# CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

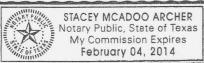
# FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUI	The C/OH INSTRUCTION GUIDE explains how to complete this form.  1 ACCOUNT #  (Ethics Commission filer)		2 PAGE# 1 of 24			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mary Ellen	Mi	OFFICE U	SE ONLY		
NAME	ividiy Elleri		Date Received			
ζ , x	NICKNAME LAST	SUFFIX				
	Pietruszynski		120CT 9 F	H1:45:25		
4 04110104757	ADDRESS / PO BOX; APT / SUITE #:	OUTAGE ZID OODE	-			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #,	CITY; STATE; ZIP CODE				
MAILING	6211 John Chisum Lane					
ADDRESS	Austin, TX 78749		Date Hand-delivered	or Date Postmarked		
Change of Address						
			Receipt #	Amount		
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Date Processed			
NAME	Mr. Al		Date Imaged			
	NICKNAME LAST	SUFFIX				
	Lopez					
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	IITE#; CITY; STATE;	ZIP CODE			
TREASURER		TILE #, OITT, STATE,	ZIF CODE			
ADDRESS (Residence or business)	7206 Providence Ave Austin, TX 78752					
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION				
PHONE	(512) 695-8170					
8 REPORT TYPE	January 15 X 30th day before ele	ction Runoff	15th day after c	ampaign treasurer		
			appointment (of	ficeholder only)		
	July 15 8th day before elect	tion Exceeded \$500 limit	Final report (Att	ach C/OH - FR)		
9 PERIOD	Month Day Year	Month Day	Year			
COVERED	THRO	DUGH				
	07/01/2012	09/27/20	12	,		
10 ELECTION	ELECTION DATE ELECTION TO	YPE				
	Month Day Year Prima	ary Runoff X	General	Special		
	11/06/2012					
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known	1)			
	Gride Held (Hally)	AISD Board District				
		/ IOD Board District				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

13 C/OH NAME Pietruszynski, Mary Ellen (Mrs.)			14 ACCOUNT # (Ethics Commission filers)	
15 NOTICE FROM	have been made with	ce of political expenditures by political committees to support the cand tout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures	idate / officeholder. These as and officeholders are rea	expenditures may quired to report this
POLITICAL COMMITTEE(S )	COMMITTEE TYPE	COMMITTEE NAME		
GENERAL COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	50,753.22
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL F	POLITICAL EXPENDITURES	\$	15,520.11
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE ST DAY OF THE REPORTING PERIOD		38,765.55
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,000.0		
17 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 Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Cianton of office administrator anth

Sworn to and subscribed before me, by the said	Mary Ellen Pietruszynski	_, this the	9th	day
of October, 20 12, to certify which	h, witness my hand and seal of office.	Met	Hoo	Au

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/9	Report: 3/24	
2 FILER NAME	Pietruszynski, Mary Ellen (Mrs.)	,	3 ACCOUNT#	(Ethics Commission filers)	
4 Date	5 Full name of contributor  out-of-state PAC (ID# Archer, Stacey	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
08/27/2012	6 Contributor address; City; State; Zip Code 600 W. 7th Austin, TX 78701	· · · · · · · · · · · · · · · · · · ·	\$28.65 <sub> </sub>		
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occur Administrativ	e Assistant	10 Employer (See Instruction Nav Sooch	ons)		
Date	Full name of contributor  out-of-state PAC (ID# Borders, Thomas P. (Mr.)		Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/31/2012	Contributor address; City; State; Zip Code 300 West 6th Street Austin, TX 78701		\$1,000.00     \$1,000.00		
			(If travel outside of	Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See In	structions)		
N/A		N/A			
Date	Full name of contributor  out-of-state PAC (ID# Boudreaux, Caroline M.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/30/2012	Contributor address; City; State; Zip Code 1821 Westlake No. 110 Austin, TX 78746-3745		\$250.00   		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup Non profit co	pation / Job title (See Instructions) ordinator	Employer (See Ir The Miracle Fo			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/22/2012	Contributor address; City; State; Zip Code 2800 Robbs Run Austin, TX 78703-1637		\$500.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup N/A	pation / Job title (See Instructions)	Employer (See Ir N/A	nstructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/12/2012	Contributor address; City; State; Zip Code 2219 Tarlton Cv Austin, TX 78746		\$250.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Ir Silicon Laborat	nstructions)		

The Instruction	The Instruction Guide explains how to complete this form.			Report: 4/24
2 FILER NAME	Pietruszynski, Mary Ellen (Mrs.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Canby, Deborah		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/23/2012	6 Contributor address; City; State; Zip Code 3701 Hunterwood Point Austin, TX 78746		\$146.11   	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup N/A	ation / Job title (See Instructions)	10 Employer (See Instruction N/A	ons)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/05/2012	Contributor address; City; State; Zip Code 208 Fairway Drive Reading, PA 19606		\$23.87   	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Engineer	pation / Job title (See Instructions)	Employer (See In N/A	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/10/2012	Contributor address; City; State; Zip Code 5902 Lonesome Valley Trail Ausitn, TX 78731		\$100.00   	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Banker	pation / Job title (See Instructions)	Employer (See Ir Frost Bank	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
08/28/2012	Contributor address; City; State; Zip Code 1103 Live Oak Ridge Road West Lake Hills, TX 78746		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Non profit dire	pation / Job title (See Instructions) ector	Employer (See Ir Webber Found		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/29/2012	Contributor address; City; State; Zip Code 19426 Fisher Lane Spicewood, TX 78669-5102		\$200.00	
				Texas, complete Schedule T)
Principal occup Non profit dire	pation / Job title (See Instructions) ector	Employer (See Ir The Miracle Fo		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/9	Report: 5/24
2 FILER NAME	Pietruszynski, Mary Ellen (Mrs.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor  uut-of-state PAC (ID#_Ekwurzel, Erica	)	7 Amount of   contribution (\$)	8 In-kind contribution description (if applicable)
08/28/2012	6 Contributor address; City; State; Zip Code 8401 Cobblestone Austin, TX 78735		\$50.61   	
			(If travel outside of T	exas, complete Schedule T)
9 Principal occup Consultant	pation / Job title (See Instructions)	10 Employer (See Instruction	ons)	
Date	Full name of contributor	)	Amount of	In-kind contribution
	Elsner, Larry		contribution (\$)	description (if applicable)
08/23/2012	Contributor address; City; State; Zip Code 1608 Preston Ave Austin, TX 78703		\$50.61   	
			(If travel outside of T	exas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In		
Non profit dire	ector	Open Door Pre	-school	
Date	Full name of contributor  out-of-state PAC (ID#	)	Amount of	In-kind contribution
	Fairweather, Rose Marie		contribution (\$)	description (if applicable)
08/17/2012	Contributor address; City; State; Zip Code 6210 John Chisum Lane Austin, TX 78749-1840		\$500.00   	
			(If travel outside of T	Texas, complete Schedule T)
Principal occur N/A	pation / Job title (See Instructions)	Employer (See Ir N/A	nstructions)	
Date	Full name of contributor	)	Amount of	In-kind contribution
	Fernandez, Tina		contribution (\$)	description (if applicable)
09/07/2012	Contributor address; City; State; Zip Code 4325 Scales Street Austin, TX 78723		\$95.50   	
			(If travel outside of T	Texas, complete Schedule T)
	co Bono Legal	Employer (See In University of Te	exas Law School	
Date	Full name of contributor  out-of-state PAC (ID#		Amount of   contribution (\$)	In-kind contribution description (if applicable)
08/28/2012	Contributor address; City; State; Zip Code 11233 South Bay Lane Austin, TX 78739-1583		\$53.00   	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup Non profit dire	pation / Job title (See Instructions) ector	Employer (See Ir Webber Found		

