



# 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. ..

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

additional pages

### 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)	\$	8,507.59
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### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	140.65
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4. TOTAL POLITICAL EXPENDITURES	\$	87,350.50
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### CONTRIBUTION BALANCE

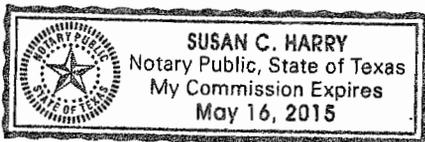
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	51,331.25
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### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	26,000.00
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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.



*[Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ramey Ko, this the 24th day of February, 2014, to certify which, witness my hand and seal of office.

*[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: 1/8 Report: 3/25	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 02/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AFSCME People fund ..... 6 Contributor address; City; State; Zip Code 1625 L Street NW Washington, DC 20036	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Attorney and Member of the House of Representative		Employer (See Instructions) Haynes and Boone LLP and State of Texas	
4 Date 02/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anchia, Rafael ..... 6 Contributor address; City; State; Zip Code P.O. Box 4468 Dallas, TX 75208	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Director of Development		Employer (See Instructions) People's Community Clinic	
4 Date 02/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Authur, Joy ..... 6 Contributor address; City; State; Zip Code 815-A Brazos #323 Austin, TX 78701	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) MIT	
4 Date 02/16/2014	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 (\$) \$5.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Blackburn and Vargas	
4 Date 02/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blackburn, Benjamin ..... 6 Contributor address; City; State; Zip Code 1122 Colorado St Austin, TX 78701	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Blackburn and Vargas	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/8 Report: 5/25	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date  02/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dona, Tabrizi  6 Contributor address; City; State; Zip Code 10005 Pickfair Dr Austin, TX 78750	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Student		10 Employer (See Instructions) Student	
Date  02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gill, James  Contributor address; City; State; Zip Code 1206 Rio Grande Apt 200 Austin, TX 78701	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date  02/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gourd, Stuart  Contributor address; City; State; Zip Code PO Box 2323 Austin, TX 78768	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) none	
Date  02/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guthikonda, Gopal & Vasumathi  Contributor address; City; State; Zip Code PO BOX 200388 Austin, TX 78720	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Senior Technical Advisor		Employer (See Instructions) CP&Y, Inc.	
Date  02/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hamilton, Janet  Contributor address; City; State; Zip Code 2114 Indian Trail Austin, TX 78703	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		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: 4/8 Report: 6/25	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date  02/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hokanson, Kim  6 Contributor address; City; State; Zip Code 967 Chestnut Street Newton, MA 2464	7 Amount of contribution (\$)  \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) grad student		10 Employer (See Instructions) Boston College	
Date  02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Langford Firm PLLC  Contributor address; City; State; Zip Code 1104 Nueces St Suite 204 Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/20/2014	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 (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Angela L Lee	
Date  02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lobb, George  Contributor address; City; State; Zip Code 505 W 7th Street Apt 316 Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date  01/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luther, Jessica  Contributor address; City; State; Zip Code 8601 Dawnridge Circle Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Freelance Writer		Employer (See Instructions) Freelance	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/8 Report: 7/25	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 02/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mok, Aloysius & Amy ..... 6 Contributor address; City; State; Zip Code 6301 Cat Mountain CV Austin, TX 78731	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Executive Director		10 Employer (See Instructions) Austin Asian American Cultural Center	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mui, George ..... Contributor address; City; State; Zip Code 1184 Litchfield Ln Bartlett, IL 60103	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Government Service		Employer (See Instructions) US Department of Commerce	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phan, Linda ..... Contributor address; City; State; Zip Code 3905 Mattie Street Austin, TX 78723	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Non-Profit Executive Director		Employer (See Instructions) SAHELI	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raman, Arvind ..... Contributor address; City; State; Zip Code 401 El Paso St Austin, TX 78704	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Intel	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 01/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reeves, Beverly ..... Contributor address; City; State; Zip Code 5403 Tortuga Trail Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Reeves & Brightwell	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/8 Report: 8/25	
<b>2</b> FILER NAME Ko, Ramey (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00069094	
<b>4</b> Date 02/14/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sexton, Shane  <b>6</b> Contributor address; City; State; Zip Code PO Box 2074 Pflugerville, TX 78691	<b>7</b> Amount of contribution (\$) \$15.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Law Enforcement		<b>10</b> Employer (See Instructions) Travis County	
<b>4</b> Date 02/17/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shieh, James  <b>6</b> Contributor address; City; State; Zip Code 2901 Windsor Road Austin, TX 78703	<b>7</b> Amount of contribution (\$) \$250.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Design and Development		<b>10</b> Employer (See Instructions) J Square Architecture LLC	
<b>4</b> Date 02/20/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) South Austin Democrats  <b>6</b> Contributor address; City; State; Zip Code PO Box 152592 Austin, TX 78715	<b>7</b> Amount of contribution (\$) \$3,000.00	<b>8</b> In-kind contribution description (if applicable) in-kind mailing
Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 02/18/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swasdee, Rommanee  <b>6</b> Contributor address; City; State; Zip Code 201 S. Tumbleweed Trail Austin, TX 78733	<b>7</b> Amount of contribution (\$) \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) business		<b>10</b> Employer (See Instructions) self	
<b>4</b> Date 02/22/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valadez-Mata, Cynthia  <b>6</b> Contributor address; City; State; Zip Code 815A Brazos St #527 Austin, TX 78701	<b>7</b> Amount of contribution (\$) \$50.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Contract Specialist / Grant Manager		<b>10</b> Employer (See Instructions) State of Texas-Attorney General	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/8 Report: 9/25	
2 FILER NAME Ko, Ramey (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00069094	
4 Date 02/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vang, Noah  6 Contributor address; City; State; Zip Code 308 E. Magnolia Avenue St. Paul, MN 55130	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Data Specialist		10 Employer (See Instructions) Good Samaritan	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vargas, Rene  Contributor address; City; State; Zip Code 1900 W 33rd St Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Blackburn and Vargas	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vitale, Katie  Contributor address; City; State; Zip Code 803 E 32nd 1/2 Street Austin, TX 78705	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Giving Manager/webmaster		Employer (See Instructions) People's Community Clinic	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Sarah  Contributor address; City; State; Zip Code 1224 West Van Buren Street Unit 616 Chicago, IL 60607	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) GoodSmith Gregg & Unruh LLP	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wheeler, Crista  Contributor address; City; State; Zip Code 1612 Gaston Ave Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) child psychologist		Employer (See Instructions) self	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			





