

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7710

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 37
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		MR. MICHAEL S.	
		MIKE VARELA	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
		3923 LEAFIELD DRIVE AUSTIN, TX 78749	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512) 577-9227		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		MRS. JESSICA	
		HORTA-PEREZ	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
		395 SPRING DRIVE KYLE, TX. 78640	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512) 293-4703		
9 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)		
10 PERIOD COVERED	Month	Day	Year
	07 / 01 / 2011		THROUGH
		Month	Day
		12 / 31 / 2011	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		04 / 03 / 2012	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		
	13 OFFICE SOUGHT (if known)		
		TRAVIS COUNTY CONSTABLE PCT. #3	

OFFICE USE ONLY

Date Received

NOV 12 2011

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

FILED FOR RECORD

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME MICHAEL STEVE VARELA 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 79.41
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,385.33
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,683.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 643.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

18 AFFIDAVIT

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.

ELIZABETH NAGLE
Notary Public, State of Texas
My Commission Expires
APRIL 27, 2012

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Steve Varela, this the 13th day of January, 20 12, to certify which, witness my hand and seal of office.

Elizabeth Nagle Elizabeth Nagle Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RACHEA PENDLEY	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable) PRINTING INVITATIONS, TICKETS FOR KICKOFF PARTY AND CANDY FOR PARADE <small>(If travel outside of Texas, complete Schedule T)</small>
6 Contributor address; City; State; Zip Code 1302 CREEKSTONE DR, CEDAR PARK, TX 78613			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/06/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LESLIE J. CHAVEZ	Amount of contribution (\$) \$4000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11305 VIRIDIAN WAY AUSTIN, TX. 78739		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/08/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE PENDLEY SR.	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 402 WATER OAK DR. CEDAR PARK, TX 78613		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/08/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LOIS PENDLEY	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 402 WATER OAK DR. CEDAR PARK, TX 78613		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/08/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTHA K. HEARD	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12019 TRIANAN LN. AUSTIN, TX. 78727		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/08/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLLY PRYOR	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1203 RIVER OAK LEANDER, TX 78641		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/08/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN PRYOR	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1203 RIVER OAK LEANDER, TX 78641		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/08/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AL HERRERA	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 21008 MORGANS CHOICE PFLUGERVILLE, TX 78660		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/08/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL PENDLEY	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1302 CREEKSTONE DR. CYPAR PARK, TX 78613		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOLANDA MARTINEZ	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2483 LOIS LANE BROWNVILLE, TX 78520		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
23

2 FILER NAME
MICHAEL STEVE VARELA

3 ACCOUNT # (Ethics Commission Filers)

4 Date
07/13/11

5 Full name of contributor out-of-state PAC (ID#:
GEORGE EBY
6 Contributor address; City; State; Zip Code
**2109 PARAMOUNT AVE. AUSTIN, TX.
78704**

7 Amount of contribution (\$)
\$ 20.00
(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
07/22/11

Full name of contributor out-of-state PAC (ID#:
MOLLY MALGURE
Contributor address; City; State; Zip Code
**1901 ONION CREEK PKWY #10206
AUSTIN, TX. 78748**

Amount of contribution (\$)
\$ 20.00
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/22/11

Full name of contributor out-of-state PAC (ID#:
NOLAN MCCRARY
Contributor address; City; State; Zip Code
**1901 ONION CREEK PKWY #10206
AUSTIN, TX. 78748**

Amount of contribution (\$)
\$ 20.00
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/22/11

Full name of contributor out-of-state PAC (ID#:
KATHLEEN COBLE
Contributor address; City; State; Zip Code
**1201 SHANNON OAKS TRL. AUSTIN, TX.
78746**

Amount of contribution (\$)
\$ 40.00
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/22/11

Full name of contributor out-of-state PAC (ID#:
MARC LIPPINCOTT
Contributor address; City; State; Zip Code
4601 WALSH LOOP AUSTIN, TX. 78749

Amount of contribution (\$)
\$ 40.00
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/22/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IAIN A. BERRY	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8411 LOS RANCHOS DR. AUSTIN, TX, 78749		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SARAH F. BERRY	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8411 LOS RANCHOS DR. AUSTIN TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD FARIAS	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3706 COUNSLOR DR. AUSTIN, TX. 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONICA FARIAS	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3706 COUNSLOR DR. AUSTIN, TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOIS PENDLEY	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 402 WATER OAK DR. CEDAR PARK, TX 78613		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/28/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANCES DOVE	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3923 LEAFIELD DR. AUSTIN, TX. 78749		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/29/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALYCIA SUMBERA	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4810 ALTA LOMA DR. AUSTIN, TX. 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOBY SANTIAGO	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8612 VERONIA TRAIL AUSTIN, TX. 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSIE SANTIAGO	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8612 VERONIA TRAIL AUSTIN TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGLE BILLE	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 305 FIREBUSH WAY BUDA, TX. 78610		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/01/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LISA HOLT	7 Amount of contribution (\$) \$ 20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4825 DAVIS LN. #1325 AUSTIN, TX, 78749		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/01/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERIK LIND	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4825 DAVIS LN. #1325 AUSTIN TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/02/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT GARCIA	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7709 JABORANDI DR. AUSTIN, TX. 78709		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/02/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARANTZA GARCIA	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7709 JABORANDI DR AUSTIN TX, 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/02/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NATHAN WOMACK	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 BLUE RIDGE TRL. WEST LAKE HILLS, TX. 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/02/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANIEL ARISPE	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 309 JUNIPER DR. MOUNTAIN CITY, TX 78610		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/02/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRISTOPHER VASQUEZ	Amount of contribution (\$) \$ 40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11812 CHAMBER PEAK COVE DEL VALLE, TX 78617		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/02/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PETER THOMPOULOS	Amount of contribution (\$) \$ 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2624 BRESS LANE AUSTIN, TX 78748		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/03/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DONNY TORRES	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9101 LA CRESADA DR. AUSTIN, TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/05/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JERALD NOBLE	Amount of contribution (\$) \$ 5.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 801 YAUPON VALLEY RD WEST LAKE HILLS, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/03/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGER GORDON	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 911 WESTLAKE DRIVE WEST LAKE HILLS TX, 78746		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/03/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAKE ORR	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3660 STONERIDGE RD. AUSTIN, TX. 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/03/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill ORR	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8 MUIR LANE AUSTIN, TX, 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AL HERRERA	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 21008 MARGANS CHOICE PFLUGERVILLE, TX, 78660		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RYAN LLOYD	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1111 N. RIVIERA CIRCLE CEDAR PARK, TX, 78613		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL C STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CADE BACCUS	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable) MUSIC SHOW FOR KICK OFF PARTY
6 Contributor address; City; State; Zip Code 1407 CR 270 LEANDER, TX 78641		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL + ELIZABETH KEMPF	Amount of contribution (\$) \$ 65.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10113 AUCTION OAK AUSTIN, TX 78748		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REBECCA + RAMIRO HUERTA	Amount of contribution (\$) \$ 60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2313 PATSY PARKWAY AUSTIN, TX 78744		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN + Abby BRIDGES	Amount of contribution (\$) \$ 40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11008 CANTERBURY TALES LN. AUSTIN, TX 78748		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALURA LEE	Amount of contribution (\$) \$ 40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2404 AIRRED #A AUSTIN, TX 78748		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: YOIANDA MARTINEZ	7 Amount of contribution (\$) \$ 120.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1951 OLD FM 306 NEW BRAUNFELS, TX, 78130		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ESTHER SALAZAL	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12215 HUNTER CHASE #6204 AUSTIN, TX, 78729		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WALLY MARUSA	Amount of contribution (\$) \$ 55.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2404 ALLRED #A AUSTIN, TX, 78748		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REX + JENNIFER MALETEK	Amount of contribution (\$) \$ 40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 421 WILLIAMS WAY NEW BRAUNFELS, TX, 78130		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CATHY ALONZO	Amount of contribution (\$) \$ 40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 263 HAMBURG NEW BRAUNFELS, TX, 78132		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TJ. SCOTT	7 Amount of contribution (\$) \$ 25.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 4502 CLARNO DR. AUSTIN, TX 78749	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRANT GOODWIN	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 9856 WEIR LOOP AUSTIN, TX 78736	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RHONDA CUELLAR	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 10213 LINDSHIRE LN. AUSTIN, TX 78748	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID CUELLAR	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 10213 LINDSHIRE LN. AUSTIN, TX 78748	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CADR + TARA BACCUS	Amount of contribution (\$) \$ 40.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1407 CR 270 LEANDER, TX 78641	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRESTON + AMANDA DOEGE 6 Contributor address; City; State; Zip Code 1205 WILSON HEIGHTS DR. AUSTIN, TX. 78746	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMON + BARBARA PADILLA Contributor address; City; State; Zip Code 12516 SKY HARBOR DR. DEL VALLE, TX 78617	Amount of contribution (\$) \$45.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITH + MAURA LLOYD Contributor address; City; State; Zip Code 4228 LOST OASIS HOLLOW AUSTIN, TX 78739	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENDRA + RODNEY ANDREWS Contributor address; City; State; Zip Code 1611 WEATHERFORD DR, AUSTIN, TX 78753	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE JOHNSON Contributor address; City; State; Zip Code 623 BUCKSKIN DR ROUND ROCK, TX 78681	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Young	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3206 SANTA FE DR. AUSTIN TX 78741		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDITH FUENTES	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 395 SPRING DR. KYLE, TX 78640		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TONY + JESSICA PEREZ	Amount of contribution (\$) \$440.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 395 SPRING DR. KYLE, TX 78640		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONNY + MARY TORRES	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 203 ST. LAWRENCE GONZALES TX 78629		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM BRADBERRY	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17903 WORLEY DR. PFLUGERVILLE, TX 78160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREW HERRERA	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 21008 MORGANS CHOICE PFLUGERVINE, TX. 78660	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AARON HERRERA	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 21008 MORGANS CHOICE PFLUGERVINE, TX. 78660	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNIFER + RAY OSAS	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3413 COVERED WAGON ROUND ROCK, TX. 78665	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE + RACHEA PENLEY	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1302 CREEK STONE DR. CEDAR PARK, TX. 78613	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIANA ESPINOZA	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5927 HAMMERMILL RUN AUSTIN, TX 78744	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALERIO MARTINEZ	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 6502 BRUSHRIDGE CAVE AUSTIN, TX 78744	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SERVANDO VARELA	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 18706 FM 1431 JONESTOWN, TX, 78649	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RYAN LLOYD	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1111 N. RIVIERA CIRCLE CEDAR PARK, TX 78613	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORIO PAIZ	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5816 SILVER SCREEN AUSTIN, TX 78747	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELA PADILLA	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code IPSWICH BAY AUSTIN, TX 78747	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY LOU SERAFINE	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 4011 AVENUE D AUSTIN, TX 78751	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FELIX A. VARELA	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 12216 SPARKS RD MANOR TX 78653	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DELORES COOPER	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3919 LEAFIELD DR AUSTIN TX 78749	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RACHEA PENDLEY	Amount of contribution (\$) \$133.33	In-kind contribution description (if applicable) PARTY SUPPLIES + FRAMES FOR KICK OFF PARTY
	Contributor address; City; State; Zip Code 1302 CREEKSTONE DR CEDAR PARK, TX 78613	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROSEMARY EDWARDS	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6528 HERON DR AUSTIN, TX 78759	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: YOLANDA MARTINEZ	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable) HUNT FOR SILENT AUCTION
6 Contributor address; City; State; Zip Code 1951 OLD FM 306 NEW BRAUNFELS, TX 78130		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AL HERRERA	Amount of contribution (\$) 205.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 21008 MORGANS CHOICE PFLUGERVILLE, TX 78660		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SERVANDO VARELA	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) GIFT CARD FOR SILENT AUCTION
Contributor address; City; State; Zip Code 7505 WESTGATE BLD. AUSTIN, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SERVANDO VARELA	Amount of contribution (\$) 140.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7505 WESTGATE BLD. AUSTIN TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Allison HERRERA	Amount of contribution (\$) 6926.00	In-kind contribution description (if applicable) PICTURES & FRAMES WESTERN DASTIE BASKETS HAIR TREATMENT, GEL P LASHES SILENT AUCTION
Contributor address; City; State; Zip Code 21008 MORGANS CHOISE PFLUGERVILLE, TX 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
23

