

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8902

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:
10

3 CANDIDATE / OFFICEHOLDER NAME	<small>MS / MRS / MR</small>	<small>FIRST</small> Elizabeth	<small>MI</small> A.	OFFICE USE ONLY
	<small>NICKNAME</small>	<small>LAST</small> Earle	<small>SUFFIX</small>	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<small>ADDRESS / PO BOX;</small>	<small>APT / SUITE #;</small>	<small>CITY;</small>	<small>STATE;</small>	<small>ZIP CODE</small>
<input type="checkbox"/> Change of Address	P.O. Box 29432 Austin, TX 78755				

5 CANDIDATE / OFFICEHOLDER PHONE	<small>AREA CODE</small>	<small>PHONE NUMBER</small>	<small>EXTENSION</small>
	(512)	659 3365	

6 CAMPAIGN TREASURER NAME	<small>MS / MRS / MR</small>	<small>FIRST</small> Mack	<small>MI</small>	OFFICE USE ONLY
	<small>NICKNAME</small>	<small>LAST</small> Hernandez	<small>SUFFIX</small>	

7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<small>STREET ADDRESS (NO PO BOX PLEASE);</small>	<small>APT / SUITE #;</small>	<small>CITY;</small>	<small>STATE;</small>	<small>ZIP CODE</small>
	Barton Oaks Plaza One, Suite 300 901 South Mopac Expressway Austin, TX 78746				

8 CAMPAIGN TREASURER PHONE	<small>AREA CODE</small>	<small>PHONE NUMBER</small>	<small>EXTENSION</small>
	(512)	477 - 9433	

9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED	<small>Month</small>	<small>Day</small>	<small>Year</small>	<small>THROUGH</small>	<small>Month</small>	<small>Day</small>	<small>Year</small>
	01	01	2016		06	30	2016

11 ELECTION	<small>ELECTION DATE</small>	<small>Month</small>	<small>Day</small>	<small>Year</small>	<small>ELECTION TYPE</small>		
					<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
					<input type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE <small>OFFICE HELD (if any)</small> Travis County Court at Law #7	13 OFFICE SOUGHT (if known) Travis County Court at Law #7
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME Eagle, Elisabeth 15 Filer ID (Ethics Commission Filers)

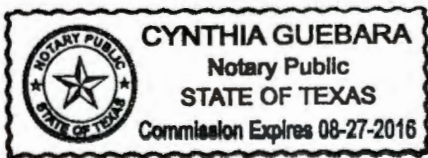
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,891.59</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>17,258.04</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth Eagle, this the 15 day of July, 2016, to certify which, witness my hand and seal of office.

[Handwritten Signature] Cynthia Guebara Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Earle, Elisabeth</i>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1891.59</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>4.51</i>

POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Earle, Elisabeth	3 Filer ID (Ethics Commission Filers)
4 Date 2/1/16	5 Payee name West Austin News	
6 Amount (\$) \$45⁰⁰	7 Payee address; City; State; Zip Code 5511 Parkcrest Dr. #105 Austin Texas 78731	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscriptions	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Earle, Elisabeth Office sought: Travis County Office held: County Court at Law #7	
Date 3/1/16	Payee name Costco	
Amount (\$) \$115⁶⁶	Payee address; City; State; Zip Code 10401 Research Blvd. Austin Texas 78759	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food / beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Earle, Elisabeth Office sought: Travis County Office held: County Court at Law #7	
Date 2/25/16	Payee name Austin American Statesman	
Amount (\$) \$408.88	Payee address; City; State; Zip Code 305 S. Congress Ave. Austin Texas 78704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Subscriptions	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Earle, Elisabeth Office sought: Travis County Office held: County Court at Law #7	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Earle, Elisabeth	3 Filer ID (Ethics Commission Filers) <u> </u>
4 Date 1/25/16	5 Payee name Austin Bar Foundation	
6 Amount (\$) \$350⁰⁰	7 Payee address; City; State; Zip Code 316 Congress Ave Austin Texas 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donations/Event 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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Earle, Elisabeth Office sought: Travis County Court at Law #7 Office held: #7	
Date 2/4/16	Payee name Travis County Democratic Party	
Amount (\$) \$370⁰⁰	Payee address; City; State; Zip Code 1311 E. 6th St. Austin Texas 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donations/Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Earle, Elisabeth Office sought: Travis County Court at Law #7 Office held: #7	
Date 2/6/16	Payee name University of Texas Club	
Amount (\$) \$189.17	Payee address; City; State; Zip Code 2108 Robert Dedman Dr. Austin Texas 78705	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food/beverage expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Earle, Elisabeth Office sought: Travis County Court at Law #7 Office held: #7	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Earle, Elisabeth</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/16</i>	5 Payee name <i>West Arki News</i>	
6 Amount (\$) <i>\$45⁰⁰</i>	7 Payee address; City; State; Zip Code <i>5511 Parkcrest Dr, #105 Arki Texas 78731</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Subscriptions</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>4/14/16</i>	Payee name <i>City of Austin - Parking</i>	
Amount (\$) <i>\$1.00</i>	Payee address; City; State; Zip Code <i>1111 Rio Grande St. Arki Texas 78701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>travel in district</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>4/18/16</i>	Payee name <i>Cinco de Mayo Committee</i>	
Amount (\$) <i>\$25⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O Box 1748 Arki Texas 78767</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation / Guest Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Carle, Elisabeth	3 Filer ID (Ethics Commission Filers)
4 Date 6/19/14	5 Payee name Tiff's Treats	
6 Amount (\$) \$33.00	7 Payee address; City; State; Zip Code 1806 Nueces St, Austin Texas 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	for office/Judges' Meetings	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5/22/16	Payee name HEB	
Amount (\$) \$127.08	Payee address; City; State; Zip Code 7015 Village Center Dr, Austin Texas 78731	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	for office	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 6/15/16	Payee name Travis County Employee Enrichment Fund	
Amount (\$) \$50.00	Payee address; City; State; Zip Code P.O. Box 1748 Austin Texas 78707	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Earle, Elizabeth	3 Filer ID (Ethics Commission Filers)
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4 Date 6/16/16	5 Payee name West Austin News
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6 Amount (\$) \$45⁰⁰	7 Payee address; City; State; Zip Code 5511 Parkwest Dr. #105 Austin Texas 78731
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscriptions	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 6/26/2016	Payee name US Postal Service
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Amount (\$) \$86⁰⁰	Payee address; City; State; Zip Code 3575 Far West Blvd. Austin Texas 78731
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental Expense (P.O. Box)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

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:

2 FILER NAME

Earle, Elisabeth

3 Filer ID (Ethics Commission Filers)

4 Date

1/31/2016

5 Name of person from whom amount is received

University Federal Credit Union

8 Amount (\$)

\$0.82

6 Address of person from whom amount is received; City; State; Zip Code

201 West 7th Street
Austin, Texas 78701

7 Purpose for which amount is received

Check if political contribution returned to filer

Interest

Date

2/29/16

Name of person from whom amount is received

University Federal credit Union

Amount (\$)

\$0.73

Address of person from whom amount is received; City; State; Zip Code

201 West 7th Street
Austin, TX 78701

Purpose for which amount is received

Check if political contribution returned to filer

Interest

Date

3/31/16

Name of person from whom amount is received

University Federal Credit Union

Amount (\$)

\$0.76

Address of person from whom amount is received; City; State; Zip Code

201 West 7th Street
Austin, Texas 78701

Purpose for which amount is received

Check if political contribution returned to filer

Interest

Date

4/30/16

Name of person from whom amount is received

University Federal credit Union

Amount (\$)

\$0.73

Address of person from whom amount is received; City; State; Zip Code

201 West 7th Street
Austin, Texas 78701

Purpose for which amount is received

Check if political contribution returned to filer

Interest

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
2 FILER NAME Earle, Elisabeth		3 Filer ID (Ethics Commission Filers)
4 Date 5/31/16	5 Name of person from whom amount is received University Federal Credit Union	8 Amount (\$) \$0.75
	6 Address of person from whom amount is received; City; State; Zip Code 201 West 7th Street Austin, Texas 78701	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest		
Date 6/30/16	Name of person from whom amount is received University Federal Credit Union	Amount (\$) \$0.72
	Address of person from whom amount is received; City; State; Zip Code 201 West 7th Street Austin, Texas 78701	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED