

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

13 C/OH NAME Ko, Ramey (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00069094

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	27,550.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	50,299.91
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	82,584.61
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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17 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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ramey Ko, this the 15th day of January, 2014, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Susan C. Harry
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/35 Report: 3/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 07/01/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abe, Akiko 6 Contributor address; City; State; Zip Code 15023 Dickens St. Sherman Oaks, CA 91403	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Legal Analyst / Linguist		10 Employer (See Instructions) Strategic Solutions	
Date 07/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bains, Chiraag Contributor address; City; State; Zip Code 522 6th Street SE Washington, DC 20003	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) US Department of Justice	
Date 07/02/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bassiri, Kavoos Contributor address; City; State; Zip Code 2357 Jackson St Unit 6 San Francisco, CA 94115-1365	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) na	
Date 10/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bau, Ignatius Contributor address; City; State; Zip Code 250 Clinton Park San Francisco, CA 94103	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Health Policy Consultant		Employer (See Instructions) Self	
Date 07/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beard-Duncan, Martha Contributor address; City; State; Zip Code 6039 Prospect Ave. Dallas, TX 75206	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/35 Report: 4/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 12/11/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beh, Eugenia 6 Contributor address; City; State; Zip Code 2 Craigie St #2A Somerville, MA 2143	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Librarian		10 Employer (See Instructions) MIT	
Date 12/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beh, Eugenia Contributor address; City; State; Zip Code 2 Craigie St #2A Somerville, MA 2143	Amount of contribution (\$) \$5.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) MIT	
Date 12/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyt, Jeb Contributor address; City; State; Zip Code 5423 Shoalwood Austin, TX 78756	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 07/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calvert, Rogene G Contributor address; City; State; Zip Code 4122 Woodhaven St. Houston, TX 77025	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Public Affairs Director		Employer (See Instructions) Outreach Strategists	
Date 08/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chae, Esther Contributor address; City; State; Zip Code 953 5th St. SANTA MONICA, CA 90403	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/35 Report: 6/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 12/31/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chang, Elizabeth 6 Contributor address; City; State; Zip Code 10805 Broken Brook Cove Austin, TX 78726	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Austin Realty	
4 Date 08/26/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chang, Frank 6 Contributor address; City; State; Zip Code 1119 Arbor Park Dr Allen, TX 75013	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) FNJ Realty	
4 Date 08/24/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chang, Jean 6 Contributor address; City; State; Zip Code 5151 Beltline #878 Dallas, TX 75254	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) IBD USA Intl	
4 Date 12/26/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chang, Jedidiah 6 Contributor address; City; State; Zip Code 5916 Crownover Ct Plano, TX 75093	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) None	
4 Date 08/24/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chang, Lily 6 Contributor address; City; State; Zip Code 2408 Promontory Pt Plano, TX 75075	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Henry S Miller Brokerage	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/35 Report: 7/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 12/26/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chang, Richard 6 Contributor address; City; State; Zip Code 5916 Crownover Ct Plano, TX 75093	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Electronics		10 Employer (See Instructions) ShinerayTek Optoelectronics	
Date 12/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chang, Scarlett Contributor address; City; State; Zip Code 5916 Crownover Ct Plano, TX 75093	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) House wife		Employer (See Instructions) Retired	
Date 12/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chao, Carol Contributor address; City; State; Zip Code 325 E 84th St Apt 6D New York, NY 10028	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Senior Manager		Employer (See Instructions) Mylan	
Date 07/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chao, Stephen Contributor address; City; State; Zip Code 7308 Regency Square Ct Houston, TX 77036	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine	
Date 08/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chao, Steve Contributor address; City; State; Zip Code 514 Butternut Dr Garland, TX 75044	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Sun Ray Senior Center	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/35 Report: 9/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 10/20/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chi, Fai 6 Contributor address; City; State; Zip Code 3228 Anchor Dr Plano, TX 75023	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) na	
Date 08/22/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHIANG, LAURENCE Contributor address; City; State; Zip Code 1433 Lampasas Dr Allen, TX 75013	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) HKS	
Date 07/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chiarello, Stephanie Contributor address; City; State; Zip Code 4600 Mueller Blvd. #4116 Austin, TX 78723	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Policy and Political Operative		Employer (See Instructions) Senate Democratic Caucus	
Date 08/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chiarello, Stephanie Contributor address; City; State; Zip Code 4600 Mueller Blvd. #4116 Austin, TX 78723	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Policy and Political Operative		Employer (See Instructions) Senate Democratic Caucus	
Date 09/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chiarello, Stephanie Contributor address; City; State; Zip Code 4600 Mueller Blvd. #4116 Austin, TX 78723	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Policy and Political Operative		Employer (See Instructions) Senate Democratic Caucus	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/35 Report: 10/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 10/17/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chiarello, Stephanie 6 Contributor address; City; State; Zip Code 4600 Mueller Blvd. #4116 Austin, TX 78723	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Policy and Political Operative		10 Employer (See Instructions) Senate Democratic Caucus	
Date 11/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chiarello, Stephanie Contributor address; City; State; Zip Code 4600 Mueller Blvd. #4116 Austin, TX 78723	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Policy and Political Operative		Employer (See Instructions) Senate Democratic Caucus	
Date 09/06/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Choi, David Contributor address; City; State; Zip Code 13145 N. HWY 183 Apt 1015 Austin, TX 78750	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none	
Date 08/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chu, Anna Contributor address; City; State; Zip Code 5201 Mariners Dr Plano, TX 75093	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) UTM LLC	
Date 08/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chu, Lee Contributor address; City; State; Zip Code 2724 Westmoreland Dr Plano, TX 75093	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) DART	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/35 Report: 13/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 12/31/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Franks, Karen 6 Contributor address; City; State; Zip Code 19204 Sotogrande Dr. Pflugerville, TX 78660	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) not employed	
Date 11/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilbreath, James Contributor address; City; State; Zip Code 7125 Tanaqua Ln Austin, TX 78739	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA	
Date 07/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gillenwater, Justin Contributor address; City; State; Zip Code 13635 Willow Heights Court Houston, TX 77059	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 08/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gillenwater, Justin Contributor address; City; State; Zip Code 13635 Willow Heights Court Houston, TX 77059	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 09/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gillenwater, Justin Contributor address; City; State; Zip Code 13635 Willow Heights Court Houston, TX 77059	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/35 Report: 14/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 10/10/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gillenwater, Justin 6 Contributor address; City; State; Zip Code 13635 Willow Heights Court Houston, TX 77059	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date 11/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gillenwater, Justin Contributor address; City; State; Zip Code 13635 Willow Heights Court Houston, TX 77059	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 08/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gu, David Contributor address; City; State; Zip Code 4113 Lindbergh Dr Addison, TX 75001	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Meridian	
Date 08/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Lisa Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Stewart Company		Employer (See Instructions) Gracy Title	
Date 12/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heinrich, Allison Contributor address; City; State; Zip Code 2606 Rio Grande #101 Austin, TX 78705	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Intern, College Student		Employer (See Instructions) Texas Freedom Network	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/35 Report: 16/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 08/21/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hsueh, Robert 6 Contributor address; City; State; Zip Code 6815 Bert Lane Dallas, TX 75240	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney at Law		10 Employer (See Instructions) the Hsueh Law Firm	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huang, James Contributor address; City; State; Zip Code 3029 Deer Trail McKinney, TX 75271	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) AIG	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 12/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huang, Lawrence Contributor address; City; State; Zip Code PO Box 7485 Austin, TX 787137485	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Contract Software Developer		Employer (See Instructions) ARC	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/25/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hung, Jenting Contributor address; City; State; Zip Code 17931 Benchmark Dr Dallas, TX 75254	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) software engineer		Employer (See Instructions) Transamerica Life	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/25/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hung, Richard Contributor address; City; State; Zip Code 17931 Benchmark Dr Dallas, TX 75252	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) NYU Student		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/35 Report: 17/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 07/01/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) huynh, linda 6 Contributor address; City; State; Zip Code 2211 lawmont ave #225 austin, TX 78756	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) policy analyst		10 Employer (See Instructions) hhsc	
Date 07/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Islam, Rashed Contributor address; City; State; Zip Code 11901 Palisades Pkwy Austin, TX 78732	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) HDR Engineering, Inc.	
Date 07/02/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan, Chung-Ha Contributor address; City; State; Zip Code 220 Justin RD Murphy, TX 75094	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) NA	
Date 07/02/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan, Chung-Hua Jane Contributor address; City; State; Zip Code 220 Justin Rd Murphy, TX 75094	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self	
Date 10/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jung He, Shu Contributor address; City; State; Zip Code 2662 Blackberry Dr Richardson, TX 75082	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/35 Report: 18/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 07/18/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kao, Victor 6 Contributor address; City; State; Zip Code 520 West 43rd St., Apt. 16D New York, NY 10036	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Frenkel Lambert Weiss Weisman & Gordon LLP	
Date 08/06/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kearm, Mark Contributor address; City; State; Zip Code 9726 Hidden Valley Road Vienna, VA 22181	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Verizon	
Date 11/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim, Eugene Contributor address; City; State; Zip Code 1548 Carolyn Ct. Redlands, CA 92374	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Gresham Savage	
Date 07/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim, Ryan Contributor address; City; State; Zip Code 150 MYRTLE AVE, #1804 BROOKLYN, NY 11201	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Business Consultant		Employer (See Instructions) RDK Partners	
Date 12/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ko, Eileen Contributor address; City; State; Zip Code 5916 Crownover Court Plano, TX 75093	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Microland Electronics Corporation	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/35 Report: 19/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 12/30/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ko, Eric 6 Contributor address; City; State; Zip Code 5916 Crownover Court Plano, TX 75093	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Manager		10 Employer (See Instructions) Microland Electronics Corporation	
Date 12/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kommineni, Bharati Contributor address; City; State; Zip Code 4203 Cat Mountain Drive Austin, TX 78731	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) Oracle	
Date 12/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kotecha, Sonia Contributor address; City; State; Zip Code 11970 Jollyville Rd. Unit 213 Austin, TX 78759	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) CASA of Travis County	
Date 12/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ku, Charles Contributor address; City; State; Zip Code 148 Red Oak Lane Flowermound, TX 75028	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Dr. Charles T. Ku DDS INC	
Date 08/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ku, Dr. Charles Contributor address; City; State; Zip Code 148 Red Oak Lane Flower Mound, TX 75028	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Charles Ku DDS	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/35 Report: 20/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 12/31/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lau, Melissa 6 Contributor address; City; State; Zip Code 430 Hayes St, Apt 302 San Francisco, CA 94102	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Product Manager		10 Employer (See Instructions) Evernote	
Date 10/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Aice Contributor address; City; State; Zip Code 7519 Larchmont Dr Dallas, TX 75252	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) University of TX Tech	
Date 12/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Angela Contributor address; City; State; Zip Code PO Box 754 Austin, TX 78767	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Angela L Lee	
Date 10/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Anthony Contributor address; City; State; Zip Code 7519 Larchmont Dr Dallas, TX 75252	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) IBM	
Date 07/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Chung Contributor address; City; State; Zip Code 10223 Catalpit Rd Dallas, TX 75243	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney at Law		Employer (See Instructions) Chung Lee J.D.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/35 Report: 25/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 12/16/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lu, Charles 6 Contributor address; City; State; Zip Code 4303 Shoal Creek Blvd. Austin, TX 78756	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Director		10 Employer (See Instructions) UT-Austin	
Date 08/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lu, Ying Contributor address; City; State; Zip Code 9909 Burnham Dr Dallas, TX 75243	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Madia, J Ashwin Contributor address; City; State; Zip Code 333 Washington Ave. N., No. 345 345 Minneapolis, MN 55401	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Madia Law LLC	
Date 07/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Madia, J. Ashwin Contributor address; City; State; Zip Code 13810 58th Ave N Plymouth, MN 55446-3584	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mee, Daniel Contributor address; City; State; Zip Code 1909 New York Ave Austin, TX 78702	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Tech		Employer (See Instructions) SnapStream Media	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/35 Report: 26/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 10/20/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mei, Wen Yi 6 Contributor address; City; State; Zip Code 7519 Larchmont Dr Dallas, TX 75252	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Programmer		10 Employer (See Instructions) Brinks	
Date 12/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Metcalfe, Sally Contributor address; City; State; Zip Code 1155 Meadowalk San Antonio, TX 78253	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None	
Date 07/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Metzger, Luke Contributor address; City; State; Zip Code 2508 E 8TH AUSTIN, TX 78702	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Non-profit director		Employer (See Instructions) Environment Texas	
Date 10/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mu, Eric Contributor address; City; State; Zip Code 5119 Creighton Dr Dallas, TX 75214	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nagorski, Sara Contributor address; City; State; Zip Code 8001 High Hollow Dr Austin, TX 78750	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/35 Report: 27/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 07/17/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicks, Philip 6 Contributor address; City; State; Zip Code 2803 Macken St. Austin, TX 78703	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) self	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orrantia, MarcoAntonio Contributor address; City; State; Zip Code 1296 Jim Paul Dr El Paso, TX 79936	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) None	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/25/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pak, Dong Contributor address; City; State; Zip Code 2707 Cole Ave. #210 Dallas, TX 75204	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) Lockheed Martin	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/21/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Park, John Contributor address; City; State; Zip Code 342 E 53rd St. #5G New York, NY 10022	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) non profit		Employer (See Instructions) YWCA	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/13/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Petrek-Myer, Melissa Contributor address; City; State; Zip Code 807 West Lynn, No. 206 Austin, TX 78703	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Development Assoc.		Employer (See Instructions) University of Texas - Austin	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/35 Report: 30/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 07/17/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shepard, Bianca 6 Contributor address; City; State; Zip Code 1477 S. 1500 E. Salt Lake City, UT 84105	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Marketing		10 Employer (See Instructions) Dell, inc.	
4 Date 07/08/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shih, Danielle 6 Contributor address; City; State; Zip Code 1302Royal Palm Lane Carrollton, TX 75007-1034	7 Amount of contribution (\$) \$5.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/18/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shu-Huei Ng, Peter 6 Contributor address; City; State; Zip Code 17515 River Hill Dr Dallas, TX 75287	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) NA		10 Employer (See Instructions) NA	
4 Date 07/01/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sinha, Famid 6 Contributor address; City; State; Zip Code 2508 Benvenue Ave, #303 Berkeley, CA 94704	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Not employed		10 Employer (See Instructions) None	
4 Date 07/08/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Song, Chi 6 Contributor address; City; State; Zip Code 540 Chesapeake Lane Southlake, TX 76092	7 Amount of contribution (\$) \$5.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/35 Report: 31/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 11/07/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanley, Alfred 6 Contributor address; City; State; Zip Code 1409 Hardouin Ave Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) political consultant		10 Employer (See Instructions) Alfred Stanley & Associates	
Date 08/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sultan, Fred Contributor address; City; State; Zip Code 5007 Lodge View Lane Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sun, Hai-Yang Contributor address; City; State; Zip Code 342 St. Francis Blvd Daly City, CA 94015	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) IT Director		Employer (See Instructions) Rams Inc.	
Date 08/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sun, Helen Contributor address; City; State; Zip Code 3122 Kingston Dr Richardson, TX 75082	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Sunpearl Gem	
Date 12/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swasdee, Foo Contributor address; City; State; Zip Code 201 S. Tumbleweed Trail Austin, TX 78733	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) business		Employer (See Instructions) self employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/35 Report: 32/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 07/01/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tam, Alicia 6 Contributor address; City; State; Zip Code 84 Charles St. #15 New York, NY 10014	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Designer		10 Employer (See Instructions) Self	
Date 07/02/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tam, Hoi Yi Contributor address; City; State; Zip Code 827 N Delaware St Unit A San Mateo, CA 94401	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Community Mental Health		Employer (See Instructions) Rams Inc.	
Date 12/23/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tang, Irwin Contributor address; City; State; Zip Code 12111 Forsythe Austin, TX 78759	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) ACC	
Date 07/02/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tang Soriano, Angela Contributor address; City; State; Zip Code 204 Camaritas Ave South San Francisco, CA 94080	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) mental health provider		Employer (See Instructions) Rams Inc.	
Date 08/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teng, Mei Jung Contributor address; City; State; Zip Code 3817 Merriman Dr Plano, TX 75074	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/35 Report: 33/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 10/20/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tong, Grace 6 Contributor address; City; State; Zip Code 1230 Philip Dr Allen, TX 75013	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Accountant		10 Employer (See Instructions) PAS Inc	
Date 07/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tsai, Frederick Contributor address; City; State; Zip Code 1380 Greenwich St, apt 309 San Francisco, CA 94109	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Salesforce.com	
Date 08/28/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tsao, Mingtzong Contributor address; City; State; Zip Code 6922 Aspen Creek Ln DALLAS, TX 75252	Amount of contribution (\$) \$800.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Engineering		Employer (See Instructions) Lakeview Parkway Partners	
Date 08/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tseng, Cheng Hsiung Contributor address; City; State; Zip Code 400 N Greenville Ave #1 Richardson, TX 75081	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Tian Tian Supermarket	
Date 08/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tseng, Tsailung Chen Contributor address; City; State; Zip Code 400 N Greenville Ave #1 Richardson, TX 75081	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Tian Tian Supermarket	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/35 Report: 34/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 07/27/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turner, Benjamin 6 Contributor address; City; State; Zip Code 152 S Moreno Dr #6 Beverly Hills, CA 90212	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) attorney		10 Employer (See Instructions) DLA Piper	
4 Date 08/24/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weng, Michael 6 Contributor address; City; State; Zip Code 1835 Trinidad Ln Allen, TX 75013	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) General Manager		10 Employer (See Instructions) Cetetek Technology Inc	
4 Date 07/19/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitehurst, William 6 Contributor address; City; State; Zip Code 2703 Westlake Dr. Austin, TX 78746	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Whitehurst, Harkness, Brees & Cheng P.C.	
4 Date 07/01/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Andrew 6 Contributor address; City; State; Zip Code 384 Old West Trl Buda, TX 78610	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Online Organizer		10 Employer (See Instructions) Sierra Club	
4 Date 07/01/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wong, Vincent 6 Contributor address; City; State; Zip Code 13501 Hymeadow Cir Austin, TX 78729-1763	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Pharmacist		10 Employer (See Instructions) Seton Healthcare	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/35 Report: 35/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 07/01/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wu, George 6 Contributor address; City; State; Zip Code 1502 Ledgestone Lane Pomona, CA 91767	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) lawyer		10 Employer (See Instructions) VENG Group	
Date 12/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wu, Xiaomin Contributor address; City; State; Zip Code 13284 pond springs rd ste 405 austin, TX 78729	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) AAXY LLC	
Date 12/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Xie, Selena Contributor address; City; State; Zip Code 206 Franklin Blvd Austin, TX 78751	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Medic 1		Employer (See Instructions) ATCEMS	
Date 12/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yang, Jihfang Contributor address; City; State; Zip Code 241 S. Avenue 57, APT 112 Los Angeles, CA 90042	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Writer and Comic		Employer (See Instructions) Self-Employed	
Date 07/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yang, Katy Contributor address; City; State; Zip Code 90 West St. Apt 23A New York, NY 10006	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Cleary Gottlieb Steen & Hamilton LLP	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/35 Report: 36/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 12/31/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yatsu, Junichiro 6 Contributor address; City; State; Zip Code 4301 Endcliffe Drive Austin, TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Director		10 Employer (See Instructions) Tokyo Electron	
Date 08/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Young, Ching ju Contributor address; City; State; Zip Code 6531 Embers Rd Dallas, TX 75248	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 08/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yu, Becky Contributor address; City; State; Zip Code 132 N Glenville Drive Richardson, TX 75081	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Yu, South & Associates	
Date 12/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yu, Chieh-Tong Contributor address; City; State; Zip Code 5816 Farr Oak Drive Plano, TX 75093	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self employment	
Date 12/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yu, Hsiu-Feng Contributor address; City; State; Zip Code 5816 Farr Oak Drive Plano, TX 75093	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/35 Report: 37/68	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 12/30/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yu, Justin 6 Contributor address; City; State; Zip Code 5816 Farr Oak Drive Plano, TX 75093	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Student		10 Employer (See Instructions) N/A	
Date 09/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zhou, Jie H Contributor address; City; State; Zip Code 4309 Mead Dr Plano, TX 75024	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) J.S. Chen's Dimsum & BBQ	
Date 08/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zhu, Jerome Contributor address; City; State; Zip Code 2819 Crystal Falls Dr Garland, TX 75044	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Quality Merchant Services	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 1/31 Report: 38/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 07/07/2013	5 Payee name ActBlue				
6 Amount (\$) \$54.37	7 Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132				
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) <input type="checkbox"/> Processing fees		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/14/2013	Payee name ActBlue				
Amount (\$) \$6.92	Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/21/2013	Payee name ActBlue				
Amount (\$) \$25.11	Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/28/2013	Payee name ActBlue				
Amount (\$) \$16.80	Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 2/31 Report: 39/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 08/11/2013	5 Payee name ActBlue				
6 Amount (\$) \$3.37	7 Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132				
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) <input type="checkbox"/> Processing fees		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/18/2013	Payee name ActBlue				
Amount (\$) \$0.40	Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/25/2013	Payee name ActBlue				
Amount (\$) \$7.90	Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/02/2013	Payee name ActBlue				
Amount (\$) \$183.70	Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 3/31 Report: 40/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 09/08/2013	5 Payee name ActBlue
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6 Amount (\$) \$0.99	7 Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132
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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) <input type="checkbox"/> Processing 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 09/15/2013	Payee name ActBlue
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Amount (\$) \$0.99	Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132
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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) <input type="checkbox"/> Processing 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 09/22/2013	Payee name ActBlue
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Amount (\$) \$0.40	Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132
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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) <input type="checkbox"/> Processing 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 10/14/2013	Payee name ActBlue
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Amount (\$) \$0.99	Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132
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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) <input type="checkbox"/> Processing 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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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 4/31 Report: 41/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 10/20/2013	5 Payee name ActBlue
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6 Amount (\$) \$2.38	7 Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132
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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) <input type="checkbox"/> Processing 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 10/27/2013	Payee name ActBlue
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Amount (\$) \$9.88	Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132
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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) <input type="checkbox"/> Processing 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 11/11/2013	Payee name ActBlue
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Amount (\$) \$4.94	Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132
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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) <input type="checkbox"/> Processing 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 11/17/2013	Payee name ActBlue
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Amount (\$) \$4.35	Payee address City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132
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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) <input type="checkbox"/> Processing 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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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 5/31 Report: 42/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 07/15/2013	5 Payee name ActionSprout				
6 Amount (\$) \$25.00	7 Payee address City; State; Zip Code 1155 N State St #525 Bellingham, WA 98225				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule F) <input type="checkbox"/> Advertising		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/15/2013	Payee name ActionSprout				
Amount (\$) \$25.00	Payee address City; State; Zip Code 1155 N State St #525 Bellingham, WA 98225				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule F) <input type="checkbox"/> Advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/15/2013	Payee name ActionSprout				
Amount (\$) \$25.00	Payee address City; State; Zip Code 1155 N State St #525 Bellingham, WA 98225				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule F) <input type="checkbox"/> Advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/15/2013	Payee name ActionSprout				
Amount (\$) \$25.00	Payee address City; State; Zip Code 1155 N State St #525 Bellingham, WA 98225				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule F) <input type="checkbox"/> Advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 6/31 Report: 43/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 11/17/2013	5 Payee name ActionSprout
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6 Amount (\$) \$25.00	7 Payee address City; State; Zip Code 1155 N State St #525 Bellingham, WA 98225
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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) <input type="checkbox"/> Advertising
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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 09/20/2013	Payee name Austin AFL-CIO Council
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Amount (\$) \$310.00	Payee address City; State; Zip Code P.O. Box 87 Austin, TX 78767
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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) <input type="checkbox"/> Advertising
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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 11/29/2013	Payee name Austin Branch NAACP
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Amount (\$) \$400.00	Payee address City; State; Zip Code 1709 E 12th St Austin, TX 78702
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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) <input type="checkbox"/> Advertising and Event Sponsorship
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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 07/16/2013	Payee name Austin Tejano Demcorats
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Amount (\$) \$200.00	Payee address City; State; Zip Code 2544 Stoutwood Austin, TX 78745
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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) <input type="checkbox"/> Event Sponsorship
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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**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 7/31 Report: 44/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 10/29/2013	5 Payee name Capital Area Demcoratic Women
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6 Amount (\$) \$250.00	7 Payee address City; State; Zip Code P.O. Box 12962 Austin, TX 78711
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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) <input type="checkbox"/> Event Sponsorship
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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 09/24/2013	Payee name Council on at Risk Youth
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Amount (\$) \$250.00	Payee address City; State; Zip Code 3710 Cedar St #220 Austin, TX 78705
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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) <input type="checkbox"/> Event Sponsorship
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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 07/01/2013	Payee name Facebook
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Amount (\$) \$10.00	Payee address City; State; Zip Code 151 University Ave Palo Alto, CA 943011
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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) <input type="checkbox"/> Advertising
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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 07/01/2013	Payee name Facebook
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Amount (\$) \$5.00	Payee address City; State; Zip Code 151 University Ave Palo Alto, CA 943011
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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) <input type="checkbox"/> Advertising
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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

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 8/31 Report: 45/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 07/21/2013		5 Payee name Facebook			
6 Amount (\$) \$254.01		7 Payee address City; State; Zip Code 151 University Ave Palo Alto, CA 943011			
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) <input type="checkbox"/> Advertising	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 08/01/2013		Payee name Facebook			
Amount (\$) \$2.28		Payee address City; State; Zip Code 151 University Ave Palo Alto, CA 943011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 08/26/2013		Payee name Kraus-Durden, Johanna			
Amount (\$) \$349.25		Payee address City; State; Zip Code 1817 East Oltorf Austin, TX 78754			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 09/12/2013		Payee name Kraus-Durden, Johanna			
Amount (\$) \$363.00		Payee address City; State; Zip Code 1817 East Oltorf Austin, TX 78754			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 9/31 Report: 46/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 09/19/2013	5 Payee name Kraus-Durden, Johanna
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6 Amount (\$) \$231.00	7 Payee address City; State; Zip Code 1817 East Oltorf Austin, TX 78754
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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) <input type="checkbox"/> Payroll
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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 09/18/2013	Payee name Lillith Fund
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Amount (\$) \$250.00	Payee address City; State; Zip Code P.O. Box 684949 Austin, TX 78768-4949
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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) <input type="checkbox"/> Donation
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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 12/23/2013	Payee name Littlefield Consulting
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Amount (\$) \$1,200.00	Payee address City; State; Zip Code 7705 Vail Valley Drive Austin, TX 78749
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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) <input type="checkbox"/> Consulting
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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 07/08/2013	Payee name Mailchimp
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Amount (\$) \$1.00	Payee address City; State; Zip Code 512 Means St Suite 404 Atlanta, GA 30318
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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) <input type="checkbox"/> Email
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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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 10/31 Report: 47/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 08/08/2013		5 Payee name Mailchimp			
6 Amount (\$) \$30.00		7 Payee address City; State; Zip Code 512 Means St Suite 404 Atlanta, GA 30318			
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) <input type="checkbox"/> Email	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 08/08/2013		Payee name Mailchimp			
Amount (\$) \$1.00		Payee address City; State; Zip Code 512 Means St Suite 404 Atlanta, GA 30318			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 09/08/2013		Payee name Mailchimp			
Amount (\$) \$1.00		Payee address City; State; Zip Code 512 Means St Suite 404 Atlanta, GA 30318			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 09/08/2013		Payee name Mailchimp			
Amount (\$) \$30.00		Payee address City; State; Zip Code 512 Means St Suite 404 Atlanta, GA 30318			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 11/31 Report: 48/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 10/08/2013	5 Payee name Mailchimp				
6 Amount (\$) \$1.00	7 Payee address City; State; Zip Code 512 Means St Suite 404 Atlanta, GA 30318				
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) <input type="checkbox"/> Email		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/08/2013	Payee name Mailchimp				
Amount (\$) \$30.00	Payee address City; State; Zip Code 512 Means St Suite 404 Atlanta, GA 30318				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/08/2013	Payee name Mailchimp				
Amount (\$) \$1.00	Payee address City; State; Zip Code 512 Means St Suite 404 Atlanta, GA 30318				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/08/2013	Payee name Mailchimp				
Amount (\$) \$30.00	Payee address City; State; Zip Code 512 Means St Suite 404 Atlanta, GA 30318				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 12/31 Report: 49/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 12/08/2013	5 Payee name Mailchimp
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6 Amount (\$) \$30.00	7 Payee address City; State; Zip Code 512 Means St Suite 404 Atlanta, GA 30318
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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) <input type="checkbox"/> Email
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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 12/08/2013	Payee name Mailchimp
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Amount (\$) \$1.00	Payee address City; State; Zip Code 512 Means St Suite 404 Atlanta, GA 30318
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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) <input type="checkbox"/> Email
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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 07/18/2013	Payee name McCann, Emily
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Amount (\$) \$875.00	Payee address City; State; Zip Code 2909 Dover Austin, TX 78757
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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) <input type="checkbox"/> Payroll
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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 08/19/2013	Payee name McCann, Emily
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Amount (\$) \$437.50	Payee address City; State; Zip Code 2909 Dover Austin, TX 78757
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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) <input type="checkbox"/> Payroll
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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**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 13/31 Report: 50/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 09/03/2013	5 Payee name McCann, Emily
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6 Amount (\$) \$497.50	7 Payee address City; State; Zip Code 2909 Dover Austin, TX 78757
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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) <input type="checkbox"/> Payroll

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/18/2013	Payee name McCann, Emily
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Amount (\$) \$437.50	Payee address City; State; Zip Code 2909 Dover Austin, TX 78757
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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) <input type="checkbox"/> Payroll

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/07/2013	Payee name McCann, Emily
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Amount (\$) \$437.50	Payee address City; State; Zip Code 2909 Dover Austin, TX 78757
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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) <input type="checkbox"/> Payroll

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/21/2013	Payee name McCann, Emily
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Amount (\$) \$437.50	Payee address City; State; Zip Code 2909 Dover Austin, TX 78757
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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) <input type="checkbox"/> Payroll

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

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 14/31 Report: 51/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 11/12/2013		5 Payee name McCann, Emily			
6 Amount (\$) \$437.50		7 Payee address City; State; Zip Code 2909 Dover Austin, TX 78757			
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) <input type="checkbox"/>	
				Payroll	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 11/29/2013		Payee name McCann, Emily			
Amount (\$) \$500.00		Payee address City; State; Zip Code 2909 Dover Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Payroll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 12/06/2013		Payee name McCann, Emily			
Amount (\$) \$437.50		Payee address City; State; Zip Code 2909 Dover Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Payroll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 07/19/2013		Payee name Musselman, Karl-Thomas			
Amount (\$) \$1,500.00		Payee address City; State; Zip Code 4504 Ruiz Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 15/31 Report: 52/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 08/21/2013		5 Payee name Musselman, Karl-Thomas			
6 Amount (\$) \$750.00		7 Payee address City; State; Zip Code 4504 Ruiz Austin, TX 78723			
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) <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/24/2013		Payee name Musselman, Karl-Thomas			
Amount (\$) \$750.00		Payee address City; State; Zip Code 4504 Ruiz Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/17/2013		Payee name Musselman, Karl-Thomas			
Amount (\$) \$750.00		Payee address City; State; Zip Code 4504 Ruiz Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/25/2013		Payee name Musselman, Karl-Thomas			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code 4504 Ruiz Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 16/31 Report: 53/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 12/11/2013	5 Payee name Piryx
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6 Amount (\$) \$0.58	7 Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105
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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) <input type="checkbox"/> Processing 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 12/16/2013	Payee name Piryx
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Amount (\$) \$2.88	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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 12/19/2013	Payee name Piryx
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Amount (\$) \$0.58	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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 12/20/2013	Payee name Piryx
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Amount (\$) \$0.58	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 17/31 Report: 54/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 12/22/2013		5 Payee name Piryx			
6 Amount (\$) \$0.58		7 Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
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) <input type="checkbox"/>	
				Processing fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 12/23/2013		Payee name Piryx			
Amount (\$) \$0.58		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 12/26/2013		Payee name Piryx			
Amount (\$) \$14.38		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 12/26/2013		Payee name Piryx			
Amount (\$) \$5.75		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 18/31 Report: 55/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 12/26/2013		5 Payee name Piryx			
6 Amount (\$) \$0.58		7 Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
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) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/29/2013		Payee name Piryx			
Amount (\$) \$0.58		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/30/2013		Payee name Piryx			
Amount (\$) \$1.44		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/30/2013		Payee name Piryx			
Amount (\$) \$0.58		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 19/31 Report: 56/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 12/30/2013		5 Payee name Piryx			
6 Amount (\$) \$0.58		7 Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
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) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/30/2013		Payee name Piryx			
Amount (\$) \$1.44		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/30/2013		Payee name Piryx			
Amount (\$) \$1.44		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/30/2013		Payee name Piryx			
Amount (\$) \$0.58		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 20/31 Report: 57/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 12/30/2013		5 Payee name Piryx			
6 Amount (\$) \$28.75		7 Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
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) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/30/2013		Payee name Piryx			
Amount (\$) \$5.75		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/30/2013		Payee name Piryx			
Amount (\$) \$2.88		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/30/2013		Payee name Piryx			
Amount (\$) \$5.75		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 21/31 Report: 58/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 12/30/2013	5 Payee name Piryx
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6 Amount (\$) \$0.58	7 Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105
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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) <input type="checkbox"/> Processing 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 12/30/2013	Payee name Piryx
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Amount (\$) \$0.58	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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 12/30/2013	Payee name Piryx
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Amount (\$) \$2.88	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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 12/30/2013	Payee name Piryx
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Amount (\$) \$2.88	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 22/31 Report: 59/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 12/30/2013	5 Payee name Piryx
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6 Amount (\$) \$2.88	7 Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105
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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) <input type="checkbox"/> Processing 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 12/30/2013	Payee name Piryx
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Amount (\$) \$1.44	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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 12/30/2013	Payee name Piryx
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Amount (\$) \$1.44	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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 12/30/2013	Payee name Piryx
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Amount (\$) \$2.88	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 23/31 Report: 60/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 12/31/2013	5 Payee name Piryx
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6 Amount (\$) \$1.44	7 Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105
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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) <input type="checkbox"/> Processing fees

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/31/2013	Payee name Piryx
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Amount (\$) \$0.58	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/31/2013	Payee name Piryx
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Amount (\$) \$5.75	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/31/2013	Payee name Piryx
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Amount (\$) \$0.29	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 24/31 Report: 61/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 12/31/2013	5 Payee name Piryx
6 Amount (\$) \$0.58	7 Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105

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) <input type="checkbox"/> Processing 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 12/31/2013	Payee name Piryx
Amount (\$) \$5.75	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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 12/31/2013	Payee name Piryx
