CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	<u> </u>		
The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Michael NICKNAME LAST	MI	OFFICE USE ONLY
	Herschenfeld	/	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		city; STATE; ZIP CODE (Lustin TX 78704	OCT 11 2017
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 200-3820	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Mr. Adil	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Khan		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 11044 Research Blvd.	uite #: city: Austin	STATE; ZIP CODE TX 78759
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 703-0521	EXTENSION	
9 REPORT TYPE	January 15 30th day before elected. July 15 Bth day before elected.		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2020	THROUGH 09	Day Year 25 / 2020
11 ELECTION	ELECTION DATE Month Day Year □ Primary 11	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Austin Independent School	I District Board of Trustees District 8
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Michael Herschenfel	d	1	5 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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	☑ GENERAL	Committee to Elect Mike H	
	SPECIFIC	1608 B Cinnamon Path Austin, TX 78704	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	=
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES. LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$0
	10.101	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,117.82
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 108.87
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,047.73
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 70.09
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$2,000.00
A_6 MY C	ESTON HARRIS COMMISSION EXPIRES NUARY 17, 2021 ARY ID: 13096510	true and correct and includes all information under Title 15, Election Code. Meaul Japan	erjury, that the accompanying report is rmation required to be reported by me
Sworn to and subsc		by the said Michael Herschenfe	d, this the 15+
day of October	_	to certify which, witness my hand and seal of office.	, 410 410
Att	- F	roston Harris No	fory
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Michael Herschenfeld 20 Filer ID (Ethics of	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,117.82
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 2,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,938.86
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s

The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: 15	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Michael Hersche	nfeld			
4 Date 7/17/2020	Seth Rau	PAC (ID#:)	7 Amount of contribution (\$) \$259.92	
	6 Contributor address; City;	State; Zip Code		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Manager		Empower Schools		
Date 7/17/2020	Full name of contributor		Amount of contribution (\$) \$519.52	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Lawyer		Pastorak Partners, LLC		
Date 7/18/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$104.15	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)	
Consultant		Self employed		
Date 07/19/2020	Full name of contributor out-of-state P. Sarah Cleve Contributor address; City;	AC (ID#:) State; Zip Code	Amount of contribution (\$) \$52.23	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Unemployed		Unemployed	populari en estado de presidente de la companio del la companio de la companio del la companio de la companio d	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	JEEDED.	
	If contributor is out-of-state BAC please see Inci			

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Michael Hersche	nfeld		
4 Date 07/19/2020	5 Full name of contributor Stephen Brophy 6 Contributor address; City;	C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$50.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	etions)
Cook		Self employed	
Date 07/20/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$52.23
Principal occup Music instructor	ation / Job title (See Instructions)	Employer (See Instruction Self employed	itions)
Date 07/21/2020	Full name of contributor Moh Choudhury Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Unemployed		Unemployed	
Date 07/26/2020	Nicholas Costa	State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Specialist Employer (See Instructions) Gartner			tions)
	ATTACH ADDITIONAL COPIES		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Michael Hersche	nfeld		
4 Date 07/26/2020	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$104.15
8 Principal occu Sales Manager	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
		Carnating	
Date 07/27/2020	Futl name of contributor	State; Zip Code	Amount of contribution (\$) \$10.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
CPA		Deloitte	
Date 07/27/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$25.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Unemployed		Unemployed	
Date 08/13/2020	Kathy Grace	State; Zip Code	Amount of contribution (\$) \$20.00
Principal occup Business Analyst	ation / Job title (See Instructions)	Employer (See Instruct UT Austin	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

		77722.
The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 15
2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)
4 Date 08/13/2020 5 Full name of contributor out-of-state PAI Emily Rivera 6 Contributor address; City;	C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$104.15
8 Principal occupation / Job title (See Instructions) Registered Nurse	9 Employer (See Instruct Ascension Seton NW	lions)
Date Full name of contributor out-of-state PAG 08/14/2020 Lisa Burke Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$52.23
Principal occupation / Job title (See Instructions) Self employed Employer (See Instructions) Self employed		
Date 08/15/2020 Full name of contributor David Herschenfeld Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$104.15
Principal occupation / Job title (See Instructions) Contractor	Employer (See Instruct Just Glaze it Inc.	ions)
08/15/2020 Bibi Yasmin Katsev	State; Zip Code	Amount of contribution (\$) \$52.23
Principal occupation / Job title (See Instructions) Executive Director	Employer (See Instruct District Charter Alliance	ions)
ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instr		

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Michael Hersch	enfeld		
4 Date 08/17/2020	Amanda List	State; Zip Code	7 Amount of contribution (\$) \$259.92
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
President		AList Consulting	
Date 08/17/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Unemployed		Unemployed	
Date 08/17/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$519.52
Principal occu Contractor	pation / Job title (See Instructions)	Employer (See Instruct Just Glaze It Inc.	ilons)
Date 08/21/220	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	lions)
		Progressive Policy Institu	ite
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED
	if contributor is out-of-state PAC, please see Instr		

Th	ne Instruction Guide explains how to complete thi	als form	1 Total pages Schedule A1:
		is torm.	15
2 FILER NAME Michael Hersch			3 Filer ID (Ethics Commission Filers)
4 Date 08/23/2020		State; Zip Code	7 Amount of contribution (\$) \$50.00
8 Principal occ Deputy Direct	cupation / Job title (See Instructions) tor	9 Employer (See Instruction S	
Date 08/24/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$25.00
	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Architect Project	:t Manager	Austin ISD	
Date 08/28/2020	Full name of contributor	AC (ID#:) State; Zip Code	Amount of contribution (\$) \$50.00
	upation / Job title (See Instructions)	Employer (See Instruct	
Chief Human	Capital Officer	Baltimore City Public S	Schools
Date 08/30/2020	Full name of contributor	AC (ID#:) State; Zip Code	Amount of contribution (\$) \$52.23
Principal occu Realtor	upation / Job title (See Instructions)	Employer (See Instruct Keeping it Realty	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Michael Hersche	nfeld		
4 Date 08/30/2020	5 Full name of contributor ut-of-state PAG Larry West 6 Contributor address; City;	C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$26.27
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	itions)
Unemployed		Unemployed	
Date 09/02/2020	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$) \$52.23
Principal occup Unemployed	nation / Job title (See Instructions)	Employer (See Instruct Unemployed	tions)
Date 09/04/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$26.27
Principal occup Adjunct Profess	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 09/05/2020	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$) \$26.27
Principal occup	etion / Job title (See Instructions)	Employer (See Instruct	tions)
Unemployed		Unemployed	
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDIN E AS N	EFDED
	If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Michael Hersche	enfeld		
4 Date 09/07/2020	5 Full name of contributor	C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$104.15
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Unemployed		Unemployed	
Date 09/08/2020	Full name of contributor out-of-state PAL Laura Colangelo Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$) \$104.15
Principal occup Executive Direct	oation / Job title (See Instructions)	Employer (See Instruc	₩
Date 09/08/2020	Fult name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$) \$10.70
Principal occup Marketing Stra	pation / Job title (See Instructions) tegist	Employer (See Instruc	tions)
Date 09/08/2020	Adil Khan	C (ID#:) State; Zip Code	Amount of contribution (\$) \$10.70
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr	OF THIS SCHEDULE AS N	

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SCHEDULE A1

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Michael Herschenfeld		
4 Date 09/08/2020 5 Full name of contributorout-of-state PAC Katrina Murbock 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) \$10.70
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Wildlife Biologist	Department of Defens	e
Date Full name of contributor out-of-state PAC 29/08/2020 Zachary Sais Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$104.15
Principal occupation / Job title (See Instructions) Engineer	Employer (See Instruct	lions)
Date Full name of contributor out-of-state PAC 09/08/2020 Farzano Sedillo Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$) \$52,23
Principal occupation / Job title (See Instructions)	Employer (See Instruct	tions)
Director	IBM	
09/08/2020 Olivia Schnell	(ID#:) State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bartender	Employer (See Instruct	ilons)
ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	FFDFD

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 15
2 FILER NAME Michael Hersche			3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2020	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$10.70
	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Unemployed		Unemployed	
Date 09/08/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$15.89
Principal occup Education Non-F	Profit Employee	Employer (See Instruct	tions)
Date 09/08/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 09/08/2020	Full name of contributor out-of-state PAG Hannah Sharfman Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Associate		Empower Schools	
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see instr		

SCHEDULE A1

The			
	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1: 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Michael Hersche	enfeld		
4 Date 09/08/2020	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$10.70
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tlons)
Teacher		Caldwell West Public	
Date 09/08/2020	Full name of contributor out-of-state for Celeste Barretto Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$25.00
Principal occup District Administr	pation / Job title (See Instructions) rator	Employer (See Instruc YES Prep Public Schools	Philosophy Philosophy I W
Date 09/08/2020	Katherine Herrera	State; Zip Code	Amount of contribution (\$) \$26.27
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			Amount of contribution (\$) \$26.27
Date 09/08/2020	Full name of contributor	Self employed	Amount of contribution (\$) \$26.27

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Revised 1/1/2020

SCHEDULE A1

e Instruction Guide explains how to complete th	nls form.	1 Total pages Schedule A1: 15
		3 Filer ID (Ethics Commission Filers)
nenfeld		
Rinaldo Sogliuzzi		7 Amount of contribution (\$) \$26.27
cupation / Job title (See Instructions)	9 Employer (See Instruct	tions)
ent	Traveler's	
Full name of contributor	State; Zip Code	Amount of contribution (\$) \$52.23
	Employer (See Instruct	lions)
	Supermajority	
Full name of contributor	State; Zip Code	Amount of contribution (\$) \$26.27
upation / Job title (See Instructions)	Employer (See Instruct	None\
	Moak Casey & Associa	
Chadwick Harris-Williams		Amount of contribution (\$) \$25.00
resident / Joh Mile (See Just 1911)		
nager	Publicis	ions)
	enfeld 5 Full name of contributor	enfeld 5 Full name of contributor

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Michael Hersche	nfeld		
4 Date 09/09/2020	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$26.27
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Unemployed		Unemployed	
Date 09/09/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$25.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 09/10/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$5.50
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct The Learning Accelera	
Date 09/10/2020	Christopher Maher	State; Zip Code	Amount of contribution (\$) \$10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Educator		Cambiar	
	ATTACH ADDITIONAL CODIES		
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru		

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Revised 1/1/2020

		20 24 25 25 25 25 25	
Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAM	E	(5):- x:	3 Filer ID (Ethics Commission Filers)
Michael Hersch	nenfeld		
4 Date 09/10/2020	5 Full name of contributor ut-of-state P/ Alyssa Morton 6 Contributor address; City;	AC (ID#:) State; Zip Code	7 Amount of contribution (\$) \$10.00
[0]			
02 <u>0</u> 00 25	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Partner		Empower Schools	
Date 09/10/2020	Full name of contributor	AC (ID#:) State; Zip Code	Amount of contribution (\$) \$259.92
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	itions)
Contractor		Just Glaze it Inc.	
Date 09/11/2020	Full name of contributor	AC (ID#:) State; Zip Code	Amount of contribution (\$) \$52.23
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Teacher		North Branford Schoo	District
Date 09/12/2020	Full name of contributor	AC (ID#:) State; Zip Code	Amount of contribution (\$) \$10.00
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Manager		Hangers	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

