

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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR FIRST: CHAD MI: _____ NICKNAME: _____ LAST: MAGILL SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		ADDRESS / PO BOX: 641 Texas Ave APT / SUITE #: _____ CITY: CC TX STATE: _____ ZIP CODE: 78404 Date Received: _____ Date Filed: 10/27/14 Date Reported: _____ Receipt # _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 792 0332 EXTENSION: _____	Date Reported: _____ Receipt # _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR FIRST: LARRY MI: _____ NICKNAME: _____ LAST: ELIZONDO SUFFIX: _____	Date Reported: _____ Receipt # _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 5102 Holly Rd Ste B APT / SUITE #: _____ CITY: CC TX STATE: _____ ZIP CODE: 78411		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (361) PHONE NUMBER: 792 0332 EXTENSION: _____		
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 type="checkbox"/> July 15 <input checked="" 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 THROUGH Month Day Year 09 / 26 / 2014 THROUGH 10 / 25 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City Council District 2	13 OFFICE SOUGHT (if known) City Council At-Large	

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME CHAD MAGILL **15 ACCOUNT # (Ethics Commission Filers)**

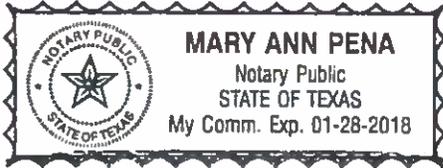
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>Itemized</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>26,216.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 39,677.06 <u>Itemized</u> (con)
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>39,677.06</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>19,658.34</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</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.

Chad Magill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chad Magill, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

Mary Ann Pena
Signature of officer administering oath

Mary Ann Pena
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

See Itemized

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A:

2 FILER NAME CHAD MAGILL **3** ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule B: **NONE**

2 FILER NAME

CHAS MAGILL

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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 pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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 pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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 pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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.

LOANS

SCHEDULE E

NONE

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <i>NONE</i>
2 FILER NAME <i>CHAD MAGILL</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

See Itemized

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:	2 FILER NAME <i>CLARA MAILL</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (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	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
		<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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
		<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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
		<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

NONE

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: 2 FILER NAME *CHAD MAGILL* 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name

6 Amount (\$) 7 Payee address; City; State; Zip Code

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Date Payee name

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

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Date Payee name

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

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Date Payee name

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

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

See Attached

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 H:	2 FILER NAME <i>CHAD MAGILL</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business 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
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business 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
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business 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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

NONE

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I	2 FILER NAME CHAD MAGILL	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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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	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K
NONE

2 FILER NAME
CHAD MAGILL

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	

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	

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	

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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

NONE

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Contributor	Amount	Address	City	State	Zip
Charlie Zahn	9/30/2014 \$ 250.00	2106 State HWY 361	Port Aransas	TX	78373
William Goldston	10/1/2014 \$ 200.00	13721 Tajamar St	Corpus Christi	TX	78418
Eduardo Parra	10/1/2014 \$ 500.00	1777 NE Loop 410 STE 500	San Antonio	TX	78217
George Clower	10/1/2014 \$ 20.00	304 S Morningside	Corpus Christi	TX	78404
Steve Keewan	10/1/2014 \$ 250.00	5509 Sarazen	Corpus Christi	TX	78413
Phillip Ramirez	10/1/2014 \$ 500.00	5525 S Staples St, A7	Corpus Christi	TX	78411
Eugene Cran	10/1/2014 \$ 25.00	5717 Ocean	Corpus Christi	TX	78412
Rudy Garza	10/1/2014 \$ 200.00	6221 Michaux Dr	Corpus Christi	TX	78414
Robert Cagle	10/1/2014 \$ 100.00	6322 Grandvilliers	Corpus Christi	TX	78414
Lora Marksbury	10/1/2014 \$ 25.00	7701 Lovain	Corpus Christi	TX	78414
Kern Egger	10/1/2014 \$ 20.00	7733 Lovain Dr	Corpus Christi	TX	78414
Raymond Gignac	10/2/2014 \$ 750.00	4450 Ocean	Corpus Christi	TX	78412
Kathy Rouquette	10/3/2014 \$ 50.00	1714 Leslie Ln	Corpus Christi	TX	78412
Alfred Jones	10/3/2014 \$ 500.00	3420 Ocean	Corpus Christi	TX	78411
Fred Braselton	10/4/2014 \$ 500.00	6910 Sir Palleas	Corpus Christi	TX	78413
Ed Hallgren	10/8/2014 \$ 100.00	13538 Bullion Ct	Corpus Christi	TX	78418
Andy Agan	10/9/2014 \$ 200.00	118 Whiteley	Corpus Christi	TX	78418
Atlano Huerta	10/9/2014 \$ 250.00	5625 Kitty Hawk	Corpus Christi	TX	78414
Charlotte Wendt	10/9/2014 \$ 250.00	6114 Jakes Wake Run	Corpus Christi	TX	78414
CCPOA GPAC	10/10/2014 \$ 600.00	3122 Leopard St	Corpus Christi	TX	78408
Allan Potter	10/11/2014 \$ 125.00	5818 Ocean Dr	Corpus Christi	TX	78412
Dr. Kusumakar-Sooda	10/12/2014 \$ 150.00	3 Great Lakes Dr	Corpus Christi	TX	78413
Daniel Hogan	10/13/2014 \$ 50.00	1001 N Staples	Corpus Christi	TX	78401
Margaret Najyar	10/13/2014 \$ 100.00	10606 Atlanta St	Corpus Christi	TX	78410
Beverly Nichols	10/13/2014 \$ 25.00	1318 Tenth St	Corpus Christi	TX	78404
Richard Pittman	10/13/2014 \$ 150.00	14325 Caribe St	Corpus Christi	TX	78418
J. Dan Whiteside	10/13/2014 \$ 250.00	14821 Aquarius	Corpus Christi	TX	78418
James Preis	10/13/2014 \$ 500.00	2151 Burgentine Dr	Corpus Christi	TX	78418
David Abarca	10/13/2014 \$ 100.00	3101 Briarhurst	Corpus Christi	TX	78414
Aaron Green	10/13/2014 \$ 40.00	3121 Boar Thicket Dr	Corpus Christi	TX	78414
M.E. Beecroft	10/13/2014 \$ 200.00	3526 San Antonio	Corpus Christi	TX	78411
Eva Estrada	10/13/2014 \$ 75.00	353 Shawnee St	Corpus Christi	TX	78405
Enrique Castillo	10/13/2014 \$ 250.00	358 Claremore	Corpus Christi	TX	78412
Cliff Atnip	10/13/2014 \$ 250.00	358 University Dr	Corpus Christi	TX	78412
Ernest Garza	10/13/2014 \$ 300.00	4022 Brownwood Dr	Corpus Christi	TX	78410
Amir Zarhooni	10/13/2014 \$ 300.00	46 Bar le Doc W	Corpus Christi	TX	78414
Roberto Tamez	10/13/2014 \$ 100.00	4626 Weiskopf	Corpus Christi	TX	78413

Jim Boggs	10/13/2014	\$ 50.00	4701 Donegal Dr	Corpus Christi	TX	78413	
Dorothy Spann	10/13/2014	\$ 100.00	502 Del Mar Blvd	Corpus Christi	TX	78404	
William Utter	10/13/2014	\$ 250.00	5513 Sarazen	Corpus Christi	TX	78413	
Melinda Garza	10/13/2014	\$ 100.00	6221 Michaux Dr	Corpus Christi	TX	78414	
Sylvia Wilson	10/13/2014	\$ 50.00	7205 Eastphal Ct	Corpus Christi	TX	78413	
Ricardo Martinez	10/13/2014	\$ 200.00	7614 Bon Soir	Corpus Christi	TX	78414	
Paul Chapa	10/13/2014	\$ 500.00	8022 Saint Laurent Dr	Corpus Christi	TX	78414	
MaryJane Crull	10/13/2014	\$ 75.00	8025 Villefranche	Corpus Christi	TX	78414	
Jane Gimler	10/13/2014	\$ 100.00	PO Box 331683	Corpus Christi	TX	78463	
Jane Bachman	10/13/2014	\$ 50.00	PO Box 6784	Corpus Christi	TX	78466	
Gabriel Guerra	10/13/2014	\$ 250.00	PO Box 7669	Corpus Christi	TX	78467	
Raul Ortiz	10/14/2014	\$ 800.00	4301 Kirkwood Dr	Corpus Christi	TX	78411	
Wendie Swift	10/14/2014	\$ 250.00	7633 Rock Springs	Corpus Christi	TX	78413	
Louise Chapman	10/16/2014	\$ 1,000.00	4350 Ocean	Corpus Christi	TX	78412	
Billy Holmes	10/22/2014	\$ 500.00	4026 Hidalgo St	Corpus Christi	TX	78405	
TREPAC Committee	10/22/2014	\$ 2,500.00	PO Box 2246	Austin	TX	78768	
		\$ 15,030.00					

John Tamez	10/1/2014	\$ 2,400.00	823 Kinney	Corpus Christi	TX	78401	IN KIND
Kern Egger	10/1/2014	\$ 300.00	7733 Lovain Dr	Corpus Christi	TX	78414	IN KIND
Andrew Foster	10/6/2014	\$ 1,270.00	4455 SPID	Corpus Christi	TX	78412	IN KIND
Andrew Foster	10/6/2014	\$ 816.00	4455 SPID	Corpus Christi	TX	78412	IN KIND
Katz 21	10/13/2014	\$ 1,500.00	5702 Spohn Dr	Corpus Christi	TX	78413	IN KIND
The Woodmont Company	10/16/2014	\$ 4,900.00	5858 SPID	Corpus Christi	TX	78412	IN KIND
		\$ 11,186.00					

TOTAL FUNDRAISING as of 10/25/2014: \$ 26,216.00

Vendor	Date	Amount	Category/Purpose
ACAPPEND	9/30/2014	\$ 118.08	Advertising Expense
ACAPPEND	9/30/2014	\$ 119.70	Advertising Expense
ACAPPEND	9/30/2014	\$ 5.72	Advertising Expense
Cynda Maddox	9/30/2014	\$ 100.00	Sign Expense
GCHUB	9/30/2014	\$ 25.00	Advertising Expense
HELP	10/1/2014	\$ 450.00	Advertising Expense
The Butler Group	10/1/2014	\$ 8,944.00	Advertising Expense
ACAPPEND	10/2/2014	\$ 33.72	Advertising Expense
DM Productions	10/3/2014	\$ 585.00	Advertising Expense
The Butler Group	10/3/2014	\$ 1,500.00	Campaign Consulting
Hilda Lamas	10/6/2014	\$ 400.00	Campaign Consulting
OfficeDepot	10/6/2014	\$ 30.30	Printing Expense
OfficeDepot	10/7/2014	\$ 65.35	Printing Expense
USPS	10/7/2014	\$ 79.38	Mailing Expense
ACAPPEND	10/8/2014	\$ 4.08	Advertising Expense
ACAPPEND	10/9/2014	\$ 8.64	Advertising Expense
Democracy Engine Fee	10/9/2014	\$ 2.07	Online Donation Transaction Fee
The Butler Group	10/9/2014	\$ 9,240.00	Advertising Expense
Baskets By Julie	10/14/2014	\$ 64.95	Event "Thank You" Basket Expense
GCHUB	10/14/2014	\$ 25.00	Advertising Expense
Hilda Lamas	10/14/2014	\$ 300.00	Campaign Consulting
American Bank	10/15/2014	\$ 8.00	Accounting/Banking Expense
MAJIC	10/15/2014	\$ 200.00	Advertising Expense
The Butler Group	10/15/2014	\$ 6,975.00	Advertising Expense
Democracy Engine Fee	10/16/2014	\$ 5.27	Online Donation Transaction Fee
PIBA	10/16/2014	\$ 180.00	Advertising Expense
PIBA Sponsorship	10/16/2014	\$ 200.00	Advertising Expense
The Butler Group	10/16/2014	\$ 950.00	Advertising Expense
Hilda Lamas	10/20/2014	\$ 300.00	Campaign Consulting
SGN4X	10/20/2014	\$ 855.87	Sign Expense
Sutherlands	10/21/2014	\$ 137.70	Sign Expense (Hardware)
Sutherlands	10/21/2014	\$ 268.96	Sign Expense (Hardware)
Democracy Engine Fee	10/23/2014	\$ 2.77	Online Donation Transaction Fee
The Butler Group	10/23/2014	\$ 6,975.00	Advertising Expense
Thomas Holbein	10/24/2014	\$ 250.00	Advertising Expense
Michelle Torres	10/25/2014	\$ 267.50	Campaign Consulting
TOTAL EXPENSES as of 10/25/2014		\$ 39,877.06	