



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME**  
Randall W. Slagle, Jr.

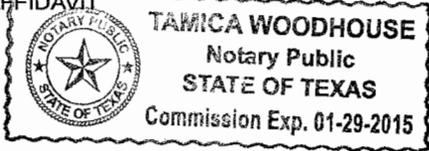
**15 ACCOUNT #** (Ethics Commission Filers)

**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.

<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,525.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 59.10
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,204.05
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 52,484.81
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

*Randall W. Slagle, Jr.*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Randall Wayne Slagle Jr., this the 15 day of Jan, 20 14, to certify which, witness my hand and seal of office.

*T. Woodhouse*  
Signature of officer administering oath

Tamica Woodhouse  
Printed name of officer administering oath

*City Spec II*  
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:

2 FILER NAME

Randall W. Slagle, Jr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/5/13

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

Steve Turro

6 Contributor address; City; State; Zip Code

404 W. 13th St.  
Austin, Texas 78701

7 Amount of contribution (\$)

50.00

(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

7/11/13

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

Rachel Parker

Contributor address; City; State; Zip Code

2079 Bassett St.  
Orange, Texas 77631

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/13

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

Kevin Bennett

Contributor address; City; State; Zip Code

1209 Shannon Oaks Tr.  
Austin, Texas 78746

Amount of contribution (\$)

150.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/13

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

Rene Vargas

Contributor address; City; State; Zip Code

1900 W. 33rd St  
Austin, TX 78703

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/13

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

Raul Gonzalez

Contributor address; City; State; Zip Code

1109 Blair Way  
Austin, Texas 78704

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/12/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Lee	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 28343 Willis Ranch San Antonio, Texas 78260		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Matthews	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3200 Skylark Dr. Austin, Texas 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Florey	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 Guadalupe St. Austin, Texas 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/16/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Stern	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1817 W. 38th St. Austin, Texas 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/2/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett Hansen	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 429 Cedar Creek, Texas 78612		(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:

2 FILER NAME

Randall W. Slagle, Jr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/12/13

5 Full name of contributor

Joe Futch

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4804 Gypsy Cove  
Austin, Texas 78727

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/12/13

Full name of contributor

Howard Payne

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1427 Chase Oaks Dr.  
Keller, Texas 76248

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/20/13

Full name of contributor

George Thomas

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

923 E. 41st St. Apt. 106  
Austin, Texas 78751

(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#: \_\_\_\_\_)

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

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**

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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 Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/04/13	<b>5</b> Payee name Pflugerville Chamber of Commerce	
<b>6</b> Amount (\$) 260.10	<b>7</b> Payee address; City; State; Zip Code P.O. Box 483 Pflugerville, Texas 78691	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Pfamily Pfestival & Expo
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11/12/13	Payee name TCDP	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 1311 E. 6th St. Austin, Texas 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Filing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/11/13	Payee name Checkmark Typesetting	
Amount (\$) 614.32	Payee address; City; State; Zip Code 3217 N. IH 35 Austin, Texas 78722	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) print material
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 07/05/13	Payee name Piryx, Inc.	
Amount (\$) 2.25	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA, 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
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 Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 07/17/13	<b>5</b> Payee name Piryx, Inc.	
<b>6</b> Amount (\$) 22.50	<b>7</b> Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA, 94105	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 08/23/13	Payee name Piryx, Inc.	
Amount (\$) 6.75	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA, 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 09/17/13	Payee name Piryx, Inc.	
Amount (\$) 4.50	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA, 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 09/19/13	Payee name Piryx, Inc.	
Amount (\$) 2.25	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA, 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) credit card processing fee
Complete <u>ONLY</u> 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 09/26/13	<b>5</b> Payee name Piryx, Inc.
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<b>6</b> Amount (\$) 29.00	<b>7</b> Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA, 94105
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) credit card processing fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/07/13	Payee name Piryx, Inc.
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Amount (\$) 1.13	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) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) credit card processing 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 10/16/13	Payee name Piryx, Inc.
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Amount (\$) 11.25	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) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) credit card processing 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	Payee name Piryx, Inc.
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Amount (\$) 250.00	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) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) credit card processing 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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