

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8226

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 8129	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Chantal	MI M.
	NICKNAME	LAST Eldridge	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 6526 Needham Ln,	APT / SUITE #;	CITY; STATE; ZIP CODE Austin, TX 78739
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 552-0293
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Chantal	MI M.
	NICKNAME	LAST Eldridge	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 6526 Needham Ln,	APT / SUITE #;	CITY; STATE; ZIP CODE Austin, TX 78739
	8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 552-0293
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 7 / 1 / 2013 THROUGH 12 / 31 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 16		ELECTION TYPE <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) Criminal County Court at law

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

2014 JAN 15 PM 1:06

FILED FOR RECORD

Deanna D. ...
County Clerk
Travis County, Texas

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME Chantal M. Eldridge 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.

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

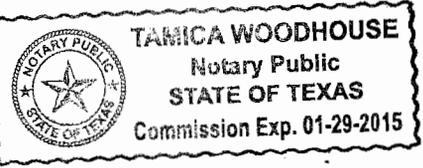
additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 3000.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 2928.20
	4. TOTAL POLITICAL EXPENDITURES	\$ 2928.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3000.00

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



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chantal Melissa Eldridge this the 15 day of Jan, 20 14, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
 Tamica Woodhouse Print name of officer administering oath
 Jay Spec. II Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 1	
2 FILER NAME <i>Chantal M. Eldridge</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/13/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Democratic Party</i>	7 Amount of contribution (\$) <i>3000.00</i> <i>in kind</i> <i>contribution</i>	8 In-kind contribution description (if applicable) <i>voter file</i> <i>access</i>
6 Contributor address; City; State; Zip Code <i>4818 E. Ben White, Ste 104</i> <i>Austin, TX</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

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		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)

SCHEDULE B (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

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

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 1
2 FILER NAME Chantal M. Eldridge		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 0
5 Date of loan 3/28/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Chantal M. Eldridge	9 Loan Amount (\$) 3000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 6526 Needham Ln, Austin, TX 78739	10 Interest rate 0
		11 Maturity date 0
12 Lender's Principal Occupation Candidate / Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Law Office of Chantal M. Eldridge		15 Law Firm of lender's spouse (if any) N/A
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

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: 3		2 FILER NAME Chantal M. Eldridge		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/1/13		5 Payee name Bank of America			
6 Amount (\$) 16.00		7 Payee address; City; State; Zip Code 5800 W. Slaughter Ln, Austin, TX 78739			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Bank fee accounting/banking		(b) Description (If travel outside of Texas, complete Schedule T) Bank fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/1/13		Payee name Bank of America			
Amount (\$) 16.00		Payee address; City; State; Zip Code 5800 W. Slaughter Ln, Austin, TX 78739			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting / banking		Description (If travel outside of Texas, complete Schedule T) Bank fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/2/13		Payee name Tsoke Adjaron			
Amount (\$) 85.00		Payee address; City; State; Zip Code 501 Grosbeck Dr., Pflugerville, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Catering of relevant events	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/14/13		Payee name Texas Democratic Party			
Amount (\$) 750.00		Payee address; City; State; Zip Code 4818 E. Ben White Blvd., Ste 104, Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) VAN access	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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: 3	2 FILER NAME Chantal M. Eldridge	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/15/13	5 Payee name AMCS - USA
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6 Amount (\$) 125.00	7 Payee address; City; State; Zip Code 901 Oak Bluff Trail, New Braunfels, TX 78132
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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) website set up
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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 9/1/13	Payee name Bank of America
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Amount (\$) 16.00	Payee address; City; State; Zip Code 5800 W. Slaughter Ln, Austin, TX 78739
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Bank fee
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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 9/17/13	Payee name Lillith Fund
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Amount (\$) 40.00	Payee address; City; State; Zip Code 1902 S I-35 #A, Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) Award ceremony
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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 9/23/13	Payee name South Austin Democrats
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Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 152592, Austin, TX 78715-2592
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) Award ceremony
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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: 3	2 FILER NAME <i>Chantal M. Eldridge</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/1/13</i>	5 Payee name <i>Bank of America</i>
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6 Amount (\$) <i>16.00</i>	7 Payee address; City; State; Zip Code <i>5800 W. Slaughter W, Austin, TX 78728</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Accounting/ Banking</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Bank fee</i>
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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 <i>11/4/13</i>	Payee name <i>Bank of America</i>
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Amount (\$) <i>16.00</i>	Payee address; City; State; Zip Code <i>5800 W. Slaughter W, Austin, TX 78739</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Accounting/ Banking</i>	Description (If travel outside of Texas, complete Schedule T) <i>Bank fee</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/1/13</i>	Payee name <i>Bank of America</i>
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Amount (\$) <i>16.00</i>	Payee address; City; State; Zip Code <i>5800 W. Slaughter W, Austin, TX 78739</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Accounting/ Banking</i>	Description (If travel outside of Texas, complete Schedule T) <i>Bank fee</i>
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Complete <u>ONLY</u> 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 <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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 3	2 FILER NAME Charal M. Eldridge	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/29/13	5 Payee name Travis County Democratic Party
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6 Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1311 E. 6th St., Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event expense	(b) Description (If travel outside of Texas, complete Schedule T) Award ceremony
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Date 9/1/13	Payee name Rho Chalmers
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Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7211 Bill Hughes Rd., Austin, TX 78745
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Petty cash supplies
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Date 9/1/13	Payee name Rho Chalmers
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Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7211 Bill Hughes Rd., Austin, TX 78745
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Date 9/27/13	Payee name FEES Rho Chalmers
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Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7211 Bill Hughes Rd, Austin, TX 78745
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: <i>3</i>	2 FILER NAME <i>Chantal M. Eldridge</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>12/2/13</i>	5 Payee name <i>Travis County Democratic Party</i>
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6 Amount (\$) <i>150.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1311 E. 6th St., Austin, TX 78702</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Award Ceremony</i>
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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)
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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)
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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)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 3	2 FILER NAME Chantal M. Eldridge	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/15/13	5 Payee name Facebook
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6 Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 300 W. 6th St., Austin, TX 78701
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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) Facebook
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Date 7/19/13	Payee name Facebook
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Amount (\$) 152.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 300 W. 6th St., Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Facebook
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Date 8/1/13	Payee name Facebook
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Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 300 W. 6th St., Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Facebook
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Date 8/29/13	Payee name Texas Tribune
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Amount (\$) 160.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 823 Congress Ave., Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) Workshops
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
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)
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	
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
Date	Business name	
Amount (\$)	Business 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)
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	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: 1
2 FILER NAME <i>Chantal M. Eldridge</i>		3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender <i>Chantal M. Eldridge</i>	
	5 Lender address; City; State; Zip Code <i>6526 Needham Ln, Austin, TX 78739</i>	
GUARANTOR INFORMATION	6 Name of guarantor	
<input checked="" type="checkbox"/> not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Description of Asset

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED