

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**8390**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  51
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI Mr.      Randall      W ----- NICKNAME      LAST      SUFFIX Slagle      Jr.	<b>OFFICE USE ONLY</b> <hr/> Date Received <div style="text-align: right; font-size: small;">                     2014 JUN 15 PM 1:24                      RECEIVED                      CLERK OF COURTS                      TRAVIS COUNTY                      2014 JUN 15 PM 1:24                      RECEIVED                      CLERK OF COURTS                      TRAVIS COUNTY                 </div> <hr/> Date Hand-delivered or Postmarked <hr/> Receipt #      Amount <hr/> Date Processed <hr/> Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE P.O. Box 27607 Austin, Texas 78755		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 512 )      851-0753		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI Ms.      Betty ----- NICKNAME      LAST      SUFFIX Blackwell		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 1306 Nueces St.      Austin, Texas 78701		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 512 )      479-0149		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 01 / 01 / 14      THROUGH      06 / 30 / 14		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year 11 / 04 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>  Travis County Justice of the Peace, Precinct 2	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

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

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

**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

**COMMITTEE TYPE**

GENERAL

SPECIFIC

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

additional pages

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 18.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 55,243.00**

**EXPENDITURE  
TOTALS**

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

4. TOTAL POLITICAL EXPENDITURES **\$ 21,177.91**

**CONTRIBUTION  
BALANCE**

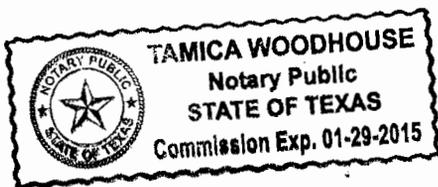
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD **\$ 82,882.90**

**OUTSTANDING  
LOAN TOTALS**

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

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Randall Slagle*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Randall Slagle, this the 15<sup>th</sup> day of July, 20 14, to certify which, witness my hand and seal of office.

