CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: /3
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER	Mrs. Julie	5.	Date Received
NAME	NICKNAME LAST	SUFFIX	
	Cowan		10-3-2014
		STATE; ZIP CODE	
4 CANDIDATE / OFFICEHOLDER	ADDITION 1 5 DOIL		
MAILING	4304. Tallowood Dr. Au	stin TV 78731	Date Hand-delivered or Postmarked
ADDRESS	9309. 19 100000C DV. 1100	5/11/17	Desciet # Amount
change of address	DUONE NUMBER	EXTENSION	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
PHONE	(512) 794-9389		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	Mr. Tommy		
IVANIL	NICKNAME	SUFFIX	
	Cowan		
- CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:	CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER		2000 CM	
ADDRESS	5407 Bull Run Circle	Austin, 1X	78727
(residence or business)	3701 1		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(5/2) 762-5317		
1110111			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	7		(officeholder only)
	July 15 Sth day before election	Exceeded \$500	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	8 /11 / 2014 THROUGH	9 /25/	2014
44 ELECTION	ELECTION DATE ELECTION TYPE		
11 ELECTION	Month Day Year Primary	Runoff	General Special
	11 / 4 / 2014	<u> </u>	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	2.1.1.1
		AISD Truste	e District 4
		1 11 1	
	GO TO PA	GE 2	
	- GO 101A		
	- Led-		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ulie Cov	1/A 1/A	COUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE SES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	S OR OFFICEHOLDER'S KNOWLEDGE OR		
	GENERAL SPECIFIC	COMMITTEE NAME Austin Kids First PAC COMMITTEE ADDRESS P.O. Box 302107 Austin	, TX 78703		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME Edwin Ochoo COMMITTEE CAMPAIGN TREASURER ADDRESS P.O. Bo X 302107 Austin	, TX 78703		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,904.60		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 1958.10				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 8866.90		
OUTSTANDING LOAN TOTALS	6. TOTAL I	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
18 AFFIDAVIT	MARGERY ELAINE H My Commission E July 9, 2018	ipires () / - / - / / - /	mation required to be reported by		
Sworn to and sub	scribed before	me, by the said 5wie D. (bw.	, this the		
Signature poffider adm	lane Hop	ham Marcory Elaine Hapkin			

(512) 463-5800 Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 8 In-kind contribution 7 Amount of description (if applicable) contribution (\$) St. #2602 Austin, TX 78703 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) In-kind contribution Amount of description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution description (if applicable) contribution (\$) Ann + Tommy Cowan contributor address; City; State; Zip Code 5407 Bull Run Circle (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of description (if applicable) Date contribution (\$) Ann & John Hiward Contributor address; City: State: Zip Code 401 Emerald Hill Pr (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Julie Cowan		3 ACCOUNT # (E	thics Commission Filers)
4 Date 9-13-14	5 Full name of contributor out-of-state PAC(ID#:_ Paula + Tom Coopwood 6 Contributor address; City; State; Zip Code 6717 VALBURN DV.	۲	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6717 Valburn Dr. Austin, TX	18731	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#:_ Valevie Tyler		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-12-14	Valevie Tylev Contributor address; City; State; Zip Code 6500 Mesa Dv.	78721	100.	
	Austin, TX	10 121	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-11-14	The state of the s		100.	
	Austin, IX	78739	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#_DIANE + Leon Royd D	rugal	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-10-14	Contributor address; City; State; Zip Code 4215 Tallowood Dr.	70001	250.	
	Austin, TX	78731	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#_ KATHY + Kent RIDER		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-7-14	3221 Clearview Dr. Austin, IX	78703	250.	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
	ATTACH ADDITIONAL CODIES O	E THIS SOUTH	AC NEEDED	

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
Date	5 Full name of contributorout-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
8-20-14	Suzanne + Vincent Torres 6 contributor address; City: State; Zip Code 6904 Winterberry Dr. Austin, TX 78750	200.
	leading the second seco	(If travel outside of Texas, complete Schedule T) (See Instructions)
Principal occup	pation / Job title (See Instructions) 10 Employer	(See mandone)
Date	Full name of contributor out-of-state PAC(ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
9-2-14	Susan + David Onion contributor address; City; State; Zip Code 4301 Tallowood Dr. Auchin TX 78731	200.
	7/0/3/1/1	(If travel outside of Texas, complete Schedule T) (See Instructions)
Principal occu	pation / Job title (See Instructions) Employer	(See Histractions)
Date	Rebecca + Tim Creier	Amount of In-kind contribution contribution (\$) description (if applicable)
8-31-14	Rebecca + Tim Creier Contributor address; City; State; Zip Code 4400 + Mberly Place	50.
	Austin, 12 1875	(If travel outside of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC(ID#	Amount of In-kind contribution contribution (\$) description (if applicable
9-2-14	Contributor address; City; State; Zip Code 6400 Ledge Mountain Dr.	250.
	Austin, 1x 78731	(If travel outside of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable
9-11-14	Contributor address; City; State; Zip Code 230 Cathish Trail	2500.
	Whitney, 1x 76692	(If travel outside of Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions) Employer	(See Instructions)

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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

	To an analysis of
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Julie Cowan	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: Diane + lames Howard	7 Amount of contribution (\$) description (if applicable)
9-15-14 Diane + James Howard. 3704 Meadow bank Dr.	25.
Austin, TX 78703	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	e Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
9-16-14 Cathy + Tom Painter Contributor address; City; State; Zip Code 4108 Mek Dr.	100.
Austin, TX 78731	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
9-16-14 Contributor address; City; State; Zip Code 7006 Blanford Dr.	/00.
Austin, 1X 18-150	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
9-16-14 Contributor address; City; State; Zip Code 7210 Montana Norte Auch's TV 78731	200.
AUSTIN, IN 10121	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
9-17-14 Contributor address; City: State; Zip Code 3702 East ledge Austin, TX 78731	50.
Austin, TX 78731	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	Julie Cowan		3 ACCOUNT # (E	Ethics Commission Filers)
9-17-14	5 Full name of contributor out-of-state PAC(IDH: LNNIFER + Wade Of 6 Contributor address; City; State; Zip Code 7200 Montana Norte Auchin TV	Nens 78731	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	. 100111, 17	10 101	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date G i 7 i 1	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
17179	Carolyn BOYLE Contributor address; City; State, Zip Code 1509 Stepdown Cove Austin, T	X 78731	100.	
Principal occur				f Texas, complete Schedule T)
Filicipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	*
Date	Full name of contributor out-of-state PAC(ID#_ Path'e & Gene Mck	lenzie	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-17-14	Pattie & Gene Mck Contributor address; City: State: Zip Code 7218 West Rim Dr.		250.	
	Austin, T	10/8/1	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		,
Date	Sarah & Ken Frank	enfeld	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-18-14	Contributor address; City; State; Zip Code 3607 Highland View	Dr.	50.	
	AUSTIN, IX	18 131	(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
9-18-14	Mary & Charles Dic Contributor address; City; State; Zip Code (800 Valburn Dr.	kerson	contribution (\$)	description (if applicable)
	Austin, TX	78731		
Principal occupa	ation / Job title (See Instructions)	Employer (See I-		Texas, complete Schedule T)
The state of the s	(CCC mondonolog)	Employer (See In	andchons)	
			-	

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P.O. Box 12070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	this have to complete this form	1 Total pages Schedule A:
The	Instruction Guide explains how to complete this form.	
FILER NAME	Julie Cowan	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
9-18-14	Don Kendrick 6 Contributor address: City: State: Zip Code 20110 Rod and Grun Club Rd. Spicewood, TX 7866	100.
	Spicewood, TX 1866	(If travel outside of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) 10 Employer	(See Instructions)
Date	Full name of contributor) Amount of In-kind contribution contribution (\$) description (if applicable)
7-18-14	Decca Siegel Contributor address; City; State; Zip Code 7604 Rustling Cove	57.
	Austin, TX 78731	(If travel outside of Texas, complete Schedule T)
Principal occu		(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable
9-25-14	Susic + Dan Allen Contributor address; City; State: Zip Code (808 Marby & Ridge CV.	200
	Anstin, TX 7873	
Principal occi	upation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC(ID#	Amount of In-kind contribution contribution (\$) description (if applicable
9-24-14	Blythe + Chins Wilson Contributor address; City; State; Zip Code 6901 Ladera Novte	100.
	Austin, TX 7873	(If travel outside of Texas, complete Schedule T)
	upation / Job title (See Instructions) Employer	(See Instructions)
Principal occ		
Principal occi	Full name of contributor out-of-state PAC(ID#	Amount of In-kind contribution contribution (\$) description (if applicable
Date 9-25-14	Full name of contributor out-of-state PAC(ID#: Carolyn + Mark Albertathy Contributor address; City; State; Zip Code 4013 Walnut Clay Dr. Austin, 1873	

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 2 FILER NAME Julie Cowan	1 Total pages Schedule A: 3 ACCOUNT # (Ethics Commission Filers)
2 FILER NAME	3 ACCOUNT # (Fthics Commission Filers)
OUTE COVERT	J. MOODER & Craim Commission
4 Date 5 Full name of contributor out-of-state PAC(ID#	7 Amount of sometime in the contribution (\$) 8 In-kind contribution (\$) description (if applicable)
Date Full name of contributor out-of-state PAC(ID#) Fill name of contributor out-of-state PAC(ID#) Fill name of contributor out-of-state PAC(ID#) Contributor address; City; State; Zip Code 1210 Waterline Nd.	Amount of contribution (\$) In-kind contribution description (if applicable)
Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of Texas, complete Schedule T) Instructions)
Date Full name of contributor out-of-state PAC (ID#) 12-14 Contributor address: Oity; State; Zip Code 5006 Barker Ridge Austin, 78759 Principal occupation / Job title (See Instructions) Employer (See	Amount of contribution (\$) In-kind contribution description (if applicable) ///////////////////////////////////
Date Full name of contributor	Amount of contribution (\$) In-kind contribution description (if applicable)
Date Full name of contributor out-of-state PAC (ID#) 9-25-/4 Contributor address; City; State; Zip Code High Oak Dr. Aushin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See	Amount of contribution (\$) In-kind contribution description (if applicable)

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Scho	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date 9-7-14	5 Full name of contributor out-of-state PAC (ID#:	78731		8 In-kind contribution description (if applicable) of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	0 Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	ad	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-12-14	Contributor address; City; State; ZiplCode 1821 West Rivn Austin TX	18731	1000.	
		Employer (See Ir		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See ii	istructions)	*
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-19-14	Contributor address; City; State; Zip Code 140.3 W. 6th St. Austin, TX	78703	500.	I - of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID# Pol	lard)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-22-14	Contributor address; City; State; Zip Code 7017 ROCKPOINT Pr.	8731	100.	,
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
, integral cood				
Date 8-27-14	Full name of contributor out-of-state PAC (ID#	V5C	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Austin TX		(16 tent of autolity	of Toyon, complete Schedule T
Principal occu	pation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this f	form.	1 Total pages Sche	edule A:
2 FILER NAME	Julie Cowan		3 ACCOUNT # (Et	hics Commission Filers)
4 Date 8-18-14	Full name of contributor out-of-state PAC (ID#: Robert K. Cowan, Jr. 6 Contributor address; City; State; Zip Code 4304 Tallowood Dr. Austin, TX	78731		8 In-kind contribution description (if applicable) of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	istructions)	
Date 9-17-14	Full name of contributor out-of-state PAC (ID#_Robert K. Cowan, Jr. Contributor address; City; State; Zip Code 4304 Tallowood Dr. Austin, TX	78131		In-kind contribution description (if applicable) Mailing labels
		Employer (See In	The Control of the Co	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (ddd ii		
P-6-14	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable) Domain Name of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 9-25-14	Full name of contributor out-of-state PAC (ID#_Austin Kids First PAC) Contributor address; City; State; Zip Code P.O. Box 302 107 Austin, TX	78 10 3 Employer (See I		In-kind contribution description (if applicable) Campaign Consulting Sewices of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (ccc)		N Comments
Date 9-2-14	Full name of contributor out-of-state PAC (ID#_Rebecca Gerer Contributor address; City; State; Zip Code (400) Amberly Place Austin, TX Ipation / Job title (See Instructions)	78759 Employer (See I		In-kind contribution description (if applicable) Video Production of Texas, complete Schedule T)

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EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Printing Expense Office Overhead/Rental 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 Total pages Schedule F:	2 FILER NAME. 3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-2-14	Office Depot # 2784
6 Amount (\$) 79.64	7 Payee address; City; I State; Zip Code 2620 W. Hnolerson Ln. Austin, TX 78757
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead (b) Description (If travel outside of Texas, complete Schedule T) Supplies - Paper, INIC, Stamps, ENV.
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
9-2-14	Payee name AW Designs
Amount (\$) /00.00	Payee address; City; State; Zip Code 8512 SIIVEY Ridge DV. Austin, TX 78759
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Advertising Expense Graphic design - logo
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held
Date - 3-14	Capital Rubber Stamp
Amount (\$) 15, 70	Payee address; Gity; State; Zip Code 3314 S. Congress Ave. Austin, 7× 78704
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense Name badge
Complete ONLY if direct · expenditure to benefit C/O	Candidate / Office holder name Office sought Office held
Date 9-14	Payee name. Build A Sign
Amount (\$) /80.78	Payee address; State: Zip Code Dr. #148 11550 Stanehollow Dr. #148 Austin, X 78758

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PURPOSE EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Texas Ethics Commission

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Fravel In District Fravel Out Of District Office Overhead/Rental Expense explains how to complete this fo	Loan Repayment/Reimbursement Transportation Equipment & Relater Contributions/Donations Made By Candidate/Officeholder/Political OTHER (enter a category not lister orm.	Committee
1 Total pages Schedule F:	2 FILER NAME Julie Co	wan	3 ACCOUNT # (Ethics Comm	ission Filers)
4 Date 9-11-14	5 Payee name Build A SI	ġn		
6 Amount (\$)	7 Payee address; City; State	Zip Code	#148	
1471.12	11550 Stonel	WILLOW F	8758	
8 PURPOSE	(a) Category (See categories listed at the top of	fthis schedule) (b) Description	(If travel outside of Texas, complete Schedu	ule T)
OF EXPENDITURE	Holvertising	510	145	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	jht Office he	ld
8-119-14 thru	Payee name Pivvx , /n	С		
Amount (\$)	Payee address, City; State 144 2nd St.	St Floor		
110.86	San	Francisco, (A 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Acrounting Ban	1	n (littravel outside of Texas, complete Schedu Gees-On line donation	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office he	ild
Date	Payee name		The First	
Amount (\$)	Payee address; City; State	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	'this schedule) Description	n (If travel outside of Texas, complete Schedu	ule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office he	ld
Date	Payee name			5
Amount (\$)	Payee address; City; State	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Description	n (If travel outside of Texas, complete Schedu	ile T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ht Office he	ld
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS	NEEDED	