# 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: 1/14 Report: 12/25	2 FILER NAME Ko, Ramey (Mr.)	3 ACCOUNT # (TEC filers) 00069094
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4 Date 02/13/2014	5 Payee name Adams, Chad
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6 Amount (\$) \$649.50	7 Payee address City; State; Zip Code 507 W. O'Dell St Austin, TX 78752
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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"/> Photography
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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 02/13/2014	Payee name Adams, Chad
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Amount (\$) \$324.75	Payee address City; State; Zip Code 507 W. O'Dell St Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photography
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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 02/13/2014	Payee name Austin Chronicle
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Amount (\$) \$1,845.00	Payee address City; State; Zip Code PO Box 49066 Austin, TX 78765
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <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 02/20/2014	Payee name Austin Chronicle
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Amount (\$) \$725.00	Payee address City; State; Zip Code PO Box 49066 Austin, TX 78765
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <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.

<b>1</b> PAGE # Schedule: 2/14 Report: 13/25	<b>2</b> FILER NAME Ko, Ramey (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00069094
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<b>4</b> Date 02/21/2014	<b>5</b> Payee name Austin Progressive Coalition
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<b>6</b> Amount (\$) \$750.00	<b>7</b> Payee address City; State; Zip Code 4504 Ruiz Street Austin, TX 78723
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<b>8</b> 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"/>
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/11/2014	Payee name Berlin Rosen LTD
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Amount (\$) \$250.00	Payee address City; State; Zip Code 1776 Massachusetts Ave, NW Suite 601 Washington, DC 20036
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mail and Marketing
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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 02/11/2014	Payee name Berlin Rosen LTD
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Amount (\$) \$16,116.34	Payee address City; State; Zip Code 1776 Massachusetts Ave, NW Suite 601 Washington, DC 20036
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mail and Marketing
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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 02/11/2014	Payee name Berlin Rosen LTD
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Amount (\$) \$2,191.00	Payee address City; State; Zip Code 1776 Massachusetts Ave, NW Suite 601 Washington, DC 20036
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mail and Marketing
------------------------	---	--

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.