Amount (\$) \$5.75	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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 12/31/2013	Payee name Piryx
Amount (\$) \$11.50	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)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing 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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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 25/31 Report: 62/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 12/31/2013		5 Payee name Piryx			
6 Amount (\$) \$1.44		7 Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
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) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/31/2013		Payee name Piryx			
Amount (\$) \$0.58		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/31/2013		Payee name Piryx			
Amount (\$) \$1.44		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/31/2013		Payee name Piryx			
Amount (\$) \$2.88		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)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 26/31 Report: 63/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 12/31/2013	5 Payee name Piryx				
6 Amount (\$) \$0.58	7 Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105				
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) <input type="checkbox"/> Processing fees		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/20/2013	Payee name Returned check				
Amount (\$) \$200.00	Payee address City; State; Zip Code PO Box 9350 Austin, TX 78766-9350				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Returned check		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/09/2013	Payee name South Austin Democrats				
Amount (\$) \$500.00	Payee address City; State; Zip Code PO Box 152592 Austin, TX 78715				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Sponsorship		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/03/2013	Payee name Swash Labs				
Amount (\$) \$1,050.00	Payee address City; State; Zip Code 209 E University Denton, TX 76209				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> web development		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 27/31 Report: 64/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 12/11/2013	5 Payee name the Celia Israel Campaign				
6 Amount (\$) \$1,000.00	7 Payee address City; State; Zip Code P.O. Box 141246 Austin, TX 78714				
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) <input type="checkbox"/> Donation		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/05/2013	Payee name Travis County Democratic Party				
Amount (\$) \$500.00	Payee address City; State; Zip Code 1311 E 6th St Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Sponsorship		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/10/2013	Payee name Travis County Democratic Party				
Amount (\$) \$1,250.00	Payee address City; State; Zip Code 1311 E 6th St Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Filing Fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/20/2013	Payee name University Federal Credit Union				
Amount (\$) \$5.00	Payee address City; State; Zip Code PO Box 9350 Austin, TX 78766-9350				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 28/31 Report: 65/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 07/25/2013	5 Payee name USPS				
6 Amount (\$) \$138.00	7 Payee address City; State; Zip Code 2201 Guadalupe St. Austin, TX 78711				
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) <input type="checkbox"/> stamps		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/18/2013	Payee name Welch, Laura				
Amount (\$) \$1,500.00	Payee address City; State; Zip Code 7200 Easy Wind Drive #4085 Austin, TX 78752				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/16/2013	Payee name Welch, Laura				
Amount (\$) \$1,400.00	Payee address City; State; Zip Code 7200 Easy Wind Drive #4085 Austin, TX 78752				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/23/2013	Payee name Welch, Laura				
Amount (\$) \$750.00	Payee address City; State; Zip Code 7200 Easy Wind Drive #4085 Austin, TX 78752				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 29/31 Report: 66/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 11/26/2013	5 Payee name Welch, Laura
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6 Amount (\$) \$750.00	7 Payee address City; State; Zip Code 7200 Easy Wind Drive #4085 Austin, TX 78752
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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) <input type="checkbox"/> Consulting
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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 12/23/2013	Payee name Welch, Laura
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Amount (\$) \$750.00	Payee address City; State; Zip Code 7200 Easy Wind Drive #4085 Austin, TX 78752
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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) <input type="checkbox"/> Consulting
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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 07/18/2013	Payee name Y Strategy
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Amount (\$) \$9,500.00	Payee address City; State; Zip Code 603 W 13th Street Suite 2-G Austin, TX 78701
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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) <input type="checkbox"/> campaign management and consulting
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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 09/05/2013	Payee name Y Strategy
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Amount (\$) \$2,500.00	Payee address City; State; Zip Code 603 W 13th Street Suite 2-G Austin, TX 78701
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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) <input type="checkbox"/> campaign management and consulting
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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

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 30/31 Report: 67/68	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 09/27/2013	5 Payee name Y Strategy
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6 Amount (\$) \$2,600.00	7 Payee address City; State; Zip Code 603 W 13th Street Suite 2-G Austin, TX 78701
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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) <input type="checkbox"/> campaign management and consulting
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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 10/18/2013	Payee name Y Strategy
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Amount (\$) \$2,500.00	Payee address City; State; Zip Code 603 W 13th Street Suite 2-G Austin, TX 78701
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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) <input type="checkbox"/> campaign management and consulting
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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 11/05/2013	Payee name Y Strategy
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Amount (\$) \$2,500.00	Payee address City; State; Zip Code 603 W 13th Street Suite 2-G Austin, TX 78701
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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) <input type="checkbox"/> campaign management and consulting
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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 12/17/2013	Payee name Y Strategy
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Amount (\$) \$6,750.00	Payee address City; State; Zip Code 603 W 13th Street Suite 2-G Austin, TX 78701
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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) <input type="checkbox"/> campaign management and consulting
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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

Advertising Expense
 Accounting/Banking
 Consulting Expense
 Event Expense
 Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 31/31 Report: 68/68		2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (TEC filers) 00069094	
4 Date 07/31/2013		5 Payee name Young Democrats of America			
6 Amount (\$) \$100.00		7 Payee address City; State; Zip Code PO Box 77496 Washington, DC 20013			
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) <input type="checkbox"/> Event Sponsorship	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	