

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 8464	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST Deke	MI G
	NICKNAME	LAST Pierce	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	PO Box 170971 Austin, TX 78717		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512) 409-8232		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST Stephanie	MI C
	NICKNAME	LAST Phillips	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	8205 Luling Ln. Austin TX 78729		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512) 230-6218		
9 REPORT TYPE	<input checked="" 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 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)		
10 PERIOD COVERED	Month	Day	Year
	8 / 24 / 2014		THROUGH 12 / 31 / 2014
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month / Day / Year / / 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Travis County Constable, Precinct 2	
GO TO PAGE 2			

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Deke Pierce 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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,140.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,972.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,353.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Deke Pierce, this the 9 day of January, 20 15, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
 Gloria A. Barba Printed name of officer administering oath
[Signature] 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: 5	
2 FILER NAME Deke Pierce		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/12/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patsy Warren 6 Contributor address; City; State; Zip Code 12318 Willow Wild Dr., Austin, TX, 78758	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 09/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denny Bahm Contributor address; City; State; Zip Code 20049 Rod and Gun Club Rd, Austin, TX 78669	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Hill Contributor address; City; State; Zip Code 112 Emory Fields Dr., Hutto, TX, 78634	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn Bass Contributor address; City; State; Zip Code 3201 Esperanza Crossing #226, Austin, TX, 78758	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Chipman Contributor address; City; State; Zip Code 4700 Weletka Dr., Austin, TX 78734	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

4.2.14

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Deke Pierce		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte Trevino	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1729 Lady Grey Ln, Pflugerville, TX 78660		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Stein	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8118 Mountain View Circle, Pasadena, MD 21122		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Marek	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2023 Denton Dr, Austin, TX 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph DeClairmont	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6821 Via Correto Dr, Austin, TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Chody	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10500 Avery Club #26 Austin, TX 78717		(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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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: 5	
2 FILER NAME Deke Pierce		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/19/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alesha McElroy	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 15450 FM 1325 # 2227 Austin, TX 78728		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Negus	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16107 Rustic Ln, Austin, TX 78717		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Phipps	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3004 Loyola Ln., Austin, TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Fletcher	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code POB 1597, Dripping Springs, TX 78620		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Phung	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10317 E. Rutland VLG, Austin, TX 78753		(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

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

6-2-14

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Deke Pierce		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Williams	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6209 La Naranja, Austin, TX 78749		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/01/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Warren	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 233 S. Oak Trail, Fredericksburg, TX 78624		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Muller	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1520 Desert Quail Ln, Austin, TX 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert and June Ingraham	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1005 Greenhill Dr., Pflugerville, TX 78660		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derek Pierce	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2709 CR 4012, Timpson, TX 75975		(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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

7-5 14

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **5**

2 FILER NAME
Deke Pierce

3 ACCOUNT # (Ethics Commission Filers)

4 Date
12/21/14

5 Full name of contributor out-of-state PAC (ID#: _____)
Ernest Robles

7 Amount of contribution (\$)
50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**1016 Segundo Dr., Georgetown, TX
78628**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/23/14

Full name of contributor out-of-state PAC (ID#: _____)
Dawn Condit Brown

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
18120 Aramis Ln, Dallas, TX 75252

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/27/14

Full name of contributor out-of-state PAC (ID#: _____)
James Jester

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**20429 Rita Blanca Circle,
Pflugerville, TX 78660**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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

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

4-2-17

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: 3	2 FILER NAME Deke Pierce	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/12/14	5 Payee name Comerica Bank
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6 Amount (\$) 30.92	7 Payee address; City; State; Zip Code POB 75000 Detroit, MI
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/banking	(b) Description (If travel outside of Texas, complete Schedule T) Bank fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/14/14	Payee name Comerica Bank
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Amount (\$) 32.77	Payee address; City; State; Zip Code PO B 75000 Detroit MI
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/banking	Description (If travel outside of Texas, complete Schedule T) Bank account fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/14/14	Payee name Comerica Bank
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Amount (\$) 30.63	Payee address; City; State; Zip Code POB 75000 Detroit MI
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/banking	Description (If travel outside of Texas, complete Schedule T) Bank account fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/14/14	Payee name B & C Trophies
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Amount (\$) 7.31	Payee address; City; State; Zip Code 9410 Anderson Mill Rd Austin, TX 78729
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Name Tag <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 3	2 FILER NAME: Deke Pierce	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: 11/23/14	5 Payee name: Vista Print
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6 Amount (\$): 235.94	7 Payee address; City; State; Zip Code: 95 Hayden Ave, Lexington, MA
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8 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) Business cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 11/24/14	Payee name: Bruce Efant Tax Assessor
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Amount (\$): 51.00	Payee address; City; State; Zip Code: 5501 Airport Blvd, Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) Maps <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 11/23/14	Payee name: Vista Print
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Amount (\$): 521.87	Payee address; City; State; Zip Code: 95 Hayden Ave, Lexington, MA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) T-shirts, banners, stickers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 11/24/14	Payee name: USPS/Pflugerville Station
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Amount (\$): 49.00	Payee address; City; State; Zip Code: Pflugerville, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

10 2 14

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 2 FILER NAME: Deke Pierce 3 ACCOUNT # (Ethics Commission Filers)

4 Date: 12/10/14 5 Payee name: USPS/McNeil Station

6 Amount (\$): 58.00 7 Payee address; City; State; Zip Code: Austin, TX

8 PURPOSE OF EXPENDITURE: (a) Category: Office Overhead (b) Description: Postage / PO Box Key

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: 12/16/14 Payee name: Vista Print

Amount (\$): 1,454.43 Payee address; City; State; Zip Code: 95 Hayden Ave, Menlo Park, CA

PURPOSE OF EXPENDITURE: Category: Printing Expense Description: Flyers, shirts, stickers, magnets

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

Date: 12/25/14 Payee name: Vista Print

Amount (\$): 412.98 Payee address; City; State; Zip Code: 95 Hayden Ave, Menlo Park, CA

PURPOSE OF EXPENDITURE: Category: Printing Expense Description: Door hangers

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category Description

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

11.01.14

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 4	2 FILER NAME Deke Pierce	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 08/25/14	5 Payee name USPS McNeil Station
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6 Amount (\$) 56.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Austin, TX 78717
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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) PO Box Rental <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 09/01/14	Payee name Comerica Bank
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Amount (\$) 144.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code POB 75000 Detroit, MI
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/banking	Description (If travel outside of Texas, complete Schedule T) Open bank account <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 09/25/14	Payee name Facebook
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Amount (\$) 25.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 Alamo Willow Rd., Menlo Park, CA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Ads <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date 09/26/14	Payee name Vista Print
-------------------------	----------------------------------

Amount (\$) 43.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code, 95 Hayden Ave, Lexington, MA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ads <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

12.01.14

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 4	2 FILER NAME Deke Pierce	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	------------------------------------	--

4 Date 09/28/14	5 Payee name Facebook
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6 Amount (\$) 95.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1601 Willow Rd, Menlo Park, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Ads <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 09/29/14	Payee name Facebook
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Amount (\$) 50.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 Willow Rd, Menlo Park, CA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Ads <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 09/30/14	Payee name Vista Print
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Amount (\$) 247.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 95 Hayden Ave, Lexington, MA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Website, domain <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 10/01/14	Payee name Vista Print
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Amount (\$) 212.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 95 Hayden Ave, Lexington, MA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) Door magnets <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 4	2 FILER NAME Deke Pierce	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/01/14	5 Payee name Facebook
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6 Amount (\$) 95.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1601 Willow Road, Menlo Park, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) Ads <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 10/08/14	Payee name Facebook
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Amount (\$) 51.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 Willow Road, Menlo Park, CA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Ads <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 10/31/14	Payee name Facebook
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Amount (\$) 4.09 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 Willow Road, Menlo Park, CA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Ads <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 11/05/14	Payee name Facebook
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Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 Willow Road, Menlo Park, CA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Ads <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

17 2 17

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 4	2 FILER NAME Deke Pierce	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/29/14	5 Payee name Facebook
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6 Amount (\$) 10.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1601 Willow Road, Menlo Park, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) Ads <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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