

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8303

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00069094

2 PAGE #
1 of 22

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Ramey
NICKNAME LAST SUFFIX
Ko

OFFICE USE ONLY

Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 202422
Austin, TX 78702-2422

Change of Address

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs. Cecilia
NICKNAME LAST SUFFIX
Crossley

Date Processed
Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3100 Catalina Drive
Austin, TX 78741

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 444-7035

8 REPORT TYPE

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

9 PERIOD
COVERED

Month Day Year Month Day Year
01/01/2014 THROUGH 01/23/2014

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
03/04/2014

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

GO TO PAGE 2

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 17,995.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 45,624.61

CONTRIBUTION BALANCE

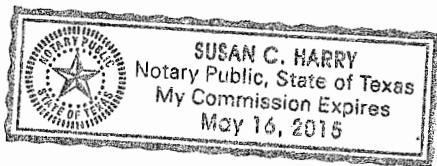
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 64,526.48

OUTSTANDING LOAN TOTALS

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

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 3rd day of February, 2014, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Susan 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: 1/10 Report: 3/22 | |
| 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00069094 | |
| 4 Date 01/07/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert, David 6 Contributor address; City; State; Zip Code 1700 Burton Dr. # 158 Austin, TX 78741 | 7 Amount of contribution (\$) \$250.00 | 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) Professor | | 10 Employer (See Instructions) Austin Community College | |
| Date 01/23/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bell, Douglas Contributor address; City; State; Zip Code 9202 Cedar Crest Dr Austin, TX 78750 | 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) engineer | | Employer (See Instructions) retired | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bennett, Stacie Contributor address; City; State; Zip Code 11140 Pinehurst Dr Austin, TX 78747 | 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) Attorney | | Employer (See Instructions) Law Firm | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bhargava, Marc Contributor address; City; State; Zip Code 4600 Mueller Blvd Apt 1097 Austin, TX 78723 | Amount of contribution (\$) \$20.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Pet Parent | | Employer (See Instructions) Co-Founder | |
| Date 01/14/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Caitlin Contributor address; City; State; Zip Code 17248 Tobermory Dr Pflugerville, TX 78660 | Amount of contribution (\$) \$20.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Policy Director | | Employer (See Instructions) AFSCME Local 1624 | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/10 Report: 4/22 | |
| 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00069094 | |
| 4 Date 01/13/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burton, Pamela 6 Contributor address; City; State; Zip Code 6200 Colina Lane Austin, TX 78759 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Business Consultant | | 10 Employer (See Instructions) Self Employed | |
| Date 01/23/2014 | 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 (\$) \$3,000.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) House wife | | Employer (See Instructions) Retired | |
| Date 01/21/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chu, Lee and Peggy Contributor address; City; State; Zip Code 2724 Westmoreland Drive Plano, TX 75093-3115 | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Director | | Employer (See Instructions) DART | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cofer, Rick Contributor address; City; State; Zip Code 507 Pressler St Apt 132 Austin, TX 78703 | Amount of contribution (\$) \$30.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Prosecuter | | Employer (See Instructions) Travis County | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooper, Lanetta & Holly Contributor address; City; State; Zip Code 5008 Eilers Ave Austin, TX 78751 | Amount of contribution (\$) \$30.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Texas Legal Svs | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|--|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/10 Report: 5/22 | |
| 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00069094 | |
| 4 Date 01/15/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dao, Isaiah 6 Contributor address; City; State; Zip Code 1003 houston st. austin, TX 78756 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Engineer | | 10 Employer (See Instructions) flextronics | |
| Date 01/01/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DasGupta, Sumit Contributor address; City; State; Zip Code 8900 Bluegrass Drive Austin, TX 787597168 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Drew, Frank & Elizabeth Olson Contributor address; City; State; Zip Code 2628 Eldridge Ln Waco, TX 76710 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Bosque Products, LLC | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foreman, Barbara Contributor address; City; State; Zip Code 11109 Bleich Ln Austin, TX 78754 | Amount of contribution (\$) \$20.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) St Edwards University | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gates, Charles Contributor address; City; State; Zip Code 8108 Forest Mesa Dr Austin, TX 78759 | Amount of contribution (\$) \$20.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) NA | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 4/10 Report: 6/22 | |
| 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00069094 | |
| 4 Date 01/15/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ghatalia, Ashwin & Bhanu 6 Contributor address; City; State; Zip Code 6202 Cape Coral Dr Austin, TX 78746 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Retired | | 10 Employer (See Instructions) Retired | |
| Date 01/13/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hinely, Lisa Contributor address; City; State; Zip Code PO Box 4233 Austin, TX 78765 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) consultant | | Employer (See Instructions) self | |
| Date 01/05/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huang, John Contributor address; City; State; Zip Code 27922 Greenlawn Cir Laguna Niguel, CA 92677 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) NA | |
| Date 01/05/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huang, Yvonne Contributor address; City; State; Zip Code 27922 Greenlawn Cir Laguna Niguel, CA 92677 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Alcatel-Lucent Technology | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Charlie Contributor address; City; State; Zip Code 11900 Metric Blvd Unit 163 Austin, TX 78758 | Amount of contribution (\$) \$40.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Technologist | | Employer (See Instructions) Acceleros | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 5/10 Report: 7/22 | |
| 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00069094 | |
| 4 Date 01/14/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kinnaird, John 6 Contributor address; City; State; Zip Code 704 Windsong Trail Austin, TX 78746 | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Investor, business owner | | 10 Employer (See Instructions) Self | |
| Date 01/23/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kommareddi, Madhuri Contributor address; City; State; Zip Code 1139 Prospect Avenue, Apt. 2F Brooklyn, NY 11218 | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Director, Program Development | | Employer (See Instructions) Clinton Foundation | |
| Date 01/01/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kotecha, Shanta Contributor address; City; State; Zip Code 2701 Glenwood Trail Cedar Park, TX 78613 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) File Clerk | | Employer (See Instructions) Internal Revenue Service | |
| Date 01/23/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ku, Lowell and Christine Vo Contributor address; City; State; Zip Code 4621 Golden Mew Drive Carrollton, TX 75010 | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Dallas IVF | |
| Date 01/21/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Helene and Ting Whai Contributor address; City; State; Zip Code 1417 Chesterton Drive Richardson, TX 75080 | Amount of contribution (\$) \$2,000.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 6/10 Report: 8/22 | |
| 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00069094 | |
| 4 Date 01/14/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Jane 6 Contributor address; City; State; Zip Code 1601 Faro Dr., #1304 Austin, TX 78741 | 7 Amount of contribution (\$) \$20.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Attorney | | 10 Employer (See Instructions) TRLA | |
| Date 01/23/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Susanne Contributor address; City; State; Zip Code 16 Scott Crescent Austin, TX 78703 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Real Estate Broker | | Employer (See Instructions) Carnegie Design Systems | |
| Date 01/23/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Li, Li Contributor address; City; State; Zip Code 2900 S Lakeline Blvd. Unit 411 Cedar Park, TX 78613 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Software Engineer | | Employer (See Instructions) IBM | |
| Date 01/02/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Littwin, Angela Contributor address; City; State; Zip Code 1116A Algarita Ave Austin, TX 78704 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) UT Law School | |
| Date 01/05/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liu, Norman and Teh Pei Contributor address; City; State; Zip Code 2823 Rio Claro Drive Hacienda Heights, CA 91745 | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Retired | | 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: 7/10 Report: 9/22 | |
| 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00069094 | |
| 4 Date 01/05/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liu, Teh Pei and Chien Chi 6 Contributor address; City; State; Zip Code 2823 Rio Claro Drive Hacienda Heights, CA 91745 | 7 Amount of contribution (\$) \$25.00 | 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) Retired | | 10 Employer (See Instructions) Retired | |
| Date 01/14/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathew, Thomas Contributor address; City; State; Zip Code 3110 Red River St., Apt 107 Austin, TX 78705 | 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) Student | | Employer (See Instructions) UT | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mauro, David Contributor address; City; State; Zip Code 3507 Mt Bonnell Rd Austin, TX 78731 | Amount of contribution (\$) \$20.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) IHS | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCormick, Donna B Contributor address; City; State; Zip Code 5703 Shoalwood Austin, TX 78756 | 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) Retired | | Employer (See Instructions) NA | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Adrian Contributor address; City; State; Zip Code 3660 Stoneridge Rd Bldg D-1 Austin, TX 78746-7760 | Amount of contribution (\$) \$20.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Executive Director | | Employer (See Instructions) Council on At-Risk Youth | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 8/10 Report: 10/22 | |
| 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00069094 | |
| 4 Date 01/09/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phan, Linda 6 Contributor address; City; State; Zip Code 3905 Mattie Street Austin, TX 78723 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Non-Profit Executive Director | | 10 Employer (See Instructions) SAHELI | |
| Date 01/15/2014 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinelli, Joe & Janis Contributor address; City; State; Zip Code PO Box 50038 Austin, TX 78763 | |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) J. Pinnelli Company | |
| Date 01/15/2014 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saxena, Shubhada Contributor address; City; State; Zip Code 67 St Stephens School Road Austin, TX 78746 | |
| Principal occupation / Job title (See Instructions) Founder & Director | | Employer (See Instructions) SAIVA | |
| Date 01/10/2014 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SW LIUNA PAC Contributor address; City; State; Zip Code 5555 N Lamar Blvd STE E121 Austin, TX 78751 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/15/2014 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taghehchian, Milad Contributor address; City; State; Zip Code 2116 Oxford Avenue Austin, TX 78704 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) Pioneer Wealth Management | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 9/10 Report: 11/22 | |
| 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00069094 | |
| 4 Date 01/07/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Democratic Party 6 Contributor address; City; State; Zip Code 4818 East Ben White Blvd., Suite 104 Austin, TX 78741 | 7 Amount of contribution (\$) \$3,000.00 | 8 In-kind contribution description (if applicable) In-kind of VAN access |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Wordy Contributor address; City; State; Zip Code 1708 Canterbury Austin, TX 78702 | Amount of contribution (\$) \$20.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) NA | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tucker, Deborah Contributor address; City; State; Zip Code 4612 Shoal Creek Blvd Austin, TX 78756 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Executive Director | | Employer (See Instructions) National Center on Domestic and Sexual Violence, www.ncdsv.o | |
| Date 01/23/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Washington, Milton Contributor address; City; State; Zip Code 11500 Oak Trail Austin, TX 78753 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wei, Michael Contributor address; City; State; Zip Code 702 Franklin Blvd Unit A Austin, TX 78751 | Amount of contribution (\$) \$20.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Developer | | Employer (See Instructions) Chimera Labs | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 10/10 Report: 12/22 | |
| 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00069094 | |
| 4 Date 01/13/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Yvonne 6 Contributor address; City; State; Zip Code 4720 Chesney Ridge Drive Austin, TX 78749 | 7 Amount of contribution (\$) \$20.00 | 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) journalist | | 10 Employer (See Instructions) Asian Austin | |
| Date 01/23/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yu, Frank Chieh-Tong Contributor address; City; State; Zip Code 5816 Fair Oak Dr Plano, TX 75093 | Amount of contribution (\$) \$2,500.00 | 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) Self employment | |
| Date 01/23/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yu Weng, Helen Hsiu-Feng Contributor address; City; State; Zip Code 5816 Fair Oak Dr Plano, TX 75093 | Amount of contribution (\$) \$2,500.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Housewife | | Employer (See Instructions) N/A | |
| | | | |

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: 1/10 Report: 13/22 | | 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (TEC filers) 00069094 | |
| 4 Date 01/16/2014 | | 5 Payee name Allan House | | | |
| 6 Amount (\$) \$600.00 | | 7 Payee address City; State; Zip Code 1104 San Antonio St. Austin, TX 78701 | | | |
| 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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 01/23/2014 | | Payee name Austin Tejano Democrats | | | |
| Amount (\$) \$525.00 | | Payee address City; State; Zip Code 2544 Stoutwood Austin, TX 78745 | | | |
| 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"/> Advertisement | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 01/23/2014 | | Payee name Chambless, Paul | | | |
| Amount (\$) \$4,500.00 | | Payee address City; State; Zip Code 16900 Fagerquist Rd Del Valle, TX 78617-5734 | | | |
| 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"/> Sign Placement | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 01/23/2014 | | Payee name CheckMark Typesetting | | | |
| Amount (\$) \$5,819.33 | | Payee address City; State; Zip Code 3217 N IH 35 Austin, TX 78722 | | | |
| 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"/> Sign Printing | |
| 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.

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| 1 PAGE # Schedule: 2/10 Report: 14/22 | 2 FILER NAME Ko, Ramey (Mr.) | 3 ACCOUNT # (TEC filers) 00069094 |
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| 4 Date 01/17/2014 | 5 Payee name IACT - Indian American Coalition of Texas |
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| 6 Amount (\$) \$250.00 | 7 Payee address City; State; Zip Code 6202 Cape Coral Dr. Austin, TX 78746 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description (If travel outside of Texas, complete Schedule T) <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 01/14/2014 | Payee name Kerby Lane Café |
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| Amount (\$) \$40.59 | Payee address City; State; Zip Code 4029 S. Capital of Texas Highway Ste 201 Austin, TX 78704 |
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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"/> Meeting/Event Expenses |
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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 01/08/2014 | 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 01/08/2014 | Payee name MailChimp |
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| Amount (\$) \$150.00 | 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.