*T Woodhouse*  
Signature of officer administering oath

Tamica Woodhouse  
Printed name of officer administering oath

City Spec. II  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marion Alsup 6 Contributor address; City; State; Zip Code 2311 Pruett St., Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 4/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will Anderson Contributor address; City; State; Zip Code 2108 B Matthews Drive, Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Annen Contributor address; City; State; Zip Code 10542 Bilbrook Place, Austin, TX 78748	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Police Association PAC Contributor address; City; State; Zip Code 5817 Wilcab Road, Suite #4, Austin, Texas, 78721	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marjorie Bachman Contributor address; City; State; Zip Code 608 W. 12th St., Suite B, Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Batrice 6 Contributor address; City; State; Zip Code 1114 Lost Creek Blvd., Suite 440, Austin, TX 78746	7 Amount of contribution (\$) \$500.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Blackburn Contributor address; City; State; Zip Code 1106 San Antonio St., Austin, TX 78701	Amount of contribution (\$) \$300.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Blackburn Contributor address; City; State; Zip Code 1106 San Antonio St., Austin, TX 78701	Amount of contribution (\$) \$500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Blackwell Contributor address; City; State; Zip Code 1306 Nueces St., Austin, TX 78701	Amount of contribution (\$) \$500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Blackwell Contributor address; City; State; Zip Code 1306 Nueces St., Austin, TX 78701	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/20/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Boyd	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 507 W. 10th St., Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggle & Polan	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 812 San Antonio St., Suite 310, Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenna Brooks	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 111 Congress Ave., Suite 400, Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buford & Gonzalez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 603 W. 17th St., Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecelia Burke	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6500 Santolina Cove, Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair Carroll 6 Contributor address; City; State; Zip Code 502 W. 14th St., Suite B, 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)	
Date 4/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andy Casey Contributor address; City; State; Zip Code 8532 Woodstone Drive, Austin, TX 78757	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Chambers Contributor address; City; State; Zip Code 1104 Nueces St., Suite 208, Austin, TX 78701	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Cobb Contributor address; City; State; Zip Code 4325 Triboro Trail, Austin, TX 78749	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jodi Cole Contributor address; City; State; Zip Code 502 W. 30th St., Austin, TX 78705	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Costello 6 Contributor address; City; State; Zip Code 5620 Parage Ridge, Austin, TX 78731	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsie Craven Contributor address; City; State; Zip Code 1112 Cripple Creek Drive, Austin, TX 78758	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Cummings Contributor address; City; State; Zip Code 405 Round Rock Ave., Round Rock, TX 78664	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kris Davis Jones Contributor address; City; State; Zip Code 4424 Gaines Ranch Loop #1035, Austin, TX 78735	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa De La Garza Contributor address; City; State; Zip Code 9808 Briar Ridge Drive, Austin, TX 78748	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/6/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Deitch 6 Contributor address; City; State; Zip Code 5103 Backtrail Drive, 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)	
(If travel outside of Texas, complete Schedule T)			
Date 6/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa DeLong Contributor address; City; State; Zip Code 3009 N. IH 35, Austin, TX 78722	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 1/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Dorbandt Contributor address; City; State; Zip Code 603 W. 12th St., Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Douglass Contributor address; City; State; Zip Code 1211 Creekview Drive, Round Rock, TX 78681	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Dudley Contributor address; City; State; Zip Code 371 Fairfield Drive, Kyle, TX 78640	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/8/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Ann Espiritu 6 Contributor address; City; State; Zip Code 710 Colorado St., #F10, Austin, TX 78701	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 2/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Fagerberg Contributor address; City; State; Zip Code 907 Rio Grande St., Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Flores Contributor address; City; State; Zip Code P.O. Box 200790, Austin, TX 78720	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 4/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Lopez Contributor address; City; State; Zip Code 1200 Nueces St., Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 4/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Fox Contributor address; City; State; Zip Code 404 W. 13th St., Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/13/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Frank	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1212 Guadalupe St., Suite 103, Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Futch	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9442 N. Capital Of TX Hwy. Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold Garcia	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 504 W. 7th St., Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gus Garcia	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1012 Rio Grande, Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Gentry	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 812 San Antonio St., Suite. 100, Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/13/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Gibson 6 Contributor address; City; State; Zip Code 700 Lavaca St., Suite 1010, Austin, TX 78701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Gibson Contributor address; City; State; Zip Code 700 Lavaca St., Suite 1010, Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Gill Contributor address; City; State; Zip Code 1201 Rio Grande, Suite 200, Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherish Gonzalez Contributor address; City; State; Zip Code 1109 Blair Way, Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Graham Contributor address; City; State; Zip Code 9309 Leaning Rock Circle, Austin, TX 78730	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Gray 6 Contributor address; City; State; Zip Code 1300 S Pleasant Valley Apt. 229, Austin, TX 78741	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Greenway Contributor address; City; State; Zip Code 811 Nueces St., Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Grigson Contributor address; City; State; Zip Code 604 W. 12th St., Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Guerra Contributor address; City; State; Zip Code 5604 Southwest Parkway, Austin, Texas, 78735	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Gunter Contributor address; City; State; Zip Code 600 W. 9th St., Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine Haenschen 6 Contributor address; City; State; Zip Code 4505 Duval St., #229, Austin, Texas, 78751	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley Hargis Contributor address; City; State; Zip Code 707 W. 14th St., Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Harron Contributor address; City; State; Zip Code 600 W. 13th St., Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Henson Contributor address; City; State; Zip Code 908 Terrace Mountain Drive, Austin, Texas, 78746	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Ranc & Holub Contributor address; City; State; Zip Code 1307 Nueces St., Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/6/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Ranc & Holub 6 Contributor address; City; State; Zip Code 1307 Nueces St., Austin, TX 78701	7 Amount of contribution (\$) \$350.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Huntsinger Contributor address; City; State; Zip Code P.O. Box 2327, Austin, TX 78768	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Icenhauer-Ramirez Contributor address; City; State; Zip Code 1103 Nueces St., Austin, TX 78701	Amount of contribution (\$) \$500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ian Inglis Contributor address; City; State; Zip Code 800 W. 5th St., Unit 805, Austin, TX 78703	Amount of contribution (\$) \$200.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Jones Contributor address; City; State; Zip Code 7802 Rutgers Ave., Austin, TX 78757	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/17/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Jones 6 Contributor address; City; State; Zip Code 1302 West Ave., Austin, TX 78701	7 Amount of contribution (\$) \$75.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliot Krajl Contributor address; City; State; Zip Code 3809 Gaines Court, Austin, TX 78735	Amount of contribution (\$) \$1,000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliot Krajl Contributor address; City; State; Zip Code 3809 Gaines Court, Austin, TX 78735	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Langford Contributor address; City; State; Zip Code 1104 Nueces St., Suite 208, Austin, TX 78701	Amount of contribution (\$) \$500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Langford Contributor address; City; State; Zip Code 1104 Nueces St., Suite 208, Austin, TX 78701	Amount of contribution (\$) \$500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/11/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Leavitt 6 Contributor address; City; State; Zip Code 1301 Rio Grande St., Austin, TX 78701	7 Amount of contribution (\$) \$500.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Lee Contributor address; City; State; Zip Code 603 W. 17th St., Austin, TX 78701	Amount of contribution (\$) \$150.