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/9	Report: 6/24
2 FILER NAME	Pietruszynski, Mary Ellen (Mrs.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/06/2012	6 Contributor address; City; State; Zip Code 3212 Gilbert Street Austin, TX 78703		\$47.75   	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup N/A	pation / Job title (See Instructions)	10 Employer (See Instruction N/A	ons)	
Date	Full name of contributor	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/27/2012	Contributor address; City; State; Zip Code 1801 Lavaca 9A Austin, TX 78701		\$95.50	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Non-Profit Di	pation / Job title (See Instructions) rector	Employer (See In Mindpop	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
08/28/2012	Contributor address; City; State; Zip Code 8800 Ravello Pass Austin, TX 78749		\$95.50     	
N .				Texas, complete Schedule T)
Principal occup Non profit dire	eation / Job title (See Instructions) ector	Employer (See Instructions) Foundation Communities		
Date	Full name of contributor		Amount of	In-kind contribution
	Hutchison, Ryan		contribution (\$)	description (if applicable)
08/22/2012	Contributor address; City; State; Zip Code 2100 Enfield Austin, TX 78703		\$23.87   	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Development	ation / Job title (See Instructions) Officer	Employer (See Ins East Austin Coll		
Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of	In-kind contribution
	Isaacs, Mary Ellen		contribution (\$)	description (if applicable)
08/23/2012	Contributor address; City; State; Zip Code 3209 Oakmont Blvd Austin, TX 78703		\$50.61 <sub> </sub>	
7			(If travel outside of 1	Texas, complete Schedule T)
Principal occup Non-Profit Dir	ation / Job title (See Instructions)	Employer (See Inst		

				-
SCH		1 1 1	Been	A
SIL	(-1)	111	-	A-A

	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 5/9	Report: 7/24
2	FILER NAME	Pietruszynski, Mary Ellen (N	Mrs.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	<b>5</b> Full name of contributor [Karnik, Dilip	out-of-state PAC (ID#_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/29/2012	6 Contributor address; C 3404 Needles Drive Austin, TX 78746	Sity; State; Zip Code		\$153.00   	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Doctor	ation / Job title (See Instructions		10 Employer (See	e Instructions)	
	Date	Full name of contributor	7 out-of-state PAC (ID#	1	Amount of	In-kind contribution
	Date	LeClair, Carole	_ out of state 1740 (ID#_		contribution (\$)	description (if applicable)
	09/18/2012	Contributor address; C 209 W 33rd Austin, TX 78705	City; State; Zip Code		\$95.50     	
					(lé troval autoide of 7	Force complete Schodule T)
	Deinsinal	-ti / l-b tible /0 lti		F		Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions	)	Employer (See In:	structions)	
	Date	Full name of contributor	out-of-state PAC (ID#_	)	Amount of	In-kind contribution
		Licarione, Margaret			contribution (\$)	description (if applicable)
	08/23/2012	Contributor address; C 3204 Fort Worth Trail Austin, TX 78748	City; State; Zip Code		\$95.50   	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Photographer	ation / Job title (See Instructions	)	Employer (See In	structions)	
	Date	Full name of contributor [	out-of-state PAC (ID#_	)	Amount of	In-kind contribution
		McDavitt, Linda			contribution (\$)	description (if applicable)
	08/28/2012	Contributor address; C 5201 McCormick Mountain Austin, TX 78734	City; State; Zip Code		\$238.75	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions	)	Employer (See In	structions)	
	Data	Full name of contributes of	T out of state DAC (ID#		A ( C 1	In kind contribution
	Date	Full name of contributor [ Nazro, Evelyn	out-or-state PAC (ID#		Amount of   contribution (\$)	In-kind contribution description (if applicable)
	08/24/2012	Contributor address; C 210 Lee Barton Drive #315 Austin, TX 78704	City; State; Zip Code		\$95.50   	
		/ (ao(iii, 1// 10/04			(If travel outside of	Texas, complete Schedule T)
	Principal occup Development	ation / Job title (See Instructions Officer	)	Employer (See In		, compare constant if

