

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Piper	MI
	NICKNAME	LAST Nelson	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3206 Harris Park Ave Austin, TX 78705		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Emmy</i>	MI
	NICKNAME	LAST <i>Ruiz</i>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 10/04/2020	THROUGH	Month Day Year 10/24/2020
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020		ELECTION TYPE
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Austin Independent School District, District 5 Trustee Place Trustee D5 District AISD D5	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

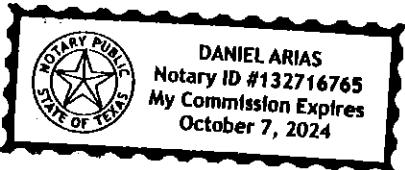
**FORM C/OH
COVER SHEET PG 2**
2 of 12

13 C / OH NAME Nelson, Piper	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.										
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS			
	COMMITTEE TYPE	COMMITTEE NAME									
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS									
	<input type="checkbox"/> SPECIFIC										
COMMITTEE CAMPAIGN TREASURER NAME											
COMMITTEE CAMPAIGN TREASURER ADDRESS											

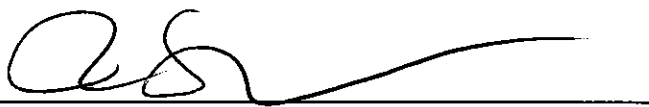
16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,775.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,910.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,086.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said , this the 26th day of October, 2020, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Nelson, Piper	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,775.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 27,910.58
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/12
2 FILER NAME Nelson, Piper		3 Filer ID
4 Date 10/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan, Wright <hr/> 6 Contributor address; City; State; Zip Code 2220 CANTON ST APT 407 Dallas, TX 75201	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Strong Capital
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne, Smogur-Saldivar <hr/> Contributor address; City; State; Zip Code 9715 Holly Springs Dr Austin, TX 78748	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Phillips <hr/> Contributor address; City; State; Zip Code 2309 Farnswood Cir Austin, TX 78704	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Thompson & Knight LLP
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn, Cohagan <hr/> Contributor address; City; State; Zip Code 1211 maple avenue Austin, TX 78702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catharine, Echols <hr/> Contributor address; City; State; Zip Code 508 Harris Ave Austin, TX 78705	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) University of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/12
2 FILER NAME Nelson, Piper		3 Filer ID
4 Date 10/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeeDee L, Camozzi <hr/> 6 Contributor address; City; State; Zip Code 3405 Garden Villa Lane Austin, TX 78704	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Sanders\Wingo
Date 10/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desiree, Koome <hr/> Contributor address; City; State; Zip Code 3505 Stevenson Ave Austin, TX 78703	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pilates instructor		Employer (See Instructions) Self
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriela, Polit <hr/> Contributor address; City; State; Zip Code 705 Keasbey St Austin, TX 78751	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallie, Cameron <hr/> Contributor address; City; State; Zip Code 3829 Bobstone Dr. Sherman Oaks, CA 91423	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Marriage and Family Therapist		Employer (See Instructions) Self
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannah, Peters <hr/> Contributor address; City; State; Zip Code 2406 Pegram Ave Austin, TX 78757	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) H+K Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/12
2 FILER NAME Nelson, Piper		3 Filer ID
4 Date 10/04/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Metrick <hr/> 6 Contributor address; City; State; Zip Code 7046 N 8th Ave. Phoenix, AZ 85021	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nonprofit		9 Employer (See Instructions) SFI
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica, Reeves <hr/> Contributor address; City; State; Zip Code 1812 walnut ave Austin, TX 78702	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessie, Bloede <hr/> Contributor address; City; State; Zip Code 1714 W. 34th St Austin, TX 78703-1315	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Publicis
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joah, Spearman <hr/> Contributor address; City; State; Zip Code 1503 West 10th Street Austin, TX 78703	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Localeur
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Piper <hr/> Contributor address; City; State; Zip Code 600 Harris Ave Austin, TX 78750	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Data Analyst		Employer (See Instructions) Ascension Health Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/12
2 FILER NAME Nelson, Piper		3 Filer ID
4 Date 10/04/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate, Volti <hr/> 6 Contributor address; City; State; Zip Code 2700 Park View Dr. AUSTIN, TX 78757	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) VP		9 Employer (See Instructions) Meadows Mental Health Policy Institute
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken, Ryll <hr/> Contributor address; City; State; Zip Code 3803 Avenue H Austin, TX 78751-4718	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Apple
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin, Lashus <hr/> Contributor address; City; State; Zip Code 700 Landon Lane Austin, TX 78705	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) FisherBroyles LLP.
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah, Robertson <hr/> Contributor address; City; State; Zip Code 2201 Bowman Ave Austin, TX 78703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Favish
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria, Bergh <hr/> Contributor address; City; State; Zip Code 1119 Woodland Ave Austin, TX 78704	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/12
2 FILER NAME Nelson, Piper		3 Filer ID
4 Date 10/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Thompson <hr/> 6 Contributor address; City; State; Zip Code 700 harris Ave Austin, TX 78705	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nell, Todd <hr/> Contributor address; City; State; Zip Code 321 Kentucky Ave se Washington, DC 20003	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Deloitte
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peggy, Manley <hr/> Contributor address; City; State; Zip Code 3820 A. Ridgelea Dr. Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel, Godlewski <hr/> Contributor address; City; State; Zip Code 4845 11th Ave S Minneapolis, MN 55417	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) The Blake School
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Gammon <hr/> Contributor address; City; State; Zip Code 3125 Hemphill Park Austin, TX 78705	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/12
2 FILER NAME Nelson, Piper		3 Filer ID
4 Date 10/04/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra, Saldana	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1803 Tempel Dr Austin, TX 78721		
8 Principal occupation / Job title (See Instructions) Director of Administration		9 Employer (See Instructions) Nelsen Partners
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara, Strother	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4211 Avenue F Austin, TX 78751		
Principal occupation / Job title (See Instructions) Nurse practitioner		Employer (See Instructions) Inspire family health
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Davidson	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1845 Walnut Street 24th Floor Philadelphia, PA 19103-4708		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Willig Williams & Davidson
Date 10/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia, Garcia	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. Box 8530 Houston, TX 77249		
Principal occupation / Job title (See Instructions) State Senator		Employer (See Instructions) State of Texas
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TJ, COSTELLO	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1411 Gracy Farms Lane #126 AUSTIN, TX 78758		
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) Texas Comptroller

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/12
2 FILER NAME Nelson, Piper		3 Filer ID
4 Date 10/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Fenton <hr/> 6 Contributor address; City; State; Zip Code 1224 S. Clarkson St Denver, CO 80210	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions) plumber
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) george, cones <hr/> Contributor address; City; State; Zip Code 130 North Clayton street Wilmington, DE 19805	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions) Third Sigma Investment Advisors LLC
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jema, turk <hr/> Contributor address; City; State; Zip Code 819 w galer st seattle, WA 98119	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) UCSF
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) meredith, marks <hr/> Contributor address; City; State; Zip Code 1516 Preston Ave Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Martin+Crumpton Group
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) susan, dudley <hr/> Contributor address; City; State; Zip Code 2101 schulle austin, TX 78703	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) real estate sales		Employer (See Instructions) Kuper Sothebys

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 11/12	2 FILER NAME Nelson, Piper	3 Filer ID
4 Date 10/05/2020	5 Payee name Duchen, Marc	
6 Amount (\$) \$601.79	7 Payee address; City; State; Zip Code Houston, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email list
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2020	Payee name Kelly Graphics	
Amount (\$) \$1,791.54	Payee address; City; State; Zip Code 1107 Rose St Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs with union printer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2020	Payee name NGP VAN	
Amount (\$) \$541.25	Payee address; City; State; Zip Code 655 15th St. NW, Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NGP VAN - access to data and access to send out emails
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 12/12		2 FILER NAME Nelson, Piper		3 Filer ID
4 Date 10/08/2020		5 Payee name Pivot		
6 Amount (\$) \$24,840.00		7 Payee address; City; State; Zip Code 1100 15th Street NW 4th Floor Washington, DC 20005		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design, print and distribution of 2 mailers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 10/04/2020		Payee name USPS		
Amount (\$) \$118.00		Payee address; City; State; Zip Code TX		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 10/20/2020		Payee name Wells Fargo		
Amount (\$) \$18.00		Payee address; City; State; Zip Code TX		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ordering checks	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

The UPS Store #5815
1101 W 34th St
Austin, TX 78705

Phone: (512) 454-0020
Email: store5815@theupsstore.com

Mon 26 Oct 2020 02:53 PM

Payment #: 0018260372
Kiosk ID 0000009367
Access Code: 001844-00009022-

MC XXXXXXXXXXXXX1135
PIPER S NELSON

Computer Rental

Minutes: 05:00 \$2.95
Pages: 12 \$1.20
BW - 8.5x11 : 012 @ \$0.10

Sales Tax \$0.10

Amount: \$4.25

Thank you.