SCHEDULE A1

Th	e Instruction Guide explains how to complete t	this form	1 Total pages Schedule A1:
		uns totus.	15
2 FILER NAME Michael Hersch			3 Filer ID (Ethlcs Commission Filers)
4 Date	2		
09/13/2020	5 Full name of contributor □ out-of-state Kathy Grace	PAC (ID#:)	7 Amount of contribution (\$)
	to the early the measurement are to	A R DONE DIE BERGE BOTON	\$20.00
	6 Contributor address; City;	State; Zip Code	
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Business Ana	lyst	UT Austin	
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
09/18/2020	David Goldman		\$104.15
	City	K K I I I I I I I I I I I I I I I I I I	φ10 4 .15
	Contributor address; City;	State; Zip Code	
		50%	
	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Manager		Hangers	
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
09/25/2020	Suellen Ramos	200.000 codes con 10.1.4	\$50.00
	Contributor address: City:	State; Zip Code	* A. a. c.
	Softmotor Educate,	State, Lip Cook	
	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Investigator		Los Angeles County	
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
09/25/2020	Tina Barrett	FAC (IDA	\$10.70
	Contributor address; City;	State; Zip Code	
	pation / Job title (See Instructions)	Employer (See Instruct	ilons)
- Neartor		Seir employed	
Realtor		Self employed	

Forms provided by Texas Ethics Commission

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME		14800	3 Filer ID (Ethics Commission Filers)
Michael Herschenfel	ld		<u></u>
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
07/29/2020	Michael Herschenfeld		\$2,000.00
6 Is lender a financial Institution?	8 Lender address; City; 1608 B Cinnamon Path Austin	State; Zip Code TX 78704	10 Interest rate 0
YN			11 Maturity date N/A
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	1 d W a
		, , , , , , , , , , , , , , , , , , , ,	
14 Description of Coll	ateral	Check if personal fund account (See Instruction	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Złp Code	
not applicable			50
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense 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 3 Filer ID (Ethics Commission Filers) 13 Michael Herschenfeld 4 Date 5 Payee name 08/01/2020 Twilio Inc. 6 Amount (\$) 7 Payee address; City; State: Zip Code \$20.00 375 Beale St #300 San Francisco CA 94105 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Candidate purchased text communication software, Advertising Expense PURPOSE daily charge OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/10/2020 Twilio Inc. Amount (\$) Payee address; City; State; Zip Code 375 Beale St #300 20,20 San Francisco CA 94105 Category (See Categories listed at the top of this schedule) Description Candidate purchased text communication software, Advertising Expense PURPOSE OF daily charge EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 08/11/2020 Twilio Inc. Amount (\$) Payee address; City; State: Zip Code \$40.13 San Francisco 375 Beale St #300 CA 94105 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Candidate purchased text communication software. Advertising Expense OF daily charge EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel to District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) 13 Michael Herschenfeld 4 Date 5 Рауее пате 08/12/2020 Twilio Inc. 6 Amount (\$) 7 Payee address; City; State: Zip Code \$20.08 375 Beale St #300 San Francisco CA 94105 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Candidate purchased text communication software, Advertising Expense **PURPOSE** daily charge OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/14/2020 Twilio Inc. Amount (\$) Payee address; City; State: Zip Code 375 Beale St #300 40.27 San Francisco CA 94105 Category (See Categories listed at the top of this achedule) Description Candidate purchased text communication software, Advertising Expense PURPOSE OF daily charge **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 08/15/2020 Twilio Inc. Amount (\$) Payee address; City; Zip Code State: \$60.46 375 Beale St #300 San Francisco CA 94105 Category (See Categories listed at the top of this schedule) Description PURPOSE Candidate purchased text communication software, Advertising Expense OF daily charge EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gif/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Waces/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (asternment listed above)

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services	Salaries/Wages/Contract Labor explains how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
08/16/2020	Twilio Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$40.02	375 Beale St #300	San Francisc	co CA 94105
8	(a) Category (See Categories listed at the	top of this schedule) (b) Description	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PURPOSE OF EXPENDITURE	Advertising Expense	The state of the s	ased text communication software,
	(c) Check if travel outside of Texas. C	complete Schedule T. Check if Aus	stin, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 08/18/2020	Payee name Twilio Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$20.01	375 Beale St #300	San Francisco	CA 94105
	Category (See Categories listed at the to	p of this schedule) Description	C
PURPOSE OF EXPENDITURE	Advertising Expense	Candidate purch daily charge	ased text communication software,
	Check if travel outside of Texas. C	omplete Schedule T. Check if Aus	itin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее лате		30.0
08/19/2020	Twilio Inc.		
Amount (\$)	Payee address;	City:	State; Zip Code
\$20.36	375 Beale St #300	San Francis	1. CONTROL (1997)
	Category (See Categories listed at the to	p of this schedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Candidate purch daily charge	nased text communication software,
	Check if travel outside of Texas. Co	omplete Schedule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CO	ODIES OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica		/Wages/Contract Labor	Other (enter a catego	
Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
08/20/2020	Twilio Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$20.02	375 Beale St #300	San Francisco	CA	94105
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		ŝ
PURPOSE OF EXPENDITURE	Advertising Expense	Candidate purchase daily charge	ed text communi	cation software,
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	100	Office held
Date 08/23/2020	Payee name Twilio Inc.		and the second s	
Amount (\$)	Payee address;	City;	State;	Zip Code
\$20.47	375 Beale St #300	San Francisco	CA	94105
	Category (See Categories listed at the top of this schedule)	Description	- 22	
PURPOSE OF EXPENDITURE	Advertising Expense	Candidate purchas daily charge	ed text communi	cation software,
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	. TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/24/2020	Twilio Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$20.04	375 Beale St #300	San Francisco	CA CA	94105
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Candidate purchas daily charge	sed text commun	ication software,
	Check if travel outside of Texas. Complete Schedule T.	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	S SCHEDULE AS NEED	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic	al Committee	Legal Services	Salarles/W	ages/Contract Labor		ut Of Distriction	ct lory not listed above)
Credit Card Payment		The instruction Guide expla	ins how to c	omplete this form.			
1 Total pages Schedule F1:		IAME Ierschenfeld			3 Filer	ID (Ethic	s Commission Filers)
4 Date	5 Payeen	ame					
08/25/2020	Twilio Inc.						
6 Amount (\$)	7 Payee a	ddress;	1972	City;		State;	Zip Code
\$40.15	375 Be	eale St #300		San Francisco)	CA	94105
8	(a) Categor	ry (See Categories listed at the top of the	nis schedule)	(b) Description			200 - A
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Candidate purchas daily charge	ed text c	ommuni	ication software,
	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Austin	, TX, officel	holder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oi		ate / Officeholder name	- Nation.	Office sought			Office held
Date 08/26/2020	Payee na Twilio Inc						
Amount (\$)	Payee a	ddress;	•	City;		State;	Zip Code
\$40.17	375 Beale	e St #300		San Francisco		CA	94105
	Category	/ (See Categories listed at the top of this	s schedule)	Description			***
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Candidate purchas daily charge	ed text o	:ommun	ication software,
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officer	nolder living	axpense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought			Office held
Date	Payee na	ame			Ujagi		
08/27/2020	Twilio In						
Amount (\$)	Payee ac	idress;		City;	5	State;	Zip Code
\$40.35	375 Bea	ale St #300		San Francisco	Ö	CA	94105
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Adverti	sing Expense	90.0	Candidate purchas daily charge	sed text (commur	nication software,
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeh	older living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought			Office held
	AT	TACH ADDITIONAL COPIE	S OF THIS S	SCHEDULE AS NEEI	DED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Cneti Cart Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services 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 3 Filer ID (Ethics Commission Filers) 13 Michael Herschenfeld 4 Date 5 Pavee name 08/30/2020 Twilio Inc. 6 Amount (\$) 7 Payee address; City; Zip Code State: \$20.13 375 Beale St #300 San Francisco CA 94105 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Candidate purchased text communication software, PURPOSE daily charge OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/05/2020 Twilio Inc. Amount (\$) Pavee address: City: State: Zip Code 375 Beale St #300 San Francisco CA 94105 \$44.12 Category (See Categories listed at the top of this schedule) Description Candidate purchased text communication software, Advertising Expense PURPOSE daily charge OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 09/07/2020 Twilio Inc. Amount (\$) Payee address; City: State: Zip Code \$40.44 375 Beale St #300 San Francisco 94105 CA Category (See Categories listed at the top of this schedule) Description **PURPOSE** Candidate purchased text communication software, Advertising Expense daily charge **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Total pages Schedule F1: 13	2 FILER NAME Michael Herschenfeld	3	Filer ID (Ethic	s Commission Filers	
Date	5 Payee name	9F:		-	
9/08/2020	Twilio Inc.				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
340.19	375 Beale St #300	San Francisco	CA	94105	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Candidate purchased text communication software daily charge			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	a expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
09/09/2020	Twilio Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$20.03	375 Beale St #300	San Francisco	CA	94105	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Candidate purchased text communication software, daily charge			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
09/10/2020	Twilio Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$20.56	375 Beale St #300	San Francisco	CA	94105	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Candidate purchase daily charge	d text commur	nication software,	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, Ti	C, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (seeker specification)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries A The Instruction Guide explains how to	Wages/Contract Labor Ot	ther (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME Michael Herschenfeld	3	Filer ID (Ethics	Commission Filers)
4 Date 09/11/2020	5 Payee name Twilio Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$20.39	375 Beale St #300	San Francisco	CA	94105
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description		243
PURPOSE OF EXPENDITURE	Advertising Expense	Candidate purchased daily charge	text communic	ation software,
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX	C, officeholder living	вхрепзе
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date 09/13/2020	Payee name Twilio Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$20.03	375 Beale St #300	San Francisco	CA	94105
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased daily charge	text communic	ation software,
EXPENDITURE	Check If travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	**************************************	Office held
Date	Payee name		****	
09/14/2020	Twilio Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$20.15	375 Beale St #300	San Francisco	CA	94105
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Candidate purchased daily charge	I text communic	cation software,
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX,	, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gif/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other Contract and Section 2015

