

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)  
7663

2 Total pages filed:  
5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mr. Michael D.  
NICKNAME LAST SUFFIX  
Cargill

**OFFICE USE ONLY**

Date Received  
Date Hand-delivered or Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged  
FILED FOR RECORD  
2013 FEB 25 PM 3:21  
Dana DeBevoise  
County Clerk  
Travis County Texas

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 change of address

ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 82303  
Austin, TX 78708

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 788-6998

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mr. Kory J  
NICKNAME LAST SUFFIX  
Zipperer

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
321 W Ben White Blvd # 203  
Austin, TX 78704

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 788-6998

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
7 / 22 / 12 THROUGH 12 / 31 / 12

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
/ /

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Travis County Constable  
PCT 2

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME** Michael Cargill **15 ACCOUNT # (Ethics Commission Filers)** 7663

**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.

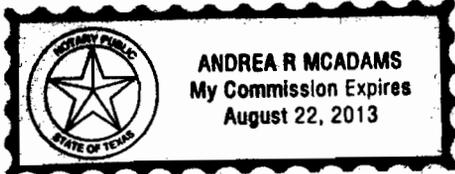
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>Ø</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,299.95</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>37,287</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

**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.

[Signature]  
Signature of Candidate or Officeholder



**ANDREA R MCADAMS**  
My Commission Expires  
August 22, 2013

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Cargill, this the 2nd day of February, 20 13, to certify which, witness my hand and seal of office.

[Signature] Andrea McAdams 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: 1/2	
2 FILER NAME Michael Cargili		3 ACCOUNT # (Ethics Commission Filers) 7663	
4 Date 7-25-2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texans for Act Govt. 6 Contributor address; City; State; Zip Code 1306 Baronets Trl Austin, TX 78753	7 Amount of contribution (\$) \$ 17,311	8 In-kind contribution description (if applicable) Kap Strategies LLC Phone Banking (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-23-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texans for Act Govt. Contributor address; City; State; Zip Code 1306 Baronets Trl Austin, TX 78753	Amount of contribution (\$) \$ 3,500	In-kind contribution description (if applicable) Austex Printing maile (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-22-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texans for Act Govt Contributor address; City; State; Zip Code 1306 Baronets Trl Austin, TX 78753	Amount of contribution (\$) \$ 539.00	In-kind contribution description (if applicable) Austin Chronicle advertising (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-22-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texans for Act Govt Contributor address; City; State; Zip Code 1306 Baronets Trl Austin, TX 78753	Amount of contribution (\$) \$ 595.00	In-kind contribution description (if applicable) Campaign Signs (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-26-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texans for Act Govt Contributor address; City; State; Zip Code 1306 Baronets Trl Austin, TX 78753	Amount of contribution (\$) \$ 1,250	In-kind contribution description (if applicable) Resist Attack foundation Pepper Spray (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:  
2/2

2 FILER NAME

Michael Cargill

3 ACCOUNT # (Ethics Commission Filers)

7663

4 Date

7-30-2012

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

CTC H6C LLC

6 Contributor address; City; State; Zip Code

321 W Ben White Blvd #203  
Austin, TX 78704

7 Amount of contribution (\$)

\$1,100

8 In-kind contribution description (if applicable)

Attorney fees

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-1-2012

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Texans for Acct. Govt

Contributor address; City; State; Zip Code

1306 Barons Trl  
Austin, TX 78753

Amount of contribution (\$)

\$12,992

In-kind contribution description (if applicable)

KAP Strategies  
LLC  
Per Curiam Ads

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Michael Cargill</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <i>7663</i>
<b>4</b> Date <i>7-31-12</i>	<b>5</b> Payee name <i>Lupe Tarfille</i>	
<b>6</b> Amount (\$) <i>\$1,299.95</i>	<b>7</b> Payee address; City; State; Zip Code <i>70515 N Mopac Expy Austin, TX 78253</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Food Beverage</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Watch Party</i>
	Candidate / Officeholder name	Office sought                      Office held

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**