<b>1 PAGE #</b> Schedule: 3/14 Report: 14/25		<b>2 FILER NAME</b> Ko, Ramey (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00069094	
<b>4 Date</b> 02/14/2014	<b>5 Payee name</b> Berlin Rosen LTD				
<b>6 Amount (\$)</b> \$26,284.00	<b>7 Payee address City; State; Zip Code</b> 1776 Massachusetts Ave, NW Suite 601 Washington, DC 20036				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> marketing and mail		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 02/21/2014	<b>Payee name</b> Berlin Rosen LTD				
<b>Amount (\$)</b> \$26,205.00	<b>Payee address City; State; Zip Code</b> 1776 Massachusetts Ave, NW Suite 601 Washington, DC 20036				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> marketing and mail		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/30/2014	<b>Payee name</b> Cantu, Fred				
<b>Amount (\$)</b> \$2,500.00	<b>Payee address City; State; Zip Code</b> P.O. Box 2509 Austin, TX 78767				
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 02/15/2014	<b>Payee name</b> Facebook				
<b>Amount (\$)</b> \$502.76	<b>Payee address City; State; Zip Code</b> 151 University Ave Palo Alto, CA 94301				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1 PAGE #</b> Schedule: 4/14 Report: 15/25	<b>2 FILER NAME</b> Ko, Ramey (Mr.)	<b>3 ACCOUNT #</b> (TEC filers) 00069094
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<b>4 Date</b> 02/20/2014	<b>5 Payee name</b> Facebook
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<b>6 Amount (\$)</b> \$751.26	<b>7 Payee address</b> City; State; Zip Code 151 University Ave Palo Alto, CA 94301
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/13/2014	<b>Payee name</b> Google
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<b>Amount (\$)</b> \$50.00	<b>Payee address</b> City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/13/2014	<b>Payee name</b> Google
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<b>Amount (\$)</b> \$150.00	<b>Payee address</b> City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/14/2014	<b>Payee name</b> Google
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<b>Amount (\$)</b> \$200.00	<b>Payee address</b> City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1</b> PAGE # Schedule: 5/14 Report: 16/25	<b>2</b> FILER NAME Ko, Ramey (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00069094
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<b>4</b> Date 02/15/2014	<b>5</b> Payee name Google
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<b>6</b> Amount (\$) \$350.00	<b>7</b> Payee address City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
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<b>8</b> 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"/> 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 02/16/2014	Payee name Google
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Amount (\$) \$500.00	Payee address City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <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 02/16/2014	Payee name Google
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Amount (\$) \$500.00	Payee address City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <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 02/18/2014	Payee name Google
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Amount (\$) \$500.00	Payee address City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <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  
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.

<b>1 PAGE #</b> Schedule: 6/14 Report: 17/25		<b>2 FILER NAME</b> Ko, Ramey (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00069094	
<b>4 Date</b> 02/20/2014		<b>5 Payee name</b> Google			
<b>6 Amount (\$)</b> \$500.00		<b>7 Payee address City; State; Zip Code</b> 1600 Amphitheatre Parkway Mountain View, CA 94043			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Advertising	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/22/2014		<b>Payee name</b> Google			
<b>Amount (\$)</b> \$500.00		<b>Payee address City; State; Zip Code</b> 1600 Amphitheatre Parkway Mountain View, CA 94043			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Advertising	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/14/2014		<b>Payee name</b> La Voz			
<b>Amount (\$)</b> \$825.00		<b>Payee address City; State; Zip Code</b> PO Box 19457 Austin, TX 78760			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Advertising	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/13/2014		<b>Payee name</b> Laura Welch			
<b>Amount (\$)</b> \$750.00		<b>Payee address City; State; Zip Code</b> 7200 Easy Wind Drive #4085 Austin, TX 78722			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Consulting Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> consulting	
Complete <b>ONLY</b> 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.

<b>1 PAGE #</b> Schedule: 7/14 Report: 18/25		<b>2 FILER NAME</b> Ko, Ramey (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00069094	
<b>4 Date</b> 02/08/2014		<b>5 Payee name</b> MailChimp			
<b>6 Amount (\$)</b> \$50.00		<b>7 Payee address City; State; Zip Code</b> 512 Means St Suite 404 Atlanta, GA 30318			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Email fees	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 02/08/2014		<b>Payee name</b> MailChimp			
<b>Amount (\$)</b> \$1.00		<b>Payee address City; State; Zip Code</b> 512 Means St Suite 404 Atlanta, GA 30318			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Email fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 01/27/2014		<b>Payee name</b> Piryx			
<b>Amount (\$)</b> \$5.75		<b>Payee address City; State; Zip Code</b> 144 2nd St. 1st Floor San Francisco, CA 94105			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Fees		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Processing Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 01/27/2014		<b>Payee name</b> Piryx			
<b>Amount (\$)</b> \$5.75		<b>Payee address City; State; Zip Code</b> 144 2nd St. 1st Floor San Francisco, CA 94105			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Fees		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Processing Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		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.