Candidate/Officeholder/Politica Credit Card Payment		Legal Services		ages/Contract Labor	Other (enter a categ	ct pory not listed above)	
1 Total pages Schedule F1:		Maria de la companya	iains now to co	implete this form.	3 Filer ID (Ethic	s Commission Filers)	
		Herschenfeld			8	, , , , , , , , , , , , , , , , , , , 	
4 Date 09/01/2020	5 Payeen Facebook						
6 Amount (\$)	7 Payee a	1100 777 7		City;	State;	Zip Code	
\$25.00		Villow Rd.		Menlo Park	THEOREM	Zip Code	
420.00	1001 4	VIIIOW ING.		Wello Falk	CA		
8	(a) Catego	ry (See Categories listed at the top of	this schedule)	(b) Description			
PURPOSE	Advertis	sing Expense		Targeting advertis	ing on Facebook	c	
OF EXPENDITURE				91 Z 117			
	(c)	Check if travel outside of Texas. Comple	ete Schedule T.	sT. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame	*	***	74 F \$		
09/02/2020	Facebool	k Inc.					
Amount (\$)	Payee a			City;	State;	Zip Code	
\$25.00	1601 Will	ow Rd.		Menlo Park	CA	94025	
	Categor	y (See Categories listed at the top of the	his schedule)	Description			
PURPOSE	Adverti	sing Expense		Targeting advertising on Facebook.			
OF EXPENDITURE							
		Check if travel outside of Texas, Comple	ile Schedule T.	Check if Austin, TX, officeholder fiving expense			
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame			<u> </u>		
09/03/2020	Faceboo	ok Inc.					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$50.00	1601 W	fillow Rd.		Menlo Park	CA	94025	
	Category	/ (See Categories listed at the top of th	nis schedule)	Description			
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Targeting adverti	sing on Facebook	ς.	
		Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense				я ехрепзе	
Complete ONLY If direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Michael Herschenfeld 4 Date 5 Pavee name 09/04/2020 Facebook Inc. 6 Amount (\$) City; 7 Payee address: State: Zip Code \$50.00 1601 Willow Rd. Menlo Park 94025 CA (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Targeting advertising on Facebook. Advertising Expense PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date 09/22/2020 Facebook Inc. Amount (\$) Pavee address: City: State: Zip Code 1601 Willow Rd. Menlo Park 94025 CA \$25.00 Category (See Categories listed at the top of this schedule) Description Targeting advertising on Facebook. Advertising Expense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 09/23/2020 Facebook Inc. Amount (\$) Payee address; City; Zip Code State: \$25.00 1601 Willow Rd. Menlo Park 94025 CA Category (See Categories listed at the top of this schedule) Description PURPOSE Targeting advertising on Facebook. Advertising Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salarie	s/Wages/Contract Labor	Other (enter a category not listed above)		
Gradi Gad Payment	The instruction Guide explains how t	o complete this form.			
1 Total pages Schedule F1: 13	2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
09/24/2020	Facebook Inc.				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$25.00	1601 Willow Rd.	Menlo Park			
	Joon vinew Ad.	Wello Laik	CA 94025		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Advertising Expense	Targeting advertis	ing on Facebook.		
OF					
EXPENDITURE					
2 2	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
09/25/2020	Facebook Inc.				
0012020	racebook inc.				
Amount (\$)	Payee address;	City;	State; Zip Code		
¢25.00	1601 Willow Rd.	Menlo Park	CA 94025		
\$35.00	of an approximate to disease		OA TITE		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Expense	Targeting advertising on Facebook.			
OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ffice sought Office held		
Date	Payee name				
08/04/2020	Chatbox Inc.				
00/04/2020	Charbox Inc.				
Amount (\$)	Payee address:	City;	State; Zip Code		
\$799.50	2815 Eastlake Ave E #135	Seattle	10/00/00/00 POOR 10/00		
4.00.00	2013 Lastiane Ave E #133	Seattle	WA 98102		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Even	Candidate textino	Candidate texting software outreach procurement.		
OF	Advertising Expense				
EXPENDITURE					
	Chack if travel outside of Texas. Complete Schedule T.	Check if Austir	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED		
		9 27 53-7	-55.42543:		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1: 13	2 FILER NAME Michael Herschenfeld	3	Filer ID (Ethic	s Commission Filers
Date	5 Pavee name	53.	7	
8/20/2020	Chatbox Inc.			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$266.50	2815 Eastlake Ave E #135	Seattle	WA	98102
			VVA	30102
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Candidate texting software outreach procurement.		
OF EXPENDITURE				
EXPENDITURE		<u> </u>		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living	axpense
 Complete <u>ONLY</u> if direct expenditure to benefit C/OF 	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/16/2020	Chatbox Inc.			
				111
Amount (\$)	Payee address:	City;	State:	Zip Code
\$852.80	2815 Eastlake Ave E #135	Seattle	WA	98102
φουΖ.ου				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Candidate texting software outreach procurement.		
OF	=	33.39		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/10/2020	Austin Texas Print Inc.			
	or Successional at England and Condition Tolerand			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$378.88	448 E Hwy 290 c102	Austin	TX	78723
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Candidate procured print supplies for advertis		
OF EXPENDITURE	and a second and a second	purposes.		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
	Cartalada y Cilisanada Haria	wines acadim		Cinco Halu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (extension and listed district)

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	11111192	Wages/Contract Labor	Travel Out Of Distric Other (enter a category		
Total pages Schedule F1: 13	2 FILER NAME Michael Herschenfeld	3 Filer ID (Ethics Commission Filers			
Date 8/02/2020	5 Payee name L2 Inc.	3			
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,459.30	740 Broadway	New York	NY	10003	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Phone communication advertising for voter outreach			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date Page 1999	Payee name	100	To also had		
08/26/2020	L2 Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
5203,31	740 Broadway	New York	NY	10003	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Phone communication advertising for voter outreach			
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Cotocoo (C. Cotoo)		<u> </u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	