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Lipscombe Contributor address; City; State; Zip Code 6600 Mesa Drive, Austin, TX 78731	Amount of contribution (\$) \$50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Littlefield Contributor address; City; State; Zip Code 7705 Vail Valley Drive, Austin, TX 78749	Amount of contribution (\$) \$50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiapin Liu Contributor address; City; State; Zip Code 1819 Montana Sky Drive, Austin, TX 78727	Amount of contribution (\$) \$50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/11/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Loewy 6 Contributor address; City; State; Zip Code 111 Congress Ave., Suite 400, Austin, TX 78701	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Lopez Contributor address; City; State; Zip Code 10305 James Ryan Way, Austin, TX 78730	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle Lowe Contributor address; City; State; Zip Code 6801 Cypress Point Cove, Austin, TX 78746	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Luna Contributor address; City; State; Zip Code 8617 Minot Circle, Austin, TX 78748	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert Machado Contributor address; City; State; Zip Code 607 W. 9th St., Austin, TX 78701	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/23/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Mange 6 Contributor address; City; State; Zip Code 600 W. 13th 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)	
(If travel outside of Texas, complete Schedule T)			
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Matthews Contributor address; City; State; Zip Code 3200 Skylark Drive, Austin, TX 78757	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 3/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff McCrary Contributor address; City; State; Zip Code 2600 Lake Austin Blvd. #1214, Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 4/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark McCrimmon Contributor address; City; State; Zip Code 704 W. 9th St., Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 4/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minton, Burton, Bassett & Collins Contributor address; City; State; Zip Code 1100 Guadalupe St., Austin, TX 78701	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will Mitchell	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 609 W. 9th St., Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novert Morales	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1007 E. 7th St., Austin, TX 78702		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edith Moreida	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12800 Harrisglenn Drive #1213, Austin, Texas, 78753		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerry Morris	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 608 W. 12th St., Suite B, Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Mueller	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 605 W. 10th St., Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Nicolas 6 Contributor address; City; State; Zip Code 4604 Ramsey Ave., Austin, TX 78756	7 Amount of contribution (\$) \$50.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin O'Hanlon Contributor address; City; State; Zip Code 808 West Ave., Austin, TX 78701	Amount of contribution (\$) \$1,000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) office space
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin O'Hanlon Contributor address; City; State; Zip Code 808 West Ave., Austin, TX 78701	Amount of contribution (\$) \$1,000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) office space
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin O'Hanlon Contributor address; City; State; Zip Code 808 West Ave., Austin, TX 78701	Amount of contribution (\$) \$1,000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) office space
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Michael Ohueri Contributor address; City; State; Zip Code 11441 N. IH 35, Apt. 7208, Austin, Texas, 78753	Amount of contribution (\$) \$50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Orr 6 Contributor address; City; State; Zip Code 804 Rio Grande St., Austin, TX 78701	7 Amount of contribution (\$) \$1,000.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/6/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jana Ortega Contributor address; City; State; Zip Code 1106 Rio Grande St., Austin, TX 78701	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jana Ortega Contributor address; City; State; Zip Code 1106 Rio Grande St., Austin, TX 78701	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Ortega Contributor address; City; State; Zip Code 1208 Gemini Drive, Austin, Texas, 78758	Amount of contribution (\$) \$50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiele Pace Contributor address; City; State; Zip Code 3306 Clarksburg Drive, Austin, TX 78745	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A:	
