Texas Ethics Commission	on P.O. Box 12070	Austin, Texas	8 11-2070 (5 h	3-5800 (TDD 1-800-735-2989)
	TE / OFFICEH N FINANCE R		JAN 1 4 2015 CDY OF FORT WORTH	FORM C/OH OVER SHEET PG 1
The C/OH Instruction	Guide explains how to con	nplete this form.	ACCOUNT #RY (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS NICKNAME	EURST JUNA BUUCNS	SUFFIX	OFFICE USE ONLY Date Received OFFICIAL RECORD CITY SECRETARY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS /PO BOX; APT/SU	ITE#; CITY;	STATE; ZIP CODE	
change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE (817) 446	NUMBER THE	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR NICKNAME	ARST ROY LAST VE DS	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE		Liere Do	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE P	NUMBER 1	EXTENSION	•
9 REPORT TYPE		Oth day before election h 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	Month De $12/31$	y Year
11 ELECTION	Month ELECTION DATE Year	ELECTION TYPE Primary	Runoff	General Special
2 OFFICE	OFFICE HELD (Ifany)	Jst 5	13 OFFICE SOUGHT (if kn	wn)
		GO TO PAG	E2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

		· · · · · · · · · · · · · · · · · · ·	
14 C/OH NAME		1	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	· · · · · · · · · · · · · · · · · · ·
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 20665 00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		1ZED \$ 1106, 11
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5581.11
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. RTING PERIOD	17850,91
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI Y OF THE REPORTING PERIOD	HE \$
	ONALD P. GONZALES COMMISSION EXPIRES May 17, 2016	is true and correct and includes all i me Jinder Title 15, Election Code.	perjury, that the accompanying report information required to be reported by Lucus idate or Officeholder
AFFIX NOTARY STAME		ne, by the said (Tyna M, Biven	≤ , this the
15th day	of <u>Januar</u>	20 15, to certify which, witness m	
Signature of officer admin	istering oath	Printed name of officer administering oath	Title of officer eliministering oath

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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4 Date	5 Full name of contributor out-of-state PAC (ID#)	contribution (\$)	description (if applicable)		
	6 Contributor address; City; State; Zip Code					
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			<u> </u>	of Texas, complete Schedule T)		
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
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(TDD 1-800-735-2989) (512) 463-5800 Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) 2 FILER NAME In-kind contribution 7 Amount of description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions In-kind contribution Amount of Date description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of cantributor ut-of-state PAC (ID#:_ description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of out-of-state PAC (ID#:_ Full name of contributor Date description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Full name of contributor Amount of ut-of-state PAC (ID#: Date description (if applicable) contribution (\$)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 PILER NAME	- M. Bluens		3 ACCOUNT # (E	fhics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code			<u> </u>
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9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
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SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	1 Total pages Schedule A:	
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SCHEDULE A

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SCHEDULE A

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(512) 463-5800 Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) 8 In-kind contribution Full name of contributor ____ out-of-state PAC (ID# description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) In-kind contribution Amount of out-of-state PAC (ID#: description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution out-of-state PAC (ID#: Amount of Full name of contributor Date description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution out-of-state PAC (ID#; Amount of Full name of contributor description (if applicable) Date contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of out-of-state PAC (ID#: description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

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SCHEDULE A

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Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
			Amount of	In-kind contribution	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	description (if applicable)	
9/1/	Contributor address; City; State; Zip Code		1000		
114	CRAD 1MA-A. 1101	1	1000		
	5800 Wherrymont Rd.	tw/7610)	(If travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)		
		<u> </u>			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	and the second of the second o			· 	
	Contributor address; City; State; Zip Code			, [
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			(If travel outside	I of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
				T	
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				
				(T)	
		Employer (See		of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)				
					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement

POLITICAL EXPENDITURES

Advertising Expense

SCHEDULE F

Accounting/Banking	Legal Services	Solicitation/Fundra Travel In District	ising Expense	Transportation Equipm Contributions/Donation	ent & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel Out Of Dist	rict	Candidate/Officeho	Ider/Political Committee
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)			ory not listed above)	
	The Instruction G	uide explains how to	complete this for	rm.	
1 Total pages Schedule F:	2 FILER NAME	0		3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name			-	
8-29-14	Dani F	tmerca	\mathcal{N}		
6 Amount (\$)	7 Payee address; City;	State; Zip Code		1	
200	1320 S.UN	versiti S	te 100	RUTY	MM57
8 PURPOSE	(a) Category (See categories listed at the	he top of this schedule)	(b) Description	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	BANKINI		☐ Check if A	ustin, TX, officeholder livin	ng expense
9 Complete ONLY if direct	Candidate / Officeholder na	ame	Office sough	t	Office held
expenditure to benefit C/C					
Date	Payee name				
4-4-14	Marcher		<u> </u>		
Amount (\$)	Payee address; City;	State; Zip Code		/> /	
153,99	95 Hayden Au	e Lexingto	a, MA	S 024	之 (
PURPOSE OF	Category (See categories listed at the	he top of this schedule)	Description	(If travel outside of Texas, co	omplete Schedule T)
EXPENDITURE	Event		Check if A	ustin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na OH	ame	Office sough	t	Office held
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12000	10221 PAUDI	iry Ka Fi	U V	16113	
PURPOSE	Category (See categories listed at ti	ne top of this schedule)	Description	(If travel outside of Texas, co	mplete Schedule T)
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Complete ONLY If direct	Candidate / Officeholder na	ame	Office sough	t	Office held
expenditure to benefit C/C	· · · · · · · · · · · · · · · · · · ·				
Date	Payee name				
9-8-14	Tare				
Amount (\$)	Payee address; City;	State; Zip Code			
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<u> </u>	Category (See categories listed at t	71.10000-101	Description	(If travel outside of Texas, co	omplete Schedule T)
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OF EXPENDITURE	EVENT CJUPD	lies	Check if A	ustin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder na	ame	Office sough	t	Office held
	ATTACH ADDITIONA	L CODIES OF THIS S	CHEDIII E A C I	NEEDED	······································
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EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Texas Ethics Commission

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contra Solicitation/Fundraisin	g Expense	Loan Repayment/Reim Transportation Equipme Contributions/Donations	ent & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District		Candidate/Officehol	der/Political Committee
Fees	Printing Expense	Office Overhead/Rent	•	OTHER (enter a catego	ory not listed above)
	The Instruction Guide	explains how to con	nplete this for		This Commission Filers)
1 Total pages Schedule F:	2 FILER NAME WAA M B	wens		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Payee name	1.			·
7-20-(4	Ton Higgin le	themenl			
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
50000	Got Award		rockmo	ston Fet	x 76/02
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	(If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	C. G. Award		Check If A	ustin, TX, officeholder livin	g expense
	Candidate / Officeholder name		Office sought		Office held
9 Complete ONLY if direct expenditure to benefit C/O					
Date	Payee name	. 1			
7-31-14	Omni Hume				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
200	BAN 1320 S. U	niversity	FUT	X 7610)7
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	BANKINI		Check if A	ustin, TX, officeholder livin	g expense
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/O					
Date	Payee name				
Aun-Sent	FACE BOOK				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
5592	1601 Willow Park	CA 940	027		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Rabertung	İ	Check if A	ustin, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name		Office sough		Office held
expenditure to benefit C/O	DH				
Date	Payee name				
8-23-14	USA/Beauty				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
1747	internet !	AZN			
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Event		Check if A	ustin, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office held
expenditure to benefit C/OH					
	ATTACH ADDITIONAL C	OPIES OF THIS SC	HEDULE AS I	NEEDED	

POLITICAL EXPENDITURES

P.O. Box 12070

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	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/F explains how to	trict Rental Expense	Transportation Contributions/E Candidate/C OTHER (enter	ent/Reimbursement Equipment & Related Expense conations Made By Officeholder/Political Committee a category not listed above)
1 Total pages Schedule F:	2 FILER NAME WWW M BL)C//		3 ACCOL	JNT # (Ethics Commission Filers)
4 Date July 2014 6 Amount (\$)	5 Payee name ACO DO City; State				
48 42	1601 Willow Road	1 161110	, Park, C	A 94	-025
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of	Texas, complete Schedule T)
EXPENDITURE	Havertising				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candiuais / Officeholder name DH		Office soug	iht ·	Office held
Date 7-3-14	Payee name RUJ BV	60			
Amount (\$)	Payee address; City; Stat	te; Zip Code			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Food Beverac.	<u>و</u>			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name)		Office soug	ht	Office held
Date 7-14-14	Payee name AUNCE TO NS				
Amount (\$)	Payee address; City; Stat	e; Zip Code			
MH.54	820 E Luch 8-	lo Fi	UTX-	7617	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description	l (If travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	<u> </u>	Office soug	ht	Office held
7-15-14	Payee name Nai AMC 11	'an			
Amount (\$)	Payee address; City; State	· , '			
6 95	1320 J. Univers	TX 761	07		
PURPOSE OF	Category (See categories listed at the top o			(If travel outside of	Texas, complete Schedule T)
EXPENDITURE	124UKIN FER		·		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	SCHEDULE AS	NEEDED	

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking	Legal Services	Solicitation/Fundraising Expen	
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expe	
	The Instruction Guid	le explains how to complete t	
1 Total pages Schedule F:	2 FILER NAME	Bivens	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9 ~ (9 ~ (4	5 Payee name Unted Stat	es Poras	Ser J. 4
6 Amount (\$)	7 Payee address; City; S	State; Zip Code	1.
OROP	3128 Hand	e Futh	(761)
8 PURPOSE	(a) Category (See categories listed at the to	op efthis schedule) (b) Desc	ription (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other - Post A	-(e 0°	heck if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam OH	e ^O Office	sought Office held
Date Q-20-14	Payee name Payee name		
Amount (\$)	Payee address; City; S	State; Zip Code	
3686	820-870 Loc	+ With TX	
PURPOSE OF	Category (See categories listed at the t	op of this schedule) Desc	ription (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fundrain B	chena 0	heck if Austin, TX, officeholder living expense
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Date	Payee name		
9-22-19	Wrastop		
Amount (\$)	Payee address; City; S	State; Zip Code	
3228	1801 EACTCHAE T	rock Worth	TX.
PURPOSE	Category (See categories listed at the t	op of this schedule) Desc	pription (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	F060		check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam	e Office	sought Office held
Date	Pąyee name A		
9-)2-14	1) sta hunt		
Amount (\$)	Payee address; City; S	State; Zip Code	
4910	at Handen	Lexyton, C	NAU 02421
PURPOSE	Category (See categories listed at the	top of this schedule) Desc	cription (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Funcaina		check If Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder nam	e Office	sought Office held
expenditure to benefit C/			
	ATTACH ADDITIONAL		

POLITICAL EXPENDITURES

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	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of District Office Overhead/Ro	sing Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Contributions/Donations Made By Candidate/Officeholder/Political (OTHER (enter a category not listed orm.	Committee
1 Total pages Schedule F:	2 FILER NAME	livens		3 ACCOUNT # (Ethics Commis	ssion Filers)
4 Date Q_13-14	5 Payee name				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	enio Pa	urk, ta 9402	1
8 PURPOSE OF	(a) Category (See categories listed at the top			(If travel outside of Texas, complete Schedul	e T)
EXPENDITURE	Adverticing			Austin, TX, officeholder living expense	d
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	mt Office her	
Date 9 - 1 4 - 1 4	Payee name U(1+A+C(~- Payee address; City; Sta	ate; Zip Code			
Amount (\$) 7 4 1	as Hayden Ave.	Lexingt	on MA	HIS 02421	
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedul	eT)
EXPENDITURE	event			Austin, TX, officeholder living expense ht Office hel	· ·
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Date Q-15-14	Payee name . A. W.	en Un			
Amount (\$)	Payee address; City; Sta	ate; Zip Code	100 E	1, Tx 7615	7
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedul	e T)
OF EXPENDITURE	porkin		Check If	Austin, TX, officeholder living expense	
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Amount (\$)	Payee address; City; Sta	ate; Zip Code			
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Check if	Austin, TX, officeholder living expense	
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	ATTACH ADDITIONAL C	OPIES OF THIS S	SCHEDULE AS	NEEDED	

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POLITICAL EXPENDITURES

P.O. Box 12070

	EXPENDITURE CATEGORIES	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	
Accounting/Banking		Contributions/Donations Made By
Consulting Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist	
Event Expense Fees	Printing Expense Office Overhead/R	
rees	The Instruction Guide explains how to	
4 T () Och ship To		3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule F:	2 FILER NAME	
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4 Date	5 Payee name	
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6 Amount (\$)	7 Payee address; City; State; Zip Code	
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25	5900 RANEY FUT	7 18111
8 PURPOSE	(a) Category (See categories listed at the lop of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
EXPENDITURE	Tramportation	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	DH	
Date	Payee name	
11-18-19	Oly Huelich	
Amount (\$)	Payee address; City; State; Zip Code	
1 0	177.01	to Walla
6 N 2	1 5 20 J. VINLUERINT	-W1×16/07
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE	1300KL	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/0	DH	
Date	Payee name	
11-19-14	CEW Parkon	
Amount (\$)	Payee address; City; State; Zip Code	
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1 3, 75	(000 /Mock Mo)	ton
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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OF EXPENDITURE	Travel	Check if Austin, TX, officeholder living expense
O late ONLY if dismat	Candidate / Officeholder name	Office sought Office held
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Date	Payee name	
1 1-22-14	Dri Hracker	
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_00	1,7, 011	1 1100
	1320 S. University F	ut 16/07
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OF EXPENDITURE	Bankini	Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought Office held
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	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES

P.O. Box 12070

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist	ontract Labor Loan Repayment/Reimbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By rict Candidate/Officeholder/Political Committee			
Fees	Printing Expense Office Overhead/R	•			
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4 Date	5 Payee name				
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6 Amount (\$)	7 Payee address; City; State; Zip Code	Fuite 76/67			
693	1320 S. Unwerthy				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Bankin	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held			
Date	Payee name \ \				
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Amount (\$)	Payee address; City; State; Zip Code				
2500	, 1200 Rames F w to	x 76105			
PURPOSE	Category (See categories listed at the lop of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	1	Charlets Austin TV officeholder living evnence			
EXPENDITORE	Frent	Check if Austin, TX, officeholder living expense Office sought Office held			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held			
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10-20-14	Pavee address: City: State; Zip Code				
Amount (\$)	Payee address; City; State; Zip Code	<u></u>			
2000	5700 RAMEY FU	Tx 76105			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	event	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate Officeholder name	Office sought Office held			
Date	Payee name				
10-74-14	mount Dive Micro	LAR BAPTICE CMICL			
Amount (\$)	Payee address; City; State; Zip Code				
2000	2944 Evanfore. Fr	tx 76104			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	event	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Condidate / Officeholder name Office sought Office held				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES

	EXPENDITURE CATEGO			
Advertising Expense	One the contract of the contra	Nages/Contract Labor	Loan Repayment/Reimbursement Transportation Equipment & Related Expense	
Accounting/Banking	#- g	n/Fundraising Expense	Contributions/Donations Made By	
Consulting Expense		ut Of District	Candidate/Officeholder/Political Committee	
Event Expense Fees	t oming Emperior	erhead/Rental Expense	OTHER (enter a category not listed above)	
1 003	The Instruction Guide explains	how to complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
1 Total pages Schedule 1.	Idd. Linear			
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4 Date	5 Payee name			
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6 Amount (\$)	7 Payee address; City; State; \Zip C	Code		
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	(a) Category (See categories listed at the top of this sched		(If travel outside of Texas, complete Schedule T)	
8 PURPOSE OF	(a) Category (one categories noted at this top of this con-			
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9 Complete ONLY if direct	Candidate / Officeholdername	Office soug	ht Office held	
expenditure to benefit C/C)H			
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4-30-14	UMAI VINERU	2 1		
Amount (\$)	Payee address; City; State; Zip (, 20de		
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7	1 () 20). Univers	(1) 4100	Mu 17/6/01	
PURPOSE	Category (See categories listed at the top of this sched	lule) Description	(If travel outside of Texas, complete Schedule T)	
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EXPENDITURE	Backing	Check if	Austin, TX, officeholder livIng expense	
	Candidate / Officeholder name	Office soug	ht Office held	
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Date	Payee name			
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165	[-, W. 13			
PURPOSE	Category (See categories listed at the top of this sched	lule) Description	(If travel outside of Texas, complete Schedule T)	
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EXPENDITURE	FUNKALUNI(MULLY)	Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held	
expenditure to benefit C/C	н			
		^ .		
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10-16-14	Parking (Daving Dt	-COMERCIA		
Amount (\$)	Payee address, City, State; Zip C	Code		
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**	Category (See categories listed at the top of this sched	tule) Description	(If travel outside of Texas, complete Schedule T)	
PURPOSE	Category (see categories listed at the top of this scriet	20.0,		
OF	Lanel	Checkif	Austin, TX, officeholder living expense	
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Complete ONLY if direct	Candidate / Officeholder name	Office sough	at Omos neju	
expenditure to benefit C/OH				
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Texas Ethics Commission

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking	Cht. mar as mornisme - p	alaries/Wages/Contract Labor olicitation/Fundraising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense T	ravel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense Fees		ravel Out Of District ffice Overhead/Rental Expense	OTHER (enter a category not listed above)
1 300		cplains how to complete this	
1 Total pages Schedule F:	2 FILER NAME	vens	3 ACCOUNT # (Ethics Commission Filers)
	5 Payee name	10/17	
4 Date 10-14-14	4 Jenoy DAVIS	Campaign	
6 Amount (\$)	7 Payee address; City; State	Zip Code	
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8 PURPOSE OF	(a) Category (See categories listed at the top of	this schedule) (b) Description	on (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	ight Office held
Date	Payee name	L . 1. 10	-
10-28-14	Potter House	EX+ WORL	
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PURPOSE	Category (See categories listed at the top of	this schedule) Description	on (If travel outside of Texas, complete Schedule T)
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I .	1 -1 1 -1		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ught Office held
expenditure to benefit C/C		Office sou	ught Office held
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expenditure to benefit C/C	DH .	ountry Cl	ught Office held
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POLITICAL EXPENDITURES

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	Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) form.
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POLITICAL EXPENDITURES

P.O. Box 12070

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				