

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 8402

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Ms. **Elisabeth A.**
NICKNAME LAST SUFFIX
Earle

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
P.O. Box 29432 Aust TX 78755

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 659 3365

6 CAMPAIGN TREASURER NAME

MS / MRS / MR Mr. **Mack Ray**
NICKNAME LAST SUFFIX
Hernandez

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
**901 South Mopac Expressway Ste. 300
Aust TX. 78746**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 477 9433

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year MONTH DAY YEAR
1 / 1 / 14 THROUGH **6 / 30 / 14**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 4 / 14

12 OFFICE

OFFICE HELD (if any)
Travis County Court at Law #7

13 OFFICE SOUGHT (if known)

Travis County Court at Law #7

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Elisabeth Earle

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1100

EXPENDITURE TOTALS

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

\$ _____

4. TOTAL POLITICAL EXPENDITURES

\$ 3712¹⁸

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 26914¹⁶

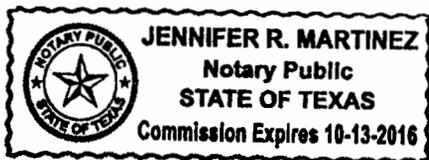
OUTSTANDING LOAN TOTALS

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

\$ _____

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.



Elisabeth Earle
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Jennifer R. Martinez
Signature of officer/administering oath

Jennifer R. Martinez
Print name of officer administering oath

Judicial Aide
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 2	
2 FILER NAME Elisabeth Earle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Britt Rodgers	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11905 Colleyville Drive Austin Texas 78738		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Self-employed		10 Contributor's job title Self-employ	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Matz	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1708 Palma Plaza Austin Texas 78703		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation government relations		Contributor's job title Self-employed	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edel Stathis	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5621 Medic Creek Dr. Aust Texas 78735		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation self-employed tech.		Contributor's job title Self	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

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.

1 Total pages Schedule F: 7	2 FILER NAME Elisabeth Sark	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-16-14	5 Payee name ATT
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6 Amount (\$) 297 ⁸⁸	7 Payee address; City; State; Zip Code P.O. Box 537104 Atlanta Georgia 32353
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) phone company	(b) Description (If travel outside of Texas, complete Schedule T) phone calls
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-21-14	Payee name Ozarka Water
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Amount (\$) 23 ⁸¹	Payee address; City; State; Zip Code 729 SW. 3 rd St. Oklahoma City Ok. 73109
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Water for staff	Description (If travel outside of Texas, complete Schedule T) staff
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Travis County Democratic Party
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Amount (\$) 500 ⁰⁰	Payee address; City; State; Zip Code 1311 East 6 th Aust Texas 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) sustaining member	Description (If travel outside of Texas, complete Schedule T) donat / contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/6/14	Payee name Aust Bar Foundation
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Amount (\$) 320 ⁰⁰	Payee address; City; State; Zip Code 816 Conger Ste. 700 Aust Texas 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) membership contribution	Description (If travel outside of Texas, complete Schedule T) contribution
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Complete ONLY 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.

1 Total pages Schedule F: 7	2 FILER NAME Elisabeth Earle	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/14/14	5 Payee name ATT	
6 Amount (\$) 297 ⁹¹	7 Payee address; City; State; Zip Code P.O. Box 537104 Atlanta Georgia 32353	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) phone expense	(b) Description (If travel outside of Texas, complete Schedule T) office overhead
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 2/20/14	Payee name Ozanda Water	
Amount (\$) 24 ⁷⁰	Payee address; City; State; Zip Code 729 SW 3rd St. Oklahoma City Ok. 73109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) water for staff	Description (If travel outside of Texas, complete Schedule T) water
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name Rally / Piryx	
Amount (\$) 63 ²⁵	Payee address; City; State; Zip Code 1444 2nd street 1st fl San Francisco CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) judging expense	Description (If travel outside of Texas, complete Schedule T)
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 2/23/14	Payee name Costco	
Amount (\$) 157 ⁹⁰	Payee address; City; State; Zip Code 4301 W. Wilbur Comm	
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)
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES 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.

1 Total pages Schedule F: 7	2 FILER NAME Elisabeth Earle	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/25/14	5 Payee name Camp Fire Club Balcones
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6 Amount (\$) 100	7 Payee address; City; State; Zip Code P.O. Box 303040 Austin Texas 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions	(b) Description (If travel outside of Texas, complete Schedule T) fundraising luncheon
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/10/14	Payee name West Austin News
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Amount (\$) 45	Payee address; City; State; Zip Code 5511 Parkcrest Drive Ste. 105 Austin Texas 78731
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) paper subscrip
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/12/14	Payee name Austin American Station
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Amount (\$) 340⁵⁷	Payee address; City; State; Zip Code 305 South Congress Austin Texas 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) paper subscrip
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/18/14	Payee name Whole Foods
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Amount (\$) 50⁹⁸	Payee address; City; State; Zip Code 6th Street 550 Bowie St. Austin Texas 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising food/beverage stuff	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES 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) |

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1 Total pages Schedule F: 7		2 FILER NAME Elisabeth Earle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/19/14		5 Payee name ATT			
6 Amount (\$) 297²⁹		7 Payee address; City; State; Zip Code P.O. Box 537104 Atlanta Georgia 32353			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead		(b) Description (If travel outside of Texas, complete Schedule T) phone	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/20/14		Payee name Oranke Water			
Amount (\$) 24⁷⁰		Payee address; City; State; Zip Code 729 SW 3rd St Oklahoma City 73109			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/beverage		Description (If travel outside of Texas, complete Schedule T) water for staff	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/2/14		Payee name Go Daddy			
Amount (\$) 47⁶²		Payee address; City; State; Zip Code 14455 North Hayden Rd. Ste. 226 Scottsdale Arizona 85260			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) email services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/19/14		Payee name Ozarka			
Amount (\$) 32³²		Payee address; City; State; Zip Code 729 SW 3rd St. Oklahoma City Ok. 73109			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/beverage		Description (If travel outside of Texas, complete Schedule T) staff water	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES 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.

1 Total pages Schedule F: 7	2 FILER NAME Elizabeth Earle	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/24/14	5 Payee name Five Season Parking	
6 Amount (\$) 12 ⁰⁰	7 Payee address: City: State: Zip Code 98 San Jacinto Austin Texas 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) parking transportation parking	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/25/14	Payee name ATT	
Amount (\$) 363 ⁰⁰	Payee address; City: State: Zip Code P.O. Box 537104 Atlanta Georgia 32353	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/25/14	Payee name Tiff's Treats	
Amount (\$) 43 ⁴⁷	Payee address; City: State: Zip Code 1806 Wuecas Street Austin Texas 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/beverage	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/30/14	Payee name FTD	
Amount (\$) 72 ³³	Payee address; City: State: Zip Code 3113 Woodcreek Drive Dunn's Grove Illinois 60515	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) phone for	Description (If travel outside of Texas, complete Schedule T) Members expense staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES 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.

1 Total pages Schedule F: 7	2 FILER NAME Elisabeth Earle	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/19/14	5 Payee name Ozarka	
6 Amount (\$) 39.90	7 Payee address; City; State; Zip Code 729 SW 3rd Oklahoma City Oklahoma 73109	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage	(b) Description (If travel outside of Texas, complete Schedule T) meal
	Candidate / Officeholder name	Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 6/30/14	Payee name Perry's	
Amount (\$) 140.00	Payee address; City; State; Zip Code 7th street Austi Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) for staff expenses
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 6/30/14	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	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.

1 Total pages Schedule F: 7	2 FILER NAME Elizabeth Earle	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/16/14	5 Payee name Municipal	
6 Amount (\$) 150	7 Payee address; City; State; Zip Code 7201 Leander Loop Aust. Texas 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution event	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5/21/14	Payee name Oranke	
Amount (\$) 32³²	Payee address; City; State; Zip Code 729 SW 3rd Oklahoma City OK 73109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/beverage	Description (If travel outside of Texas, complete Schedule T) water staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5/21/14	Payee name AT-T	
Amount (\$) 198⁰⁰	Payee address; City; State; Zip Code P.O. Box 537104 Atlanta Georgia 30353	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5/22/14	Payee name Randalls	
Amount (\$) 34	Payee address; City; State; Zip Code 5311 Balcones Drive Aust. Texas 78731	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/beverage	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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