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/9	Report: 8/24	
2	FILER NAME	Pietruszynski, Mary Ellen (Mrs.)		3 ACCOUNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor  out-of-state PAC (ID# Neland, Glenn	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/05/2012	6 Contributor address; City; State; Zip Code 1500 Barton Creek Blvd Austin, TX 78735		\$955.00		
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/27/2012	Contributor address; City; State; Zip Code 6609 Candle Ridge Cove Austin, TX 78731		\$25.78		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Non profit Dir	ation / Job title (See Instructions) ector	Employer (See In Sooch Foundat			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/01/2012	Contributor address; City; State; Zip Code 1618 Palisades Pointe Lane Austin, TX 78738		\$95.50	 	
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u></u>	Texas, complete Schedule T)	
	i illioipai occup	auton 7 bob title (556 mondolions)	Zimpioyer (ded in	on donone,		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/16/2012	Contributor address; City; State; Zip Code 600 West 7th Street Austin, TX 78701		\$1,500.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Engineer	pation / Job title (See Instructions)	Employer (See In	estructions)		
	Date	Full name of contributor	<u>#</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/17/2012	Contributor address; City; State; Zip Code 600 West 7th Street Austin, TX 78701		\$5,000.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Engineer	pation / Job title (See Instructions)	Employer (See In	estructions)		
1	_119111001					

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/9	Report: 9/24
2 FILER NAME	Pietruszynski, Mary Ellen (Mrs.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor  out-of-state PAC (ID# Texas Democratic Party		7 Amount of   contribution (\$)	In-kind contribution     description (if applicable)  Voter File access
08/27/2012	6 Contributor address; City; State; Zip Code 505 West 12th Street Suite 200 Austin, TX 78701		\$2,000.00   	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	nation / Job title (See Instructions)	10 Employer (See	nstructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/22/2012	Contributor address; City; State; Zip Code 1300 Yaupon Valley RD Austin, TX 78746		\$95.50     	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Non Profit Dir	eation / Job title (See Instructions) rector	Employer (See In Mueeller Found		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2012	Contributor address; City; State; Zip Code 201 Lavaca Street Apt 317 Austin, TX 78701		\$750.00	Tours complete Schodule T
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/24/2012	Contributor address; City; State; Zip Code 2810 Padina Drive Austin, TX 78733-1687		\$300.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Accountant	pation / Job title (See Instructions)	Employer (See In Silicon Laborate		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/05/2012	Contributor address; City; State; Zip Code 6617 Soter Pkwy Austin, TX 78735		\$9,550.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Engineer	pation / Job title (See Instructions)	Employer (See In	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/9	Report: 10/24
2 FILER NAME	Pietruszynski, Mary Ellen (Mrs.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor  out-of-state PAC (ID# Welland, David R. (Mr.)	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/20/2012	6 Contributor address; City; State; Zip Code 112 W. 32nd Street Austin, TX 78705-2302		\$5,000.00   	
			(If travel outside of 1	Texas, complete Schedule T)
9 Principal occup Engineer	pation / Job title (See Instructions)	10 Employer (See Instruction Silicon Laborate		
Date	Full name of contributor	!)	Amount of   contribution (\$)	In-kind contribution description (if applicable)
09/04/2012	Contributor address; City; State; Zip Code 112 W. 32nd Street Austin, TX 78705-2302		\$20,000.00   	
			(If travel outside of 3	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In	1	rexus, complete conceute 1/
Engineer		Silicon Laborato		
Date	Full name of contributor  out-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution
	Westphal, Sharon K.		contribution (\$)	description (if applicable)
09/06/2012	Contributor address; City; State; Zip Code 8003 Long Canyon Drive Austin, TX 78730		\$250.00     	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	estructions)	
Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of	In-kind contribution
	Whatley, John T.		contribution (\$)	description (if applicable)
08/02/2012	Contributor address; City; State; Zip Code 2909 W. 35th Street Austin, TX 78703		\$250.00   	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor  out-of-state PAC (ID#	£ )	Amount of	In-kind contribution
	Williams, Donna		contribution (\$)	description (if applicable)
08/24/2012	Contributor address; City; State; Zip Code 8702 Mountainwood Circle Austin, TX 78759		\$50.61   	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup Developmen	pation / Job title (See Instructions) t Director	Employer (See In Foundation Cor		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

