

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

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/19 3 Filer ID FILER NAME Mathias, Jayme 0.00 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS In-kind contribution Amount of 6 Full name of contributor 5 Date ut-of-state PAC (ID#:_ contribution (\$) description Contributor address; City; State; Zip Code 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) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEDGED 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 pledgorout-of-state PAC (ID#:	B Amount of 9 In-kind description pledge (\$) (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 Em	loyer (See Instructions)

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID
_	Sch: 1/8 Rpt: 12/19	Mathias, Jayme
4	Date	5 Payee name
	07/14/2015	Austin Independent School District
6	Amount (\$)	7 Payee address; City; State; Zip Code
_	\$43.50	1111 W 6th St.
	* .5.55	
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Facility Rental (Allan ES)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	Cartalatte Conference in the C
	·	
	Date	Payee name
	07/07/2015	Quantum Digital
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.92	8702 Cross Park Drive
		Austin, TX 78754
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense Event Printing
		Event Finding
		Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	Odnalatic/Officerolation name
	одропакато се волож ете.	
	Date	Payee name
	07/30/2015	Robert Schneider Memorial
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	8031 Doe Meadow Drive
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contribution In Memoriam
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/O	1
		Vorcion V1 0 24102

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/O Credit Card Pay	fficeholder/Politica ment		Salaries/Wi ide explains how to con	iges/Contra i plete thi s		ot listed above)
1 Total pages S	Schedule F1:	2 FILER NAME			3 Filer ID	·····
Sch: 2/8 R		Mathias, Jayme				
4 Date		5 Payee name				
07/17/2015		Rock & Roll Rentals				
6 Amount (\$)	\$37.89	7 Payee address; City; 1420 W Oltorf St. Austin, TX 78704	State; Zip Coo	e		
8 PURPOSI OF EXPENDITU		(a) Category (See Categories listed at th Event Expense	e top of this schedule)	<u> </u>	ription neck if travel outside of Texas. Complete Scheo neck if Austin, TX, officeholder living expense and System Rental	lule T.
9 Complete ON expenditure to		Candidate/Officeholder name	Office soug	ht	Office held	
Date		Payee name				
07/12/2015		Springdale Farm				
Amount (\$)	\$500.00	Payee address; City; 755 Springdale Rd. Austin, TX 78702	State; Zip Cod	e		
PURPOSI OF EXPENDITU		(a) Category (See Categories listed at the Event Expense	e top of this schedule)	CI	ription neck if travel outside of Texas. Complete Sched neck if Austin, TX, officeholder living expense ue Rental	lule T.
Complete <u>ON</u> expenditure to		Candidate/Officeholder name	Office soug	ht	Office held	
Date		Payee name				
07/17/2015		Staples				
Amount (\$)	\$248.00	Payee address; City; 1201 Barbara Jordan Blvd, S Austin, TX 78723	State; Zip Coo Ste. #700	e		
PURPOSI OF EXPENDITU		(a) Category (See Categories listed at the Advertising Expense	e top of this schedule)	ш	neck if travel outside of Texas. Complete Sched neck if Austin, TX, officeholder living expense	ule T.
Complete <u>ON</u> expenditure to		Candidate/Officeholder name H	Office soug	ht	Office held	
Forms provided	by Texas E	thics Commission wv	ww.ethics.state.tx.us		Ve	ersion V1.0.34183

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gill/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Lahor

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Compliance Services for July Semiannual report
Complete ONLY if direct expenditure to benefit C/O	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Eblast: Urban Farm Tour
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Eblast: Passing of Trustee Schneider
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	IE _			3	Filer ID
	Sch: 4/8 Rpt: 15/19	Mathias, J	ayme				
4	Date	5 Payee name	e		· · · · · · · · · · · · · · · · · · ·		
	08/11/2015	The Rivas					
6	Amount (\$)	7 Payee addre	ess; City; State:	; Zip Coo	de		
	\$25.00	РО ВОХ 4	0973				
		Austin, TX	78704				
8	PURPOSE				(b) Description		
°	OF	Advertising	See Categories listed at the top of this sch TExpense	redule)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE	/ (470.1.0	LAPORIO	1			(, officeholder living expense
					Eblast: D7 va	aca	incy
L				L			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Of		fficeholder name C	Office soug	ıht		Office held
	Date	Payee name	9				
	09/19/2015	The Rivas	Group				
	Amount (\$)	Payee addre	ess; City; State;	; Zip Cod	le		
	\$25.00	PO BOX 4	0973				
							·
		Austin, TX	78704				
	PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule) ((b) Description		
	OF EXPENDITURE	Advertising	j Expense	ĺ	L		side of Texas. Complete Schedule T. (, officeholder living expense
					Eblast: LASA		, unleaded average experies
_	Complete ONLY if direct		ficeholder name C	Office soug	 jht		Office held
	expenditure to benefit C/O	1					
	Date	Payee name	*************************************			_	
	09/27/2015	The Rivas					
	Amount (\$)	Payee addre	ess; City; State;	; Zip Cod	le		
	\$25.00	PO BOX 4	0973				
İ		Austin, TX	78704				
	PURPOSE	(a) Category (See Categories listed at the top of this sch	redule) ((b) Description		
	OF EXPENDITURE	Advertising	=				ide of Texas. Complete Schedule T.
	EM EMBILE.				<u> </u>		, officeholder living expense g Commissoin
					LDIGGE FIGHT	mig	J Commission
	Complete <u>ONLY</u> if direct	Candidate/Of	ficeholder name C	Office soug	rht	_	Office held
	expenditure to benefit C/O		Inching Figure 1	JIII00 0000	•••		Omeo nota

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID
	Sch: 5/8 Rpt: 16/19	Mathias, Jayme		
4	Date	5 Payee name		,
	09/28/2015	The Rivas Group		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$25.00	PO BOX 40973		
		Austin, TX 78704		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
Ĭ	OF	Advertising Expense	",	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	7.5.1.5.1.5 <u>-</u>		Check if Austin, TX, officeholder living expense
				Eblast: Yasmin Wagner
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit 6/6/			
	Date	Payee name		
	10/02/2015	The Rivas Group		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$25.00	PO BOX 40973		
		Austin, TX 78704		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Eblast: TASB Conference
			į	Ebidst. 1766 Comerciae
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/O		giit	Clifica Hold
_	Date	Doug name		
	10/10/2015	Payee name The Rivas Group		
			-do	
	Amount (\$) \$25.00	Payee address; City; State; Zip Co PO BOX 40973	Jue	
	φ25.00	FO BOX 40973		
		Atin. TV 70704		
		Austin, TX 78704	T	**************************************
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Eblast: Achievement Gap
			ĺ	·
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ـــــــ ıght	Office held
	expenditure to benefit C/OF	1		
				No. of the Control of

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Constining Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	sy - (al Committee L	Foundeverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide e	nse Printing Salarie		nse es/Contract Labor		Travel In District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID
_	Sch: 6/8 Rpt: 17/19	Mathias, Jay	/me					
4	Date	5 Payee name						
	10/16/2015	The Rivas G	roup					
6	Amount (\$)	7 Payee address	ss; City;	State; Zip (Code			
	\$25.00	PO BOX 409	973					
		Austin, TX 78	8704					
8	PURPOSE OF		e Categories listed at the top	of this schedule)	(b)	Description		
	EXPENDITURE	Advertising E	Expense			لحسا		ide of Texas. Complete Schedule T. , officeholder living expense
l	!					—		Texas Hold 'Em
	!							, -, , , , , , , , , , , , , , , , , ,
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office H	eholder name	Office so	 ought		**	Office held
	Date	Payee name			***************************************			
	10/23/2015	The Rivas G	roup					
	Amount (\$)	Payee address	s; City;	State; Zip (Code			
	\$25.00	PO BOX 409	· ·	• •				1
	!	1						
		Austin, TX 78			-1,,,			
	PURPOSE OF		e Categories listed at the top o	of this schedule)	(b)	Description Check if travel of	ការដូនបែ	de of Texas. Complete Schedule T.
	EXPENDITURE	Advertising E	expense					officeholder living expense
		1				Eblast: Staffir		
	İ	ĺ						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office H	eholder name	Office so	ught			Office held
	Date	Payee name						
	10/30/2015	The Rivas Gr	roup					
	Amount (\$)	Payee address	s; City;	State; Zip C	Code			
	\$25.00	PO BOX 409	173					
	,	Austin, TX 78	3704					
	PURPOSE OF		e Categories listed at the top o	of this schedule)	(b)	Description		
	EXPENDITURE	Advertising E	xpense			L-man		de of Texas. Complete Schedule T. officeholder living expense
		ı				Eblast: Super		
		ı					•	
	Complete ONLY if direct	Candidate/Office	eholder name	Office so	 suaht			Office held
	expenditure to benefit C/OH				~g			G
					—		_	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Committee 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:	2 FILER NAME 3 Filer ID
	Sch: 7/8 Rpt: 18/19	Mathias, Jayme
4	Date	5 Payee name
	10/06/2015	The Rivas Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	PO BOX 40973
	'	
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	,	Eblast: School Name Changes
	!	and Solidar Tallia Straing Straing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
!	11/16/2015	The Rivas Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	PO BOX 40973
		1 0 000 40370
I		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	6/N 5 . 12	Check if Austin, TX, officeholder living expense Eblast: Monaco on the Colorado
	ļ	Ebiast, Worldoo off the Colorado
	Commission ONII V if direct	Office sought
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/20/2015	The Rivas Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	PO BOX 40973
		l e e e e e e e e e e e e e e e e e e e
-		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	L/(Lite., 2	Check if Austin, TX, officeholder living expense
	·	Eblast: Johnston & Disparities
*********	- Li- ONLY if direct	Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide expla	ins how to complet	e this form.	
1	Total pages Schedule F1: Sch: 8/8 Rpt: 19/19	FILER NAME Mathias, Jayme	*******	3 Filer ID	
4	Date 12/04/2015	Payee name The Rivas Group			
	Amount (\$) \$25.00	Payee address; City; Sta PO BOX 40973 Austin, TX 78704	ate; Zip Code		
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Eblast: Thanksgiving	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held	_
	Date 12/26/2015	Payee name The Rivas Group			
	Amount (\$) \$25.00	Payee address; City; Sta PO BOX 40973 Austin, TX 78704	ate; Zip Code		_
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Eblast: Marketing	Personal
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held	
	Date 07/07/2015	Payee name U.S. Postmaster			
	Amount (\$) \$92.75	3903 S Congress Ave.	ate; Zip Code		
		Austin, TX 78704			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Domestic Postage		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ostage	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	_
					-