

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

1996 12 27 PM 11

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR FIRST MI

Mrs Katherine E

SIGNATURE LASTNAME SUFFIX

Mason-Murphy

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE

803 Glen Oak Dr Austin Tx 78745

change of address

Receipt #	Amount

5 CANDIDATE / OFFICEHOLDER PHONE NUMBER EXTENSION

NAME

TREASURER

ADDRESS

803 Glen Oak Dr

PHONE

6 REPORT TYPE

January 15

30th day before election

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH-FR)

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Katherine Mason-Murphy

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE ADVISED TO DEBATE THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE NAME

additional pages

COMMITTEE NAME

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

4. TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL EXPENDITURES

\$ 117.61

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS A RESERVE FROM DAY  
TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS A RESERVE FROM DAY  
OF REPORTING PERIOD

\$ 0

TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS A RESERVE FROM DAY OF REPORTING PERIOD

# OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (if applicable)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (if applicable)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (if applicable)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (if applicable)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (if applicable)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

1 Total name Schedule R

2 FULLER NAME

3 ACCOUNT # TEXAS ETHICS COMMISSION (None)

4 TOTAL OF UNITEMIZED PLEDGES: \$...

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
Pledgor address, City, State, Zip Code			
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions)      11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address, City, State, Zip Code			
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)      Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address, City, State, Zip Code			
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)      Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address, City, State, Zip Code			
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)      Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address, City, State, Zip Code			
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)      Employer (See Instructions)

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

ACCOUNT # (COMINT or Mission Center)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

5 Date of loan

7 Name of lender

out-of-state PAC ID#:

9 Loan Amount (\$)

Lender address, City, State, Zip Code

15 Check if personal funds were deposited into political account

Description of violation

16 Amount Guaranteed (\$)

## INFORMATION

not applicable

19 Employer (See Instructions)

Is lender

Member of state

Is lender

a financial

Lender address, City, State

Maturity date

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Consulting Expense	Food/Beverage Expense	Solicitation/undraising Expenses	Transportation/Equipment & Related Expenses
Event Expense	Printing Expense	Travel - In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Polling Expense	Travel - Out Of District	OTHER (enter a category not listed above)
		Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1		<b>2</b> FILER NAME Kate Mason-Murphy		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 10/13/2014		<b>5</b> Payee name Southside Printing			
<b>6</b> Amount (\$) \$86.60		<b>7</b> Payee address; City; State; Zip Code 3005 South Lamar Blvd Ste B-100 Austin, Tx 78704			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (see categories listed at the top of this schedule) Printing Expense		(b) Description (if travel outside of Texas, complete Schedule I) campaign flyers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Kate Mason-Murphy		Office sought AISD District 6 Trustee	
Office held N/A					
Date 10/20/2014		Payee name Teacher Heaven			
Amount (\$) \$13.86		Payee address; City; State; Zip Code 4211 S Lamar Blvd Austin Tx 78704			
PURPOSE OF EXPENDITURE		Category (see categories listed at the top of this schedule) Advertising Expense		Description (if travel outside of Texas, complete Schedule I) lamination fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Kate Mason-Murphy		Office sought AISD District 6 Trustee	
Office held N/A					
Date 10/21/2014		Payee name Southside Printing			
Amount (\$) \$17.35		Payee address; City; State; Zip Code 3005 S Lamar Ste B100 Austin, Tx 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (if travel outside of Texas, complete Schedule I) campaign flyers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Kate Mason-Murphy		Office sought AISD District 6 Trustee	
Office held N/A					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (if travel outside of Texas, complete Schedule I)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

- Accounting/Printing
- Legal Services
- Solicitation/Fundraising Expense
- Transportation Expenses/Political Expense
- Consulting Expense
- Public Service Expense
- Travel/Travel Expenses
- Out-of-State Expenses/Political Expense
- Event Expense
- Printing Expense
- Travel Out of District
- Office Overhead/Rental Expense
- Fees
- Printing Expense
- OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule I)
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Date	Payee name

PURPOSE OF EXPENDITURE	
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule I)

PURPOSE OF EXPENDITURE	

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME
4 Date	5 Business name
6 Amount (\$)	7 Business address; City; State; Zip Code

OF

9 Complete ONLY if direct expenditure to benefit C/OH

Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Business name
Amount (\$)	Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME
4 Date	5 Payee name
6 Amount (\$)	7 Payee address; City; State; Zip Code

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

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

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

<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

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

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City, State, Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City, State, Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City, State, Zip Code	
	Purpose for which amount is received	

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

## SCHEDULE T

The instruction Guide explains how to complete this form.

1 Total pages Schedule T

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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