2 FILER NAME

MICHAEL STEVE VARELA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/04/11

5 Full name of contributor out-of-state PAC (ID#: _____)

RONNY + MARY TORRES

6 Contributor address; City; State; Zip Code

203 ST. LAWRENCE GONZALES, TX
78629

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

PHOTO SHOOT
FOR
SILENT AUCTION

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/04/11

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

BARBARA PADILLA

Contributor address; City; State; Zip Code

12516 SKY HARBOR DR. DELVALE, TX
78617

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

CAKES
FOR
SILENT AUCTION

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/04/11

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

JOSIE SATIAGO

Contributor address; City; State; Zip Code

8612 VERONA TRAIL AUSTIN, TX
78749

Amount of contribution (\$)

\$46.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/04/11

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

ANGELA BILLE

Contributor address; City; State; Zip Code

305 FIRBUSH WAY BUDA, TX 78610

Amount of contribution (\$)

\$55.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/04/11

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

HOLLY PRYOR

Contributor address; City; State; Zip Code

1203 RIVER OAK DR LEANDER, TX
78641

Amount of contribution (\$)

\$55.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEUB VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LOIS PENDLEY	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 402 WATER OAK CEDAR PARK, TX 78613		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BLAKE ORR	Amount of contribution (\$) \$175.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1406 SPRING GARDEN RD. AUSTIN, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RYAN LLOYD	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) WASHER SET FOR SILENT AUCTIONS
Contributor address; City; State; Zip Code 1111 N. RIVERA CIRCLE CEDAR PARK, TX 78613		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERIK LUND	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4825 DAVIS LANE AUSTIN, TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAN ARISPE	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 309 JUNIPER AUSTIN, TX 78610		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CRISTY COLOMBO 6 Contributor address; City; State; Zip Code 7908 EUDORA LN. AUSTIN, TX 78747	7 Amount of contribution (\$) \$80.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CAROL BUESING Contributor address; City; State; Zip Code 1305 ROCKY CREEK PFLUGERVILLE, TX 78660	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL + JAYNIE SULAICA Contributor address; City; State; Zip Code 12216-A SPARKS RD. MANOR, TX 78653	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DIANNA HUBENAK Contributor address; City; State; Zip Code 5605 KATYDID LANE AUSTIN, TX 78744	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RONNIE VARELA Contributor address; City; State; Zip Code 2504 CANTER BURY ST. AUSTIN, TX 78702	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEJR VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RHONDA KOLLMAN	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10727 OLD LOCKHART RD, AUSTIN, TX. 78747		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID + TERESA VARELA	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7326 GAINES MILL LN. AUSTIN, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SEAN J. VARNER	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5764 GORHAM GLEN LN. AUSTIN, TX 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VICKY BENAVIDES	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12525 SKY HARBOR DEL VALLE, TX 78617		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROSIE BENAVIDES	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5505 ROSEHILL CR. # C AUSTIN, TX. 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STONE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/04/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TOM + SANDRA EVANS	7 Amount of contribution (\$) \$ 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 106 WEST NOTON AVE APLUGRANING, TX, 78660		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JIM STRICKLAND	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 802 SINGLE OAK COVE AUSTIN, TX, 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/06/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CATHERINE E. VINIGUERRA	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10519 INDIGO BROOM LOOP		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PEDRO RUIZ	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4308 LOCKHART HWY AUSTIN, TX 78744		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOE M. + YOLANDA B. VELASQUEZ	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15912 HAMILTON POOL RD. AUSTIN, TX, 78738		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23	
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/16/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERIC SANCHEZ	7 Amount of contribution (\$) \$ 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1353 HIGH MEADOWS COVE ROUND ROCK TX. 78681		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANK L. ALVAREZ	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12013 CASCADE CAVERN STRL. AUSTIN, TX 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

N/A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: 1
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2 FILER NAME MICHAEL STEVE VARELA	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
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5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

NIA

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME MICHAEL STEVE VARELA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 07-22-11	5 Payee name AMPRO PRODUCTIONS
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6 Amount (\$) \$1500.00	7 Payee address; City; State; Zip Code 7202 SMOKEY HILL RD. AUSTIN, TX. 78736
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) SIGNS, BUMPER, PUSH CARDS, SUPPLIES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-27-11	Payee name AMPRO PRODUCTIONS
------------------------	--

Amount (\$) \$300.00	Payee address; City; State; Zip Code 7202 SMOKEY HILL RD. AUSTIN, TX 78736
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SIGNS, BUMPERSTICKERS, PUSH CARDS + SUPPLIES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-28-11	Payee name VELUSION, INC.
------------------------	-------------------------------------

Amount (\$) \$158.20	Payee address; City; State; Zip Code 8911 CAPITAL OF TEXAS HWY #1200 AUSTIN, TX 78759
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) WEB SITE	Description (If travel outside of Texas, complete Schedule T) FRES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08-04-11	Payee name HILLS CAFE
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Amount (\$) \$2619.75	Payee address; City; State; Zip Code 4700 S. CONGRESS AUSTIN, TX 78745
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) KICK OFF PARTY	Description (If travel outside of Texas, complete Schedule T) FOOD + DRINKS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME MICHAEL STEVE VARELA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8-05-11	5 Payee name AMPRO PRODUCTIONS	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 7202 SMOKEY HILL RD. AUSTIN, TX. 78736	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) SIGNS, BUMPER STICKERS, PUSH CARDS + SUPPLIES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-08-11	Payee name HARLAND CLARKE	
Amount (\$) \$14.50	Payee address; City; State; Zip Code HEADQUARTERED IN SAN ANTONIO, TX.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CHECKS FOR CAMPAIGN	Description (If travel outside of Texas, complete Schedule T) FRE.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-29-11	Payee name VOLUSION, INC	
Amount (\$) \$99.00	Payee address; City; State; Zip Code 8911 CAPITAL OF TEXAS HWY #1200 AUSTIN, TX 78759	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) WEB SITE	Description (If travel outside of Texas, complete Schedule T) FREES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-02-11	Payee name VOLUSION, INC	
Amount (\$) \$59.26	Payee address; City; State; Zip Code 8911 CAPITAL OF TEXAS HWY #1200 AUSTIN, TX. 78759	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME MICHAEL STEVE VARELA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-02-11	5 Payee name AMPRO PRODUCTIONS
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6 Amount (\$) \$ 699.47	7 Payee address; City; State; Zip Code 7202 SMOKEY HILL RD. AUSTIN, TX, 78736
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) SIGNS, BUMPER STICKERS, PUSH CARDS, & SUPPLIES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-27-11	Payee name Pinky, INC.
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Amount (\$) \$105.00	Payee address; City; State; Zip Code 144 2ND ST. 1ST FLOOR SAN FRANCISCO, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) WEB SITE	Description (If travel outside of Texas, complete Schedule T) FEES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-29-11	Payee name VOUSION INC.
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Amount (\$) \$99.00	Payee address; City; State; Zip Code 8911 CAPITAL OF TEXAS HWY #1200 AUSTIN, TX, 78759
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) WEBSITE	Description (If travel outside of Texas, complete Schedule T) FEES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-04-11	Payee name VOUSION INC.
------------------	----------------------------

Amount (\$) \$58.27	Payee address; City; State; Zip Code 8911 CAPITAL OF TEXAS HWY #1200 AUSTIN, TX, 78759
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) WEB SITE	Description (If travel outside of Texas, complete Schedule T) FEES
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5		2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-01-11		5 Payee name Volusion, INC			
6 Amount (\$) \$99.00		7 Payee address; City; State; Zip Code 8911 CAPITAL OF TEXAS HWY #1200 AUSTIN, TX, 78759			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) WEBSITE		(b) Description (If travel outside of Texas, complete Schedule T) FEES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-02-11		Payee name Volusion, INC			
Amount (\$) \$58.27		Payee address; City; State; Zip Code 8911 CAPITAL OF TEXAS HWY #1200 AUSTIN, TX, 78759			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) WEBSITE		Description (If travel outside of Texas, complete Schedule T) FEES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-28-11		Payee name TRAVIS COUNTY REPUBLICAN PARTY			
Amount (\$) 1000.00		Payee address; City; State; Zip Code 7901 CAMERON RD #3-202 AUSTIN, TX 78754			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FILING FEE		Description (If travel outside of Texas, complete Schedule T) FILING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-30-11		Payee name Volusion, INC			
Amount (\$) \$99.00		Payee address; City; State; Zip Code 8911 CAPITAL OF TEXAS HWY #1200 AUSTIN, TX, 78759			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) WEBSITE		Description (If travel outside of Texas, complete Schedule T) FEES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME MICHAEL STEVE VARGA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-02-11	5 Payee name Volusion Inc.
---------------------------	--------------------------------------

6 Amount (\$) \$58.27	7 Payee address; City; State; Zip Code 8911 CAPITAL OF TEXAS HWY #1200 AUSTIN, TX 78759
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) WEBSITE	(b) Description (If travel outside of Texas, complete Schedule T) FEES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-29-11	Payee name Volusion Inc.
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Amount (\$) 99.00	Payee address; City; State; Zip Code 8911 CAPITAL OF TEXAS HWY #1200 AUSTIN, TX 78759
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) WEBSITE	Description (If travel outside of Texas, complete Schedule T) FEES
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

NIA

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME MICHAEL STEVE VARELA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

NIA

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1	2 FILER NAME MICHAEL STEVE VARELA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

NIA

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME MICHAEL STEVE VARGELA	3 ACCOUNT # (Ethics Commission Filers)
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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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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
--------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

NIA

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

MICHAEL STEVE VARELA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

N/A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME MICHAEL STEVE VARELA		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel.	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		