<b>2</b> FILER NAME Randall W. Slagle, Jr.		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 4/28/14	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Parker</b> <b>6</b> Contributor address; City; State; Zip Code 1803 Chimney Rock, Orange, TX 77630	<b>7</b> Amount of contribution (\$) \$1,000.00  (If travel outside of Texas, complete Schedule T)	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>Date</b> 5/1/14	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Paver</b> <b>Contributor address; City; State; Zip Code</b> 6808 Vine St., Austin, TX 78757	<b>Amount of contribution (\$)</b> \$100.00  (If travel outside of Texas, complete Schedule T)	<b>In-kind contribution description (if applicable)</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> 1/21/14	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Peek</b> <b>Contributor address; City; State; Zip Code</b> 1153 San Bernard, Austin, TX 78702	<b>Amount of contribution (\$)</b> \$150.00  (If travel outside of Texas, complete Schedule T)	<b>In-kind contribution description (if applicable)</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> 4/30/14	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris Perri</b> <b>Contributor address; City; State; Zip Code</b> 7903 Swindon Lane, Austin, TX 78745	<b>Amount of contribution (\$)</b> \$100.00  (If travel outside of Texas, complete Schedule T)	<b>In-kind contribution description (if applicable)</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> 6/26/14	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris Perri</b> <b>Contributor address; City; State; Zip Code</b> 7903 Swindon Lane, Austin, TX 78745	<b>Amount of contribution (\$)</b> \$100.00  (If travel outside of Texas, complete Schedule T)	<b>In-kind contribution description (if applicable)</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Pierce 6 Contributor address; City; State; Zip Code 1110 W. Oltorf St., Austin, TX 78704	7 Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Popper Contributor address; City; State; Zip Code 6409 Gouldville Court, Austin, TX 78739	Amount of contribution (\$) \$600.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Quinzi Contributor address; City; State; Zip Code 707 W. 10th St., Austin, TX 78701	Amount of contribution (\$) \$500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Ramos Contributor address; City; State; Zip Code 1405 Rio Grande St., Austin, TX 78701	Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryann Reaud Contributor address; City; State; Zip Code 101 Colorado St., Apt 1908, Austin, Texas, 78701	Amount of contribution (\$) \$1,000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan Reaud 6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd, Suite 1400, Austin, Texas, 78701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 4/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Ritz Contributor address; City; State; Zip Code 902 Rio Grande St., Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 1/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlie Roadman Contributor address; City; State; Zip Code 1307 Nueces St., Austin, TX 78701	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 4/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Roark Contributor address; City; State; Zip Code 1307 West Ave., Austin, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 6/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Roudier Contributor address; City; State; Zip Code 98 San Jacinto Blvd., Suite 1100, Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Rowan 6 Contributor address; City; State; Zip Code 513 Newhall Cove, Austin, TX 78746	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Florencia Rueda Contributor address; City; State; Zip Code 1301 Nueces St., Suite 101, Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dal Ruggles Contributor address; City; State; Zip Code 1103 Nueces St., Austin, TX 78701	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent Ryan Contributor address; City; State; Zip Code 4609 Peach Grove Road, Austin, Texas, 78744	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Sampson Contributor address; City; State; Zip Code 1045 Elliott Ranch Road, Buda, TX 78610	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shane Sexton 6 Contributor address; City; State; Zip Code 4526 Secure Lane, Austin, Texas, 78725	7 Amount of contribution (\$) \$25.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb Shepherd Contributor address; City; State; Zip Code P. O. Box 2526, Austin, TX 78768	Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Sheppard Contributor address; City; State; Zip Code 1304 Nueces St., Austin, TX 78701	Amount of contribution (\$) \$500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geoff Shreve Contributor address; City; State; Zip Code 350 North Street Unit 1401, San Marcos, TX 78666	Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jody Sims Contributor address; City; State; Zip Code 10617 North Platt River Drive, Austin, TX 78748	Amount of contribution (\$) \$150.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Slagle 6 Contributor address; City; State; Zip Code 12202 Rolston Place, Austin, TX 78726	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Smith Contributor address; City; State; Zip Code 702 Rio Grande St., Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald Smith Contributor address; City; State; Zip Code 611 W. 14th St., Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Spears Contributor address; City; State; Zip Code 901 Mopac Expwy South, Bldg 1 Suite 420, Austin, TX 78746	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Spencer Contributor address; City; State; Zip Code 812 San Antonio St., Suite 403, Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Spencer 6 Contributor address; City; State; Zip Code 608 W. 12th 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)	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Sustaita Contributor address; City; State; Zip Code 1301 Nueces St., Suite 200 Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Swain Contributor address; City; State; Zip Code 1301 Nueces St., Suite 101, Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Taylor Contributor address; City; State; Zip Code 1105 Nueces St., Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Party Contributor address; City; State; Zip Code 4818 E. Ben White Blvd., Suite 104, Austin, TX 78741	Amount of contribution (\$) \$1,250.00	In-kind contribution description (if applicable) Texas VAN access
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/6/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millie Thompson 6 Contributor address; City; State; Zip Code 7610 Eastcrest Drive, Austin, TX 78752	7 Amount of contribution (\$) \$75.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielle Tierney Contributor address; City; State; Zip Code 805 Post Oak St., Austin, TX 78704	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Tirrez Contributor address; City; State; Zip Code 4801 Crafty Cove, Austin, TX 78749	Amount of contribution (\$) \$500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Toland Contributor address; City; State; Zip Code 1153 San Bernard, Austin, TX 78702	Amount of contribution (\$) \$150.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole True Contributor address; City; State; Zip Code 1524 S. IH 35, Suite E 232, Austin, TX 78704	Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Turner 6 Contributor address; City; State; Zip Code 1504 West Ave., Austin, TX 78701	7 Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Turro Contributor address; City; State; Zip Code 404 W. 13th St., Austin, TX 78701	Amount of contribution (\$) \$50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Urrutia Contributor address; City; State; Zip Code 801 W. Oltorf St., Austin, TX 78704	Amount of contribution (\$) \$500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnny Urrutia Contributor address; City; State; Zip Code 8904 Bill Hickcock Pass, Austin, TX 78748	Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Vargas Contributor address; City; State; Zip Code 1106 San Antonio St., Austin, TX 78701	Amount of contribution (\$) \$200.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Vargas 6 Contributor address; City; State; Zip Code 1106 San Antonio 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)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amber Bode Vasquez Contributor address; City; State; Zip Code 1004 West Ave., Austin, TX 78701	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Walcutt Contributor address; City; State; Zip Code 600 W. 13th St., Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay Watson Contributor address; City; State; Zip Code 2307 Burly Oak Drive, Austin, Texas, 78745	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Wehnes Contributor address; City; State; Zip Code 1602 E. 7th St., Austin, TX 78702	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/14/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Westenhover 6 Contributor address; City; State; Zip Code 404 W. 13th St., Austin, TX 78701	7 Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David White Contributor address; City; State; Zip Code 1205 Rio Grande St., Austin, Texas. 78701	Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Williams Contributor address; City; State; Zip Code 307 Bulian Lane, Austin, TX 78746	Amount of contribution (\$) \$50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhonda Williams Contributor address; City; State; Zip Code 43 Rainey St., Apt 701, Austin, Texas, 78701	Amount of contribution (\$) \$20.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidney Williams Contributor address; City; State; Zip Code 7901 Cameron Road, Suite 2-355, Austin, TX 78754	Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis Woodcock 6 Contributor address; City; State; Zip Code 3306 Dolphin Drive #B, Austin, TX 78704	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Burton Contributor address; City; State; Zip Code 7121 Hart Ln. #1111, Austin, TX 78731	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindy Montford Contributor address; City; State; Zip Code 3818 B Ridgelea Drive, Austin, TX 78731	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristol Myers Contributor address; City; State; Zip Code 5241 Austral Loop, Austin, TX 78739	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See instructions)	
Date 6/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Florey Contributor address; City; State; Zip Code 1800 Guadalupe St., Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date  6/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Raman Gill 6 Contributor address; City; State; Zip Code 4308 Bellvue Avenue, Austin , TX 78756	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/16/14	<b>5</b> Payee name American Printing
--------------------------	--