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| 1 PAGE # Schedule: 3/10 Report: 15/22 | 2 FILER NAME Ko, Ramey (Mr.) | 3 ACCOUNT # (TEC filers) 00069094 |
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| 4 Date 01/01/2014 | 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 01/01/2014 | 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 01/02/2014 | 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 01/07/2014 | Payee name Piryx |
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| Amount (\$) \$14.38 | 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.

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| 1 PAGE # Schedule: 4/10 Report: 16/22 | | 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (TEC filers) 00069094 | |
| 4 Date 01/09/2014 | | 5 Payee name Piryx | | | |
| 6 Amount (\$) \$5.75 | | 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 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 01/13/2014 | | Payee name Piryx | | | |
| Amount (\$) \$1.15 | | 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 01/13/2014 | | 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 01/13/2014 | | 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.

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| 1 PAGE # Schedule: 5/10 Report: 17/22 | | 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (TEC filers) 00069094 | |
| 4 Date 01/14/2014 | 5 Payee name Piryx | | | | |
| 6 Amount (\$) \$1.15 | 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 01/14/2014 | Payee name Piryx | | | | |
| Amount (\$) \$1.15 | 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 01/14/2014 | Payee name Piryx | | | | |
| Amount (\$) \$28.75 | 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 01/14/2014 | 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.

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| 1 PAGE # Schedule: 6/10 Report: 18/22 | | 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (TEC filers) 00069094 | |
| 4 Date 01/15/2014 | | 5 Payee name Piryx | | | |
| 6 Amount (\$) \$1.15 | | 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 01/15/2014 | | 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 01/15/2014 | | 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 01/23/2014 | | 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: | |

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.

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| 1 PAGE # Schedule: 7/10 Report: 19/22 | | 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (TEC filers) 00069094 | |
| 4 Date 01/23/2014 | | 5 Payee name Piryx | | | |
| 6 Amount (\$) \$5.75 | | 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 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 01/23/2014 | | 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 01/23/2014 | | 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 01/16/2014 | | Payee name Scholz Garten | | | |
| Amount (\$) \$1,016.06 | | Payee address City; State; Zip Code 1607 San Jacinto Blvd. Austin, TX 78701 | | | |
| 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 Expenses | |
| 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.

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| 1 PAGE # Schedule: 8/10 Report: 20/22 | | 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (TEC filers) 00069094 | |
| 4 Date 01/13/2014 | | 5 Payee name Shoot First Pictures | | | |
| 6 Amount (\$) \$2,000.00 | | 7 Payee address City; State; Zip Code 20111/2 EM Franklin Avenue 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"/> Video Production | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 01/02/2014 | | Payee name Stanley, Alfred | | | |
| Amount (\$) \$100.00 | | Payee address City; State; Zip Code 1409 Hardouin Ave Austin, TX 78703 | | | |
| 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"/> return of donation | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 01/09/2014 | | Payee name Texas Democratic Party | | | |
| Amount (\$) \$750.00 | | Payee address City; State; Zip Code 4818 East Ben White Blvd., Suite 104 Austin, TX 78741 | | | |
| 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"/> Van Access | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 01/22/2014 | | Payee name The Pivot Group, Inc | | | |
| Amount (\$) \$5,895.04 | | Payee address City; State; Zip Code 1720 I St, NW, Ste. 550 Washington, DC 20006 | | | |
| 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, Design and Printing | |
| 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.

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| 1 PAGE # Schedule: 9/10 Report: 21/22 | 2 FILER NAME Ko, Ramey (Mr.) | 3 ACCOUNT # (TEC filers) 00069094 |
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| 4 Date 01/23/2014 | 5 Payee name Travis County Democratic Party |
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| 6 Amount (\$) \$5,000.00 | 7 Payee address City; State; Zip Code 1311 E 6th St Austin, TX 78702 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (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 01/12/2014 | Payee name USPS |
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| Amount (\$) \$12.00 | Payee address City; State; Zip Code 2201 Guadalupe St. Austin, TX 78711 |
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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"/> postage |
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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 01/16/2014 | 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 01/03/2014 | Payee name Y Strategy |
|--------------------|--------------------------|

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|---------------------------|--|
| Amount (\$) \$4,481.75 | 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) Consulting Expense | 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: 10/10 Report: 22/22 | | 2 FILER NAME Ko, Ramey (Mr.) | | 3 ACCOUNT # (TEC filers) 00069094 | |
| 4 Date 01/21/2014 | | 5 Payee name Y Strategy | | | |
| 6 Amount (\$) \$13,628.00 | | 7 Payee address City; State; Zip Code 603 W 13th Street Suite 2-G Austin, TX 78701 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |