CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMPAIG	N FINANCE REPORT		OOVER OHLLI FO
The C/OH Instruction G	Gulde explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms/Mrs/Mr First Mr. Robert	мі R.	OFFICE USE ONLY
NAME	Mr. Robert NICKNAME LAST Schneider	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER		ity; state; zipcode austin Texas 78749	
MAILING ADDRESS Change of Address		addin 10xd3 70740	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER (512) 288-4626	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs. Linda	MI	Date Processed Date Imaged
V II	NICKNAME LAST Gibeaut	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU/ 8031 Doe Meadow Drive	te#; city; state; Austin Texas	ZIP CODE 78749
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 657-8825	EXTENSION	
9 REPORT TYPE	X January 15 30th day before election	n Final report (Attach C/OH - FR	Exceeded \$500 limit
	July 15 8th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
10 PERIOD COVERED	Month Day Year 10 / 27 / 2014 THRO	Month Day UGH 01 / 15 /	Year / 2015
11 ELECTION	Month Day Year 11 / 04 / 2014 ELECTION TY		General Special
12 OFFICE	office Held (if any) A.I.S.D. Board Trustee, District 7	13 OFFICE SOUGHT (If known A.I.S.D. Board Trus	
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign Candidates are required to disclose this Information.	expenditures made by others without the contraction of the contraction of	the candidate's prior consent or approval. the direct campaign expenditure. ••
EXPENDITURE BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages	,		
	Н В GO TO	PAGE 2	
	<u>C</u> h		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

(512) 463-5800

15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candle without the candidate's or officeholder's knowledge or consent. Candidate they receive notice of such expenditures.	idate / officeholder. These expenditures ates and officeholders are required to report
COMMITTEE(S)	COMMITTEE NAME COMMITTEE TYPE		- A A A A MANAGEMENT
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		·	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	\$16400 Mayor 1
18 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 765.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3307.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 5.90
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LY OF THE REPORTING PERIOD	1E \$
19 AFFIDAVIT			
SOLARY PURE MARK	GERY ELAINE HOPKIN	is true and correct and includes all it	perjury, that the accompanying report information required to be reported by
My	Commission Expires July 9, 2018	Rlt250.	lu
		Signature of Cand	idate or Officeholder
AFFIX NOTARY STAMI		the sald Robert R. Schneide-	15 ⁺¹
Sworn to and subscrib			_, this the day
of Sunuary, 2	10_12, to cer	tify which, witness my hand and seal of office.	Olcas Englacet
Signature of officer ad	ministering oath	The Margery Elainetty Printed name of officer administering oath The	tle of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN DIEDGES OR LOAMS

Texas Ethics Commission

SCHEDULE A

OTHER	THAN PEEDGES ON EGAI	40		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Robert R. S	Schneider		3 ACCOUNT # (E	ithics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#: Robert Schneider)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/27/2014	6 Contributor address; City; State; Zip Code		\$765.00	1
	8031 Doe Meadow Drive, Austin, Texas	78749		!
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	 	of Texas, complete Schedule T)
			1	
Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			<u> </u>
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Toxac, complete concease 17
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		·	
	*			
			·	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	
			I	
Principal occup	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
			(if travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , , ,
	-			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

			200404		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Selaries/Wages/Contract Solicitation/Fundraising Travel In District Travel Out Of District Office Overhead/Renta	t Labor Loan Repaymer Expense Transportation E Contributions/De Candidate/O Expense OTHER (enter a	nt/Reimbursement Equipment & Related Expense onations Made By fficeholder/Political Committee a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME	explains now to com	·	NT # /Ethice Commission Effer	
1	2 FILER NAME Robert R. Schneider 3 ACCOUNT # (Ethics Commission Filers				
4 Date	5 Payee name				
10/27/2014	Worley Printing				
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
\$2259.18	3217 North Interstate 35, Austin, Texas 78722				
8 PURPOSE	(a) Category (See categories listed at the top	o of this schedule) (b)	Description (If travel outside of T	exas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense	Ma	Mailing		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Robert R. Schneider		Office sought .S.D. District 7 Board /	Office held A.I.S.D. District 7 Boar	
Date 10/27/2014	Payee name Worley Printing				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
\$1048.20	3217 North Interstate 35, Austi	in, Texas 78722			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of T	exas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense	M	ailing		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Robert R. Schneider		Office sought .S.D. District 7 Board	Office held A.I.S.D. District 7 Boar	
Date	Payee name	60 of		1.1.000	
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If travel outside of T	exas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
		of this schedule)	Description (If travel outside of To	exas, complete Schedule T)	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	,	, .		