<b>6</b> Amount (\$) \$2,106.11	<b>7</b> Payee address; City; State; Zip Code 1606 Headway Circle, Austin, TX 78754
------------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Printing
---------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/27/14	Payee name Burnt Orange Report
-----------------	-----------------------------------

Amount (\$) \$100.00	Payee address; City; State; Zip Code 4505 Duval St. #229, Austin, TX 78751
-------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/31/14	Payee name Buildasign.com
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Amount (\$) \$120.26	Payee address; City; State; Zip Code 11525a Stonehollow Dr #100, Austin, TX 78758
-------------------------	--

<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) Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/7/14	Payee name Buildasign.com
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Amount (\$) \$2,535.32	Payee address; City; State; Zip Code 11525a Stonehollow Dr #100, Austin, TX 78758
---------------------------	--

<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) Printing
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 1/4/14	<b>5</b> Payee name Cellular Stream
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<b>6</b> Amount (\$) \$1,048.76	<b>7</b> Payee address; City; State; Zip Code 600 Heathrow Dr, Lincolnshire, IL 60069
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) Communication
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/14/14	Payee name Travis County Cinco De Mayo Event
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Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 1748, Austin, TX 78767
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/1/14	Payee name Emmons, Joe
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 403 Blackson Ave, Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/2/14	Payee name Emmons, Joe
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 403 Blackson Ave, Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 5/15/14	<b>5</b> Payee name Emmons, Joe
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<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address; City; State; Zip Code 403 Blackson Ave, Austin, TX 78752
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/1/14	Payee name Emmons, Joe
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Amount (\$) \$2,400.00	Payee address; City; State; Zip Code 403 Blackson Ave, Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/9/14	Payee name Implix
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Amount (\$) \$45.10	Payee address; City; State; Zip Code 702 N West St., Wilmington, DE 19801
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Email service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/7/14	Payee name Implix
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Amount (\$) \$45.10	Payee address; City; State; Zip Code 702 N West St., Wilmington, DE 19801
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Email service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 5/7/14	<b>5</b> Payee name Implix
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<b>6</b> Amount (\$) \$45.10	<b>7</b> Payee address; City; State; Zip Code 702 N West St., Wilmington, DE 19801
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) Email service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/13/14	Payee name Piryx
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Amount (\$) \$6.75	Payee address; City; State; Zip Code 144 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/14/14	Payee name Piryx
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Amount (\$) \$22.50	Payee address; City; State; Zip Code 145 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/21/14	Payee name Piryx
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Amount (\$) \$6.75	Payee address; City; State; Zip Code 146 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 1/21/14	<b>5</b> Payee name Piryx
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<b>6</b> Amount (\$) \$6.75	<b>7</b> Payee address; City; State; Zip Code 147 2nd St, 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) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/6/14	Payee name Piryx
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Amount (\$) \$4.50	Payee address; City; State; Zip Code 148 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/6/14	Payee name Piryx
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Amount (\$) \$3.38	Payee address; City; State; Zip Code 149 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/6/14	Payee name Piryx
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Amount (\$) \$4.50	Payee address; City; State; Zip Code 150 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 2/24/14	<b>5</b> Payee name Piryx
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<b>6</b> Amount (\$) \$4.50	<b>7</b> Payee address; City; State; Zip Code 151 2nd St, 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) Fees for online contributions
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/25/14	Payee name Piryx
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Amount (\$) \$11.25	Payee address; City; State; Zip Code 152 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/17/14	Payee name Piryx
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Amount (\$) \$22.50	Payee address; City; State; Zip Code 153 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/14	Payee name Piryx
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Amount (\$) \$22.50	Payee address; City; State; Zip Code 154 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 3/20/14	<b>5</b> Payee name Piryx
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<b>6</b> Amount (\$) \$11.25	<b>7</b> Payee address; City; State; Zip Code 155 2nd St, 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) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/5/14	Payee name Piryx
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Amount (\$) \$11.25	Payee address; City; State; Zip Code 156 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/9/14	Payee name Piryx
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Amount (\$) \$11.25	Payee address; City; State; Zip Code 157 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/9/14	Payee name Piryx
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Amount (\$) \$18.00	Payee address; City; State; Zip Code 158 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 4/14/14	<b>5</b> Payee name Piryx	
<b>6</b> Amount (\$) \$11.25	<b>7</b> Payee address; City; State; Zip Code 159 2nd St, 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) Fees for online contributions
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 4/14/14	Payee name Piryx	
Amount (\$) \$11.25	Payee address; City; State; Zip Code 160 2nd St, 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) Fees for online contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 4/22/14	Payee name Piryx	
Amount (\$) \$22.50	Payee address; City; State; Zip Code 161 2nd St, 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) Fees for online contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 4/24/14	Payee name Piryx	
Amount (\$) \$1.13	Payee address; City; State; Zip Code 162 2nd St, 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) Fees for online contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/26/14	<b>5</b> Payee name Piryx
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<b>6</b> Amount (\$) \$4.50	<b>7</b> Payee address; City; State; Zip Code 163 2nd St, 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) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/14	Payee name Piryx
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Amount (\$) \$22.50	Payee address; City; State; Zip Code 164 2nd St, 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) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/28/14	Payee name Piryx
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Amount (\$) \$45.00	Payee address; City; State; Zip Code 165 2nd St, 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) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/14	Payee name Piryx
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Amount (\$) \$11.25	Payee address; City; State; Zip Code 166 2nd St, 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) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/30/14	<b>5</b> Payee name Piryx
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<b>6</b> Amount (\$) \$4.50	<b>7</b> Payee address; City; State; Zip Code 167 2nd St, 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) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/1/14	Payee name Piryx
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Amount (\$) \$2.25	Payee address; City; State; Zip Code 168 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/1/14	Payee name Piryx
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Amount (\$) \$4.50	Payee address; City; State; Zip Code 169 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/1/14	Payee name Piryx
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Amount (\$) \$4.50	Payee address; City; State; Zip Code 170 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 5/1/14	<b>5</b> Payee name Piryx
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<b>6</b> Amount (\$) \$2.25	<b>7</b> Payee address; City; State; Zip Code 171 2nd St, 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) Fees for online contributions
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/1/14	Payee name Piryx
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Amount (\$) \$1.13	Payee address; City; State; Zip Code 172 2nd St, 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) Fees for online contributions
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/1/14	Payee name Piryx
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Amount (\$) \$22.50	Payee address; City; State; Zip Code 173 2nd St, 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) Fees for online contributions
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/1/14	Payee name Piryx
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Amount (\$) \$4.50	Payee address; City; State; Zip Code 174 2nd St, 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) Fees for online contributions
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 5/1/14	<b>5</b> Payee name Piryx
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<b>6</b> Amount (\$) \$4.50	<b>7</b> Payee address; City; State; Zip Code 175 2nd St, San Francisco, CA 94105
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/1/14	Payee name Piryx
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Amount (\$) \$2.25	Payee address; City; State; Zip Code 176 2nd St, 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) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/7/14	Payee name Piryx
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Amount (\$) \$11.25	Payee address; City; State; Zip Code 177 2nd St, 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) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/14/14	Payee name Piryx
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Amount (\$) \$0.45	Payee address; City; State; Zip Code 178 2nd St, 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) Fees for online contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 6/26/14	<b>5</b> Payee name Piryx
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<b>6</b> Amount (\$) \$4.50	<b>7</b> Payee address; City; State; Zip Code 179 2nd St, 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) Fees for online contributions
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/27/14	Payee name Piryx
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Amount (\$) \$15.75	Payee address; City; State; Zip Code 180 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/27/14	Payee name Piryx
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Amount (\$) \$4.50	Payee address; City; State; Zip Code 181 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/27/14	Payee name Piryx
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Amount (\$) \$4.50	Payee address; City; State; Zip Code 182 2nd St, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 6/27/14	<b>5</b> Payee name Piryx	
<b>6</b> Amount (\$) \$2.25	<b>7</b> Payee address; City; State; Zip Code 183 2nd St, 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) Fees for online contributions
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 6/28/14	Payee name Piryx	
Amount (\$) \$6.75	Payee address; City; State; Zip Code 184 2nd St, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 6/28/14	Payee name Piryx	
Amount (\$) \$2.25	Payee address; City; State; Zip Code 185 2nd St, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 6/30/14	Payee name Piryx	
Amount (\$) \$5.63	Payee address; City; State; Zip Code 185 2nd St, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 6/30/14	<b>5</b> Payee name Piryx	
<b>6</b> Amount (\$) \$4.50	<b>7</b> Payee address; City; State; Zip Code 185 2nd St, 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) Fees for online contributions
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 6/30/14	Payee name Piryx	
Amount (\$) \$4.50	Payee address; City; State; Zip Code 185 2nd St, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 6/30/14	Payee name Piryx	
Amount (\$) \$2.25	Payee address; City; State; Zip Code 185 2nd St, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/4/14	Payee name Rattle Inn	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 610 Nuces St., Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Event costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5/2/14	<b>5</b> Payee name Rattle Inn	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 610 Nuces St., Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Event costs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1/4/14	Payee name Simple Cell	
Amount (\$) \$231.94	Payee address; City; State; Zip Code 1393 Progress Way #911, Eldersburg, MD 21784	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Communication
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/12/14	Payee name Texas Democratic Party	
Amount (\$) \$350.00	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) Fees	Description (If travel outside of Texas, complete Schedule T) Van access
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/19/14	Payee name Travis County Dem Party	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1311 E. 6th St., Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Banner fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Randall W. Slagle, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/27/14	<b>5</b> Payee name Union Signs & Printing
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<b>6</b> Amount (\$) \$3,500.00	<b>7</b> Payee address; City; State; Zip Code 1 S. Eastern Ave., Joilet, Ill. 60433
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Printing
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/5/14	Payee name Valentina's Tex Mex BBQ
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Amount (\$) \$631.25	Payee address; City; State; Zip Code 600 W 6th St, Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Event costs
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/2/14	Payee name Wick, Jim
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 2611 Ektom Dr Apt D, Austin, TX 78745
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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) Consulting
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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