

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM 5001 CIOH
COVER SHEET PG 1

The CIOH Instruction Guide explains how to complete this form.

(Ethics Commission Form)

3. CANDIDATE / OFFICEHOLDER NAME	MS./MRS./MR.	FIRST	INITIAL	OFFICE USE ONLY Date Received
	NICKNAME NICKNAME	LAST	SUFFIX	
		Kendall	G.	
		...		

4. MAILING ADDRESS	Date Hand-delivered or Postmarked
...	

5. CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		...	

6. CAMPAIGN TREASURER NAME	MS./MRS./MR.	FIRST	INITIAL	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
		Crowin		
		...		

7. CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX OR R.F.D.)	APT./SUITE #	CITY	STATE	ZIP CODE
	TX	78703

KASKA IX 78703 TX 78703

CANDIDATE / OFFICEHOLDER REPORT

FORM C/OH

SUPPORT & TOTALS

COVER SHEET PG 2

14 C/OH NAME **Pace, Kendall** 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM THIS DAY IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE C/OH.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

TOTALS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED

(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **NOT**

EXPENDITURE TOTALS	3 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
CONTRIBUTION BALANCE	4 TOTAL POLITICAL EXPENDITURES	\$ 866.44
	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2861.75
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

18 AFFIDAVIT I swear or affirm under penalty of perjury that the accompanying report

POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 ACCOUNT # (Ethics Commission Filers)

Face, Kendall

4 Date: 12/14/11

5 Full name of contributor: [] out-of-state PAC (ID#)

Cumy, Mark

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

250.00

6 Contributor address, City, State, Zip Code

4000 Tablerock Austin, TX 78731

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: Full name of contributor: [] out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

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: [] out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: Full name of contributor: [] out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

POLITICAL EXPENDITURES

CONSUMER

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel in District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Volunteer Compensation/Official Committee |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME: Pace, Kendall	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: 12/9/14	5 Payee name: The Austin Chronicle
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6 Amount (\$): \$9K	7 Payee address; City; State; Zip Code: P.O. Box 41000 Austin, TX 78760
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PURPOSE OF EXPENDITURE: Advertising Expense	Category (see categories listed at the top of this schedule): Advertising	Description (list the type of expenditure): Ads	Check if Austin, TX, official/relating expense: <input type="checkbox"/>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (see categories listed at the top of this schedule)	Description (list the type of expenditure)	Check if Austin, TX, official/relating expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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Date	Payee name
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement

Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<input type="checkbox"/> Reimbursement from political contributions intended	1601 Willow Rd Menlo Park, CA 94025
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OF EXPENDITURE Advertising Expense	Ads
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Date	Payee name
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