<b>1</b> PAGE # Schedule: 8/14 Report: 19/25	<b>2</b> FILER NAME Ko, Ramey (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00069094
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<b>4</b> Date 01/31/2014	<b>5</b> Payee name Piryx
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<b>6</b> Amount (\$) \$1.44	<b>7</b> Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/04/2014	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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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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 02/04/2014	Payee name Piryx
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Amount (\$) \$28.75	Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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 02/13/2014	Payee name Piryx
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Amount (\$) \$1.15	Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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.

<b>1 PAGE #</b> Schedule: 9/14 Report: 20/25		<b>2 FILER NAME</b> Ko, Ramey (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00069094	
<b>4 Date</b> 02/14/2014	<b>5 Payee name</b> Piryx				
<b>6 Amount (\$)</b> \$0.58	<b>7 Payee address City; State; Zip Code</b> 144 2nd St. 1st Floor San Francisco, CA 94105				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Fees		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Processing Fees		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 02/14/2014	<b>Payee name</b> Piryx				
<b>Amount (\$)</b> \$5.75	<b>Payee address City; State; Zip Code</b> 144 2nd St. 1st Floor San Francisco, CA 94105				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		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:	
<b>Date</b> 02/14/2014	<b>Payee name</b> Piryx				
<b>Amount (\$)</b> \$1.44	<b>Payee address City; State; Zip Code</b> 144 2nd St. 1st Floor San Francisco, CA 94105				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		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:	
<b>Date</b> 02/14/2014	<b>Payee name</b> Piryx				
<b>Amount (\$)</b> \$5.75	<b>Payee address City; State; Zip Code</b> 144 2nd St. 1st Floor San Francisco, CA 94105				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		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.

<b>1 PAGE #</b> Schedule: 10/14 Report: 21/25	<b>2 FILER NAME</b> Ko, Ramey (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00069094
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<b>4 Date</b> 02/14/2014	<b>5 Payee name</b> Piryx
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<b>6 Amount (\$)</b> \$0.86	<b>7 Payee address City; State; Zip Code</b> 144 2nd St. 1st Floor San Francisco, CA 94105
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Fees	<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Processing Fees
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/15/2014	<b>Payee name</b> Piryx
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<b>Amount (\$)</b> \$1.15	<b>Payee address City; State; Zip Code</b> 144 2nd St. 1st Floor San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Fees	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Processing Fees
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/16/2014	<b>Payee name</b> Piryx
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<b>Amount (\$)</b> \$2.88	<b>Payee address City; State; Zip Code</b> 144 2nd St. 1st Floor San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Fees	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Processing Fees
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/16/2014	<b>Payee name</b> Piryx
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<b>Amount (\$)</b> \$0.29	<b>Payee address City; State; Zip Code</b> 144 2nd St. 1st Floor San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Fees	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Processing Fees
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1 PAGE #</b> Schedule: 11/14 Report: 22/25	<b>2 FILER NAME</b> Ko, Ramey (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00069094
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<b>4 Date</b> 02/17/2014	<b>5 Payee name</b> Piryx
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<b>6 Amount (\$)</b> \$2.88	<b>7 Payee address City; State; Zip Code</b> 144 2nd St. 1st Floor San Francisco, CA 94105
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Fees	<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Processing Fees
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/17/2014	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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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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 02/17/2014	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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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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 02/18/2014	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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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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.

<b>1</b> PAGE # Schedule: 12/14 Report: 23/25	<b>2</b> FILER NAME Ko, Ramey (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00069094
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<b>4</b> Date 02/19/2014	<b>5</b> Payee name Piryx		
<b>6</b> Amount (\$) \$2.88	<b>7</b> Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105		

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/19/2014	Payee name Piryx		
Amount (\$) \$5.75	Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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 02/19/2014	Payee name Piryx		
Amount (\$) \$0.58	Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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 02/21/2014	Payee name Piryx		
Amount (\$) \$5.75	Payee address City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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.

<b>1 PAGE #</b> Schedule: 14/14 Report: 25/25	<b>2 FILER NAME</b> Ko, Ramey (Mr.)	<b>3 ACCOUNT #</b> (TEC filers) 00069094
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<b>4 Date</b> 02/14/2014	<b>5 Payee name</b> USPS
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<b>6 Amount (\$)</b> \$20.00	<b>7 Payee address</b> City; State; Zip Code 2201 Guadalupe St Austin, TX 78711
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<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) OTHER - Postage	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/21/2014	<b>Payee name</b> USPS
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<b>Amount (\$)</b> \$20.00	<b>Payee address</b> City; State; Zip Code 2201 Guadalupe St Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - Postage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/21/2014	<b>Payee name</b> Worley Printing
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<b>Amount (\$)</b> \$72.53	<b>Payee address</b> City; State; Zip Code 3217 N Interstate Highway 35 Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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