TDD 1-800-735-2989

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

The Instruct	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/9	Report: 11/24
2 FILER NAME	Pietruszynski, Mary Ellen (Mrs.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Yerly, Rebecca	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/05/2012	6 Contributor address; City; State; Zip Code 1208 Bickler Road Austin, TX 78704	City; State; Zip Code		
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	

LOANS				SCHEDULE E
The Instruction Gu	IDE explains how to complete this form.		1 PAGE# Schedule: 1/1	Report: 12/24
2 FILER NAME Pietruszynski, Mary Ellen (Mrs.)			3 ACCOUNT#	(Ethics Commission filers)
4 TOTAL OF UNI	TEMIZED LOANS:	<b>\$\$\$\$\$</b> \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		\$
5 Date of loan 08/09/2012	Piotruszynski Many Ellon (Mrs.)			9 Loan Amount (\$) \$10,000.00
6 Is lender a 8 Lender address; City; State; Zip Code financial Institution? 6211 John Chisum Lane Austin, TX 78749		Zip Code		10 Interest rate
No Austin, 1X 78749				11 Maturity date
12 Principal occupation / Job title (See Instructions)  13 Employer (See Instruction			tions)	
14 Description of Collat	eral	15 Check if personal funds were deposited into political account		
none				
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code				
20 Principal Occupatio	n	21 Employer		1

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

	The Instruction Guide explains h	now to complete this form.	
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/11 R	eport: 13/24 Pietruszynski, Mary Ellen (Mrs.)		
4 Date 09/13/2012	<b>5</b> Payee name 7-Eleven		
6 Amount (\$) \$32.51	<b>7</b> Payee address City; State; Zip Code 917 N Lamar Austin, TX 78703		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	(b) Description (If travel outside Consultants Travel to Aus	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 09/12/2012	Payee name Austin American Statesman		
Amount (\$) \$1,102.50	Payee address City; State; Zip Code 305 South Congress Ave Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside Online Advertising	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 09/11/2012	Payee name Cricket		
Amount (\$) \$39.99	Payee address City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Cricket Phone	Description (If travel outside Campaign Phone Line	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 09/05/2012	Payee name Downtown Station		
Amount (\$)	Payee address City; State; Zip Code		
\$90.00	Austin, TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside United States Postal Serv	e of Texas, complete Schedule T) \(\bigcap\) rice, Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

	The Ins	TRUCTION GUIDE explains I	now to complete this form.	
1 PAGE#	2 FILER NAM			3 ACCOUNT # (TEC filers)
Schedule: 2/11 R	2/11 Report: 14/24 Pietruszynski, Mary Ellen (Mrs.)			
4 Date 08/31/2012	<b>5</b> Payee name Dr. Don's Buttons			
6 Amount (\$) \$243.73	7 Payee address City 3906 W. Morrow Drive Glendale, AZ 85308	y; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Advertising Expense	d at the top of this schedule)	(b) Description (If travel outside Custom Lapel Stickers	e of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:			
Date 09/26/2012	Payee name Dr. Don's Buttons			
Amount (\$) \$99.98	Payee address City 3906 W. Morrow Drive Glendale, AZ 85308	y; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories liste Advertising Expense	d at the top of this schedule)	Description (If travel outside Bumper Stickers	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Э	Office sought:	Office held:
Date 08/17/2012	Payee name Elite Change			
Amount (\$) \$675.00	Payee address City 315 West Alabama Suite 1 Houston, TX 77006	y; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories liste Advertising Expense	d at the top of this schedule)	Description (If travel outside Website Creation -Forwa Media Group	e of Texas, complete Schedule T) rded to Greater Houston
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	е	Office sought:	Office held:
Date 09/01/2012	Payee name Elite Change			
Amount (\$)	Payee address Cit	y; State; Zip Code		
\$6,000.00	315 West Alabama Suite 1 Houston, TX 77006	00		
PURPOSE OF EXPENDITURE	Category (See Categories liste Consulting Expense	d at the top of this schedule)	Description (If travel outside Campaign	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	9	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense

Legal Services
Food/Beverage Expense
Polling Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/ The Instruction Guide explains he		r a category not listed above)
1 PAGE# Schedule: 3/11 R	2 FILER NAME		3 ACCOUNT # (TEC filers
4 Date 09/19/2012	<b>5</b> Payee name Emmistar LLC		
6 Amount (\$) \$1,361.80	<b>7</b> Payee address City; State; Zip Code 1901 E. Palm Valley Round Rock, TX 78664		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside Campaign Office Rent	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 09/21/2012	Payee name Emmistar LLC		
Amount (\$) \$580.01	Payee address City; State; Zip Code 1901 E. Palm Valley Round Rock, TX 78664		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outsid Campaign Office	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 08/28/2012	Payee name Greater Houston Media Group		
Amount (\$) \$825.00	Payee address City; State; Zip Code 1518 Anvil Dr. Houston, TX 77090		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outsid Website Creation	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 08/30/2012	Payee name Greater Houston Media Group		
Amount (\$)	Payee address City; State; Zip Code		
\$725.00	1518 Anvil Dr. Houston, TX 77090		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside Graphic Design for logo,	e of Texas, complete Schedule T) pushcard, mailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Fees	The Instruction Guide explains he		a category not listed above)		
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)		
Schedule: 4/11 R	Distance make Many Eller (Man)				
4 Date	5 Payee name				
09/12/2012	KXAN- NBC				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$700.00	908 Martin Luther King Jr. Blvd.				
	Austin, TX 78701				
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)		
8 PURPOSE	Advertising Expense	KXAN-NBC Online Advert			
OF EXPENDITURE	/ total ling Experies				
LAFERDITORE		*			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH					
Date	Payee name				
09/05/2012	Monarch Printing				
Amount (\$)	Payee address City; State; Zip Code				
\$1,114.19	6605 McGrew				
	Houston, TX 77087				
		Description (If the published	of Tours complete Cabadula Ti C		
PURPOSE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside Push Cards	of Texas, complete Schedule T)		
OF	Filling Expense	Tusti Guids			
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH					
Date	Payee name				
09/05/2012	Office Depot Store				
Amount (\$)	Payee address City; State; Zip Code				
\$40.02					
7-0.10	Austin, TX 78704				
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)		
PURPOSE	Solicitation/Fundraising Expense	Envelopes, Labels			
OF EXPENDITURE					
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:		
to benefit C/OH					
Date	Payee name				
08/22/2012	Piryx				
Amount (\$)	Payee address City; State; Zip Code				
\$4.50	401 West 15th St. Suite 520				
	Austin, TX 78701				
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)		
PURPOSE	Fees	Online Donation Fees	or roug, complete concedic 1)		
OF EXPENDITURE					
LA LINDITORE					
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:		
to benefit C/OH					

# SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Office Overhead/Rental Expense

Fees	Printing Expense Office Overhead  The Instruction Guide explains h		category not listed above)
1 PAGE# Schedule: 5/11 R	eport: 17/24  2 FILER NAME Pietruszynski, Mary Ellen (Mrs.)		3 ACCOUNT # (TEC filers)
4 Date 08/22/2012	5 Payee name Piryx		
6 Amount (\$) \$1.13	<b>7</b> Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Online Donation Fees	of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 08/23/2012	Payee name Piryx		
Amount (\$) \$2.39	Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Online Donation Fees	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 08/23/2012	Payee name Piryx		
Amount (\$) \$6.89	Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Online Donation Fees	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 08/23/2012	Payee name Piryx		
Amount (\$) \$4.50	Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Online Donation Fees	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

P.O.Box 12070

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Pietruszynski, Mary Ellen (Mrs.) Schedule: 6/11 Report: 18/24 4 Date 5 Payee name 08/23/2012 Piryx 6 Amount (\$) 7 Payee address City; State; Zip Code 401 West 15th St. \$2.39 Suite 520 Austin, TX 78701 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Online Donation Fees OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Pavee name Piryx 08/24/2012 Amount (\$) Payee address City; State; Zip Code 401 West 15th St. \$2.39 Suite 520 Austin, TX 78701 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Online Donation Fees Fees OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 08/24/2012 Piryx City; State; Zip Code Payee address Amount (\$) 401 West 15th St. \$4.50 Suite 520 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Online Donation Fees OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Piryx 08/27/2012 Amount (\$) Payee address City; State; Zip Code 401 West 15th St. \$1.22 Suite 520 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Online Donation Fees Fees OF **EXPENDITURE** 

Office sought:

Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

ense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

	The Instruction Guide explains h	ow to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 7/11 R	eport: 19/24 Pietruszynski, Mary Ellen (Mrs.)	
4 Date 08/27/2012	5 Payee name Piryx	
6 Amount (\$) \$1.35	<b>7</b> Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T)  Online Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 08/27/2012	Payee name Piryx	
Amount (\$) \$4.50	Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Online Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 08/28/2012	Payee name Piryx	
Amount (\$) \$4.50	Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Online Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 08/28/2012	Payee name Piryx	
Amount (\$) \$11.25	Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Online Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Event Expense Polling Expense Fees Printing Expense

ense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The highest Curr explains how to complete this for

	The instruction doide explains in	
1 PAGE# Schedule: 8/11 R	2 FILER NAME Pietruszynski, Mary Ellen (Mrs.)	3 ACCOUNT # (TEC filers)
4 Date 08/28/2012	5 Payee name Piryx	
6 Amount (\$) \$2.39	<b>7</b> Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description (If travel outside of Texas, complete Schedule T) Online Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 09/01/2012	Payee name Piryx	
Amount (\$)	Payee address City; State; Zip Code	
\$4.50	401 West 15th St. Suite 520 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T)  Online Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 09/05/2012	Payee name Piryx	
Amount (\$) \$9.00	Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Online Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 09/05/2012	Payee name Piryx	
Amount (\$)	Payee address City; State; Zip Code	
\$45.00	401 West 15th St. Suite 520 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Online Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services
Food/Beverage Expense
Polling Expense Printing Expense

EXPENDITURE CATEGORIES
ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

	The Instru	стюм Guide explains he	ow to complete this form.	a satisfiery mot notice above,
1 PAGE#	2 FILER NAME			3 ACCOUNT # (TEC filers)
Schedule: 9/11 F	Report: 21/24 Pietruszynski, Mary Ellen (Mrs.)			
4 Date 09/05/2012	<b>5</b> Payee name Piryx			
6 Amount (\$)	7 Payee address City;	State; Zip Code		
\$450.00	401 West 15th St. Suite 520			
	Austin, TX 78701			
8	(a) Category (See Categories listed at	the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Fees	and top of the conceancy	Online Donation Fees	or rexas, complete scriedule 1)
EXPENDITURE				
0 0 luk 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Candidata / Office balder and		055	
9 Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
09/05/2012	Piryx	S		
Amount (\$)	Payee address City; 401 West 15th St.	State; Zip Code		
\$1.13	Suite 520			
	Austin, TX 78701			
PURPOSE	Category (See Categories listed at	the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
OF	Fees		Online Donation Fees	_
EXPENDITURE				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Complete ONLY if	Candidate / Officeholder name		Office sought:	Office held:
direct expenditure to benefit C/OH				Office field.
	David 1999			
Date 09/06/2012	Payee name Piryx			
Amount (\$)		State; Zip Code		
\$2.25	401 West 15th St.			
	Suite 520 Austin, TX 78701			
PURPOSE	Category (See Categories listed at Fees	the top of this schedule)		of Texas, complete Schedule T)
OF EXPENDITURE	rees		Online Donation Fees	
EXPENDITURE				
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
09/07/2012	Piryx			
Amount (\$)		State; Zip Code		
\$4.50	401 West 15th St. Suite 520			
	Austin, TX 78701			
	Category (See Categories listed at	the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Fees		Online Donation Fees	or roxas, complete conedule ()
EXPENDITURE				tripica
0	Candidata / Off - Italia		0.5	
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:	Office held:
to benefit C/OH				

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense

Legal Services
Food/Beverage Expense
Polling Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

rees	The Instruction Guide explains he		category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 10/11	Report: 22/24 Pietruszynski, Mary Ellen (Mrs.)		
4 Date 09/18/2012	5 Payee name Piryx		
6 Amount (\$) \$4.50	7 Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Online Donation Fees	of Texas, complete Schedule T)
g Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 09/12/2012	Payee name Postal Annex 223		
Amount (\$) \$8.13	Payee address City; State; Zip Code 6705 Hwy 290 W. Suite 502 Austin, TX 78735		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Faxes to Pay for Online Ac	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 08/10/2012	Payee name Sparkle Creative		
Amount (\$)	Payee address City; State; Zip Code		
\$541.25	7109 Mesa Drive Austin, TX 78731		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Logo Brand Concept & Sty	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 08/21/2012	Payee name Texas Democratic Party		
Amount (\$)	Payee address City; State; Zip Code		
\$500.00	4818 E. Ben White Blvd. Suite 104 Austin, TX 78741		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Voter File Access Fee	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

		THE INSTRUCTION GUIDE EXPLAINS II	ow to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 11/11	Report: 23/24	Pietruszynski, Mary Ellen (Mrs.)		
4 Date 09/12/2012	5 Payee name Timewise			
6 Amount (\$) \$47.84	7 Payee address 11639 Katy i Houston, TX	-wy		
PURPOSE OF EXPENDITURE	(a) Category (Se Consulting E	ee Categories listed at the top of this schedule)  xpense	(b) Description (If travel outside Consultants Travel to Aus	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date 09/04/2012	Payee name U.S. Postal S	Service		
Amount (\$) \$7.75	Payee address	S City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (Se Fees	e Categories listed at the top of this schedule)	Description (If travel outside Mailed Texas Ethics Comoffice.	of Texas, complete Schedule T) amission Affidavit to their
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date 09/13/2012	Payee name Wyndham G	arden Austin		
Amount (\$) \$148.35	Payee address 3401 South I Austin, TX 7	H-35		
PURPOSE OF EXPENDITURE	Category (Se Consulting E	e Categories listed at the top of this schedule)  xpense	Description (If travel outside Consultants Travel Exper	of Texas, complete Schedule T) ase to Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name	Office sought:	Office held:

Advertising Expense

Accounting/Banking

Consulting Expense

**Event Expense** 

Fees

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

**EXPENDITURE CATEGORIES** 

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Pietruszynski, Mary Ellen (Mrs.) Schedule: 1/1 Report: 24/24 4 Date 5 Payee name Fed Ex Office 08/26/2012 6 Amount (\$) 7 Payee address City; State; Zip Code \$54.11 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Printing Business Cards OF **EXPENDITURE** Date Payee name Passport Express 07/31/2012 Amount (\$) Payee address City; State; Zip Code 1107 Rio Grande Street \$6.00 Reimbursement Austin, TX 78701 from political contributions intended Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Notary Fee, Filing First Finance Report OF **EXPENDITURE** Date Payee name Postal Annex 223 07/30/2012 Amount (\$) Payee address City; State; Zip Code 6705 Hwy 290 W. \$2.17 Suite 502 Reimbursement from political Austin, TX 78735 contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Fax to Setup Campaign Bank Account OF **EXPENDITURE**