

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

8746

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers)		<b>2</b> Total pages filed: 11		<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Community for Civil and Family Courthouse		<b>4</b> TREASURER NAME Shannon Ratliff			
<b>5</b> ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify _____)		Date Hand-delivered or Date Postmarked	
<b>6</b> ORIGINAL PERIOD COVERED		Month Day Year      Month Day Year 09 / 25 / 2015 THROUGH 10 / 24 / 2015		Receipt #      Amount \$	
				Date Processed	
				Date Imaged	

**7 EXPLANATION OF CORRECTION**

The original report included a payment of \$20,746 to Jeff Crosby Direct Mail on 10/7/15, which should have been \$5,433. The larger amount was a combination of multiple payments; our bookkeeper misunderstood the amount. Because there is only a short 48 hour window to file this report, the check had not yet cleared as of filing and we were unaware of the mistake at that time. We discovered the mistake when reconciling the account to file the January 15, 2016 report. This report includes the correct amount, and also reflects a the corrected total on Line 5, Section 15, Page 2.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Campaign Treasurer: Shannon H. Ratliff

Sworn to and subscribed before me, by the said Shannon H. Ratliff, this the 14th day of January, 2016, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Barbara Bathurst

Printed name of officer administering oath: **BARBARA BATHURST**  
Notary Public, State of Texas  
My Commission Expires June 18, 2016

Title of officer administering oath: \_\_\_\_\_

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

8746

**FORM SPAC  
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 23
3 COMMITTEE NAME			
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 600 Congress Avenue Suite 3100 Austin, TX 78701		<b>OFFICE USE ONLY</b> Date Received: 11/16/15 Date Hand-delivered or Date Postmarked: 11/16/15 Receipt #: Date Processed: Date Imaged:
5 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI NICKNAME                      LAST                      SUFFIX		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 Limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month    Day    Year                      Month    Day    Year 09/25/2015                      THROUGH                      10/24/2015		
11 ELECTION	ELECTION DATE Month    Day    Year 11/03/2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

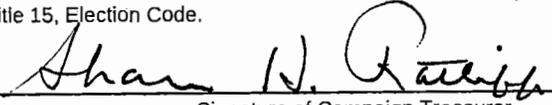
12 COMMITTEE NAME	13 Filer ID
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<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> Candidate  <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / #  ELECTION DATE Month    Day    Year 11/03/2015
	DESCRIPTION support 2015 county ballot measure for new courthouse	

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	\$0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	\$89,350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	\$175.89
	4. TOTAL POLITICAL EXPENDITURES	\$	\$107,371.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	\$101,938.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	\$0.00

**16 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 of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shannon H. Rathoff this the 19th day of January, 2016, to certify which, witness my hand and seal of office.





Signature of officer administering oath      Printed name of officer administering oath

# SUBTOTALS - SPAC

<b>17</b> COMMITTEE NAME		<b>18</b> Filer ID
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 64,649.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 5,250.00
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 22,360.39
5.	<input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 2,340.61
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 107,371.85
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 10.37

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 4/23
<b>2</b> FILER NAME		<b>3</b> Filer ID
<b>4</b> Date 10/23/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander Dubose Jefferson & Townsend LLP	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code 1844 Harvard St.  Houston, TX 77008	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 09/28/2015	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Bar Foundation	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Contributor address; City; State; Zip Code</b> 816 Congress Ave. Ste. 700 Austin, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 09/29/2015	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Bar Foundation	<b>Amount of Contribution (\$)</b> \$1,249.00
	<b>Contributor address; City; State; Zip Code</b> 816 Congress Ave. Ste. 700 Austin, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/12/2015	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Bar Foundation	<b>Amount of Contribution (\$)</b> \$1,250.00
	<b>Contributor address; City; State; Zip Code</b> 816 Congress Ave. Ste. 700 Austin, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/23/2015	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Bar Foundation	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b> 816 Congress Ave. Ste. 700 Austin, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/7 Rpt: 5/23
<b>2</b> FILER NAME		<b>3</b> Filer ID
<b>4</b> Date 10/23/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker Botts L.L.P.	<b>7</b> Amount of Contribution (\$) \$2,500.00
<b>6</b> Contributor address; City; State; Zip Code 2001 Ross Ave # 700  Dallas, TX 75201		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck Redden LLP	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1221 McKinney St. Ste. 4500 Houston, TX 77010		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capital Area Trial Lawyers	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code P.O. Box 788  Austin, TX 78767		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colmenero, Rudy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 700 Lavaca Street Suite 607 Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courreges, David	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6921 Hansa Loop  Austin, TX 78739		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/7 Rpt: 6/23
<b>2</b> FILER NAME		<b>3</b> Filer ID
<b>4</b> Date 10/05/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dykema Cox Smith	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code 112 East Pecan St. Ste. 1800 San Antonio, TX 78205		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FocusEGD LLC	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 1909 Woodall Rodgers Fwy. Ste. 415 Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallagher Murray, Carly	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code 9600 Great Hills Trail Suite 150W Austin, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Marcy	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code 2006 Wychwood Dr.  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurlbert, Larry	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 5213 Tortuga Trail  Austin, TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/23
2 FILER NAME		3 Filer ID
4 Date 10/21/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Husch Blackwell LLP	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code 4801 Main Street Ste. 1000 Kansas City, MO 64112		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JQ+TSEN LLC	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1608 W. 6th St. Ste. 200 Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Scott	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3119 Eanes Circle  Ausitn, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K&L Gates LLP	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 210 Sixth Ave.  Pittsburgh, PA 15222		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahickman Architects and Interior Designers LLC	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1517 East Palm Valley Blvd.  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/23
2 FILER NAME		3 Filer ID
4 Date 10/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohler, Adam	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 2001 Chicon Street  Austin, TX 78722		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langenberg, Ray	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 303 Colorado Suite 2400  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke Lord LLP	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2200 Ross Ave. Suite 2200 Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGinnis Lochridge	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 600 Congress Ave. Ste. 2100 Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKool Smith PC	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code 300 Crescent Court Ste. 1500 Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/23
2 FILER NAME		3 Filer ID
4 Date 10/21/2015	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00342907 ) Midwest Region Laborers' Political League <hr/> 6 Contributor address; City; State; Zip Code 1 N. Old State Capitol Plaza Ste. 525 Springfield, IL 62701	7 Amount of Contribution (\$)  \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norton Rose Fulbright US LLP <hr/> Contributor address; City; State; Zip Code 2200 Ross Ave. Ste. 3600 Dallas, TX 75201	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Protection Engineering Consultants LLC <hr/> Contributor address; City; State; Zip Code P.O. Box 781607  San Antonio, TX 78278	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tally, Fred Halden <hr/> Contributor address; City; State; Zip Code 4136 Goodfellow Dr.  Dallas, TX 75229	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taube Summers <hr/> Contributor address; City; State; Zip Code 100 Congress Ave. Ste. 1800 Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/7 Rpt: 10/23
<b>2</b> FILER NAME		<b>3</b> Filer ID
<b>4</b> Date 09/25/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne, Anne	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code 2901 Via Fortuna Suite 450 Austin, TX 78746		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule B:  
Sch: 1/1 Rpt: 11/23

**2** FILER NAME

**3** Filer ID

**4** TOTAL OF UNITEMIZED PLEDGES

**\$** 0.00

**5** Date

**6** Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
Austin Criminal Defense Lawyers Association

**8** Amount of  
pledge (\$)

**9** In-kind description  
(if applicable)

10/16/2015

**7** Pledgor Address; City; State; Zip Code

1100 West Ave.

\$250.00

Austin, TX 78701

Check if travel outside of Texas. Complete Schedule T.

**10** Principal occupation / Job title (See Instructions)

**11** Employer (See Instructions)

**5** Date

**6** Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
Pillsbury Winthrop Shaw Pittman LLP

**8** Amount of  
pledge (\$)

**9** In-kind description  
(if applicable)

09/28/2015

**7** Pledgor Address; City; State; Zip Code

111 Congress Avenue, Suite 400

\$5,000.00

Austin, TX 78701

Check if travel outside of Texas. Complete Schedule T.

**10** Principal occupation / Job title (See Instructions)

**11** Employer (See Instructions)

# MCNETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/3 Rpt: 12/23
2 FILER NAME		3 Filer ID
4 Date 10/21/2015	5 Corporation / Labor Organization name Art + Artisans Consulting, Inc. ..... 6 Corporation / Labor Organization address; City; State; Zip Code 2401 E. 6th St. Ste. 2018 Austin, TX 78702	7 Amount of contribution (\$) \$100.00
Date 10/09/2015	Corporation / Labor Organization name Austin Bar Association Inc. Administrative Law Section ..... Corporation / Labor Organization address; City; State; Zip Code 816 Congress Ave. Ste. 700 Austin, TX 78701	Amount of contribution (\$) \$500.00
Date 10/09/2015	Corporation / Labor Organization name Austin Bar Association Inc. Business, Corporation & Taxation Section ..... Corporation / Labor Organization address; City; State; Zip Code 816 Congress Ave. Ste. 700 Austin, TX 78701	Amount of contribution (\$) \$750.00
Date 10/20/2015	Corporation / Labor Organization name Austin Bar Association Inc. Civil Litigation Law Section ..... Corporation / Labor Organization address; City; State; Zip Code 816 Congress Ave. Ste. 700 Austin, TX 78701	Amount of contribution (\$) \$8,610.39
Date 10/16/2015	Corporation / Labor Organization name Austin Bar Association Inc. Construction Law Section ..... Corporation / Labor Organization address; City; State; Zip Code 816 Congress Ave. Ste. 700 Austin, TX 78701	Amount of contribution (\$) \$1,250.00
Date 10/05/2015	Corporation / Labor Organization name Austin Bar Association Inc. Estate Planning and Probate Law Section ..... Corporation / Labor Organization address; City; State; Zip Code 816 Congress Ave. Ste. 700 Austin, TX 78701	Amount of contribution (\$) \$2,500.00
Date 09/29/2015	Corporation / Labor Organization name Austin Bar Association Inc. Labor & Employment Law Section ..... Corporation / Labor Organization address; City; State; Zip Code 816 Congress Ave. Ste. 700 Austin, TX 78701	Amount of contribution (\$) \$2,500.00

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 2/3 Rpt: 13/23
2 FILER NAME		3 Filer ID
4 Date 10/21/2015	5 Corporation / Labor Organization name Austin Bar Association Inc. Oil Gas & Mineral Section  6 Corporation / Labor Organization address; City; State; Zip Code 816 Congress Ave. Ste. 700 Austin, TX 78701	7 Amount of contribution (\$) \$500.00
Date 10/02/2015	Corporation / Labor Organization name Austin Bar Association Inc. Solo/Small Firm Section  Corporation / Labor Organization address; City; State; Zip Code 816 Congress Ave. Ste. 700 Austin, TX 78701	Amount of contribution (\$) \$2,500.00
Date 10/21/2015	Corporation / Labor Organization name ERO International LLP  Corporation / Labor Organization address; City; State; Zip Code 300 S. 8th St.  McAllen, TX 78501	Amount of contribution (\$) \$100.00
Date 10/21/2015	Corporation / Labor Organization name Encotech Engineering Consultants, Inc.  Corporation / Labor Organization address; City; State; Zip Code 8500 Bluffstone Cove Ste. B-103 Austin, TX 78759	Amount of contribution (\$) \$100.00
Date 10/21/2015	Corporation / Labor Organization name Garza Bury  Corporation / Labor Organization address; City; State; Zip Code 221 West 6th Street, Suite 380  Austin, TX 78701	Amount of contribution (\$) \$100.00
Date 10/21/2015	Corporation / Labor Organization name Jack Evans & Assoc. Inc.  Corporation / Labor Organization address; City; State; Zip Code 1705 W. Koenig  Austin, TX 78756	Amount of contribution (\$) \$50.00
Date 10/21/2015	Corporation / Labor Organization name Lawyer Referral Service of Central Texas  Corporation / Labor Organization address; City; State; Zip Code P.O. Box 216  Austin, TX 78767	Amount of contribution (\$) \$2,500.00

**MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 3/3 Rpt: 14/23
<b>2</b> FILER NAME		<b>3</b> Filer ID
<b>4</b> Date 10/21/2015	<b>5</b> Corporation / Labor Organization name Millunzi and Associates, Inc. <hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code 26215 Oak Ridge Dr.  The Woodlands, TX 77380	<b>7</b> Amount of contribution (\$)  \$100.00
Date 10/21/2015	Corporation / Labor Organization name Smith Seckman Reid, Inc. <hr/> Corporation / Labor Organization address; City; State; Zip Code 2995 Sidco Dr.  Nashville, TN 37204	Amount of contribution (\$)  \$100.00
Date 10/21/2015	Corporation / Labor Organization name The Bommarito Group, Inc. <hr/> Corporation / Labor Organization address; City; State; Zip Code 1512 W. 35th St. Ste. 300 Austin, TX 78731	Amount of contribution (\$)  \$100.00

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C2: Sch: 1/1 Rpt: 15/23</p>	
<p>2 FILER NAME</p>		<p>3 Filer ID</p>	
<p>4 Date 10/24/2015</p>	<p>5 Corporation / Labor Organization name Austin Bar Association</p> <hr/> <p>6 Corporation / Labor Organization address; City; State; Zip Code 816 Congress Ave. Ste. 700 Austin, TX 78701</p>	<p>7 Amount of contribution(\$) \$2,340.61</p>	<p>8 In-kind contribution description campaign office rent, parking and staff time</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 16/23	<b>2</b> FILER NAME	<b>3</b> Filer ID
<b>4</b> Date 10/20/2015	<b>5</b> Payee name Ace Printing	
<b>6</b> Amount (\$) \$3,610.39	<b>7</b> Payee address; City; State; Zip Code 7807 Doncaster  Austin, TX 78745	
<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yard signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 10/12/2015	Payee name Austin Bar Association	
Amount (\$) \$49.00	Payee address; City; State; Zip Code 816 Congress Ave # 700  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for compensation for campaign field staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 10/21/2015	Payee name Austin Bar Association	
Amount (\$) \$4,675.66	Payee address; City; State; Zip Code 816 Congress Ave # 700  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for compensation for campaign field staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 17/23		2 FILER NAME		3 Filer ID	
4 Date 10/20/2015		5 Payee name Austin Bar Association			
6 Amount (\$) \$5,562.94		7 Payee address; City; State; Zip Code 816 Congress Ave # 700  Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for compensation for campaign field staff	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/25/2015		Payee name Austin Bar Association			
Amount (\$) \$5,571.65		Payee address; City; State; Zip Code 816 Congress Ave # 700  Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for compensation for campaign field staff	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/14/2015		Payee name Austin Chronicle			
Amount (\$) \$925.00		Payee address; City; State; Zip Code PO Box 49066  Austin, TX 78765			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political print advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 18/23	<b>2</b> FILER NAME	<b>3</b> Filer ID
<b>4</b> Date 10/23/2015	<b>5</b> Payee name Austin Chronicle	
<b>6</b> Amount (\$) \$1,845.00	<b>7</b> Payee address; City; State; Zip Code PO Box 49066  Austin, TX 78765	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political print advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 10/01/2015	Payee name Butts, David	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1914 Patton Lane  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 10/19/2015	Payee name Craig's List	
Amount (\$) \$140.00	Payee address; City; State; Zip Code 222 Sutter St, 9th Floor  San Francisco, CA 94108	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising for campaign staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 19/23		2 FILER NAME		3 Filer ID	
4 Date 10/16/2015		5 Payee name In Focus Campaigns			
6 Amount (\$) \$8,137.86		7 Payee address; City; State; Zip Code PO Box 10726  Fort Worth, TX 76114			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone voter contact	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/13/2015		Payee name Jeff Crosby Direct Mail			
Amount (\$) \$3,647.00		Payee address; City; State; Zip Code 902 E. 5th St. Ste. 103 Austin, TX 78702			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/20/2015		Payee name Jeff Crosby Direct Mail			
Amount (\$) \$15,313.00		Payee address; City; State; Zip Code 902 E. 5th St. Ste. 103 Austin, TX 78702			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing, mailing and postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/7 Rpt: 20/23	<b>2</b> FILER NAME	<b>3</b> Filer ID
<b>4</b> Date 10/07/2015	<b>5</b> Payee name Jeff Crosby Direct Mail	
<b>6</b> Amount (\$) \$20,522.00	<b>7</b> Payee address; City; State; Zip Code 902 E. 5th St. Ste. 103 Austin, TX 78702	
<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing, mailing and postage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 10/07/2015	Payee name Jeff Crosby Direct Mail	
Amount (\$) \$20,522.00	Payee address; City; State; Zip Code 902 E. 5th St. Ste. 103 Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing, mailing and postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 10/07/2015	Payee name Jeff Crosby Direct Mail	
Amount (\$) \$5,433.00	Payee address; City; State; Zip Code 902 E. 5th St. Ste. 103 Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing, mailing and postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 21/23	<b>2</b> FILER NAME	<b>3</b> Filer ID
<b>4</b> Date 09/25/2015	<b>5</b> Payee name Office Max	
<b>6</b> Amount (\$) \$119.06	<b>7</b> Payee address; City; State; Zip Code 907 W 5th St.  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2015	Payee name Peter A. Ravella Consulting	
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 4107 Wildwood Dr.  Austin, TX 78722	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General consulting for Genevieve Van Cleve
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2015	Payee name Stripe	
Amount (\$) \$122.40	Payee address; City; State; Zip Code 3180 18th St.  San Francisco, CA 94110	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant account processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 22/23	<b>2</b> FILER NAME	<b>3</b> Filer ID	
<b>4</b> Date 10/01/2015	<b>5</b> Payee name Susan Harry Consulting, LLC		
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 301074  Austin, TX 78703		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising & compliance consulting	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate/Officeholder name		Office sought	Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 23/23
2 FILER NAME		3 Filer ID
4 Date 09/30/2015	5 Name of person from whom amount is received Horizon Bank	8 Amount (\$) \$10.37
6 Address of person from whom amount is received; City, State; Zip Code 600 Congress Ave.		
7 Purpose for which amount is received interest		<input type="checkbox"/> Check if political contribution returned to filer

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