

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM CIOH
COVER SHEET PG 1**

1001

The CIOH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
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NAME: _____

OFFICEHOLDER / CANDIDATE: _____

RESIDENT LEVEL: _____

ADDRESS: _____

<input type="checkbox"/> change of address	APRA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount
	(512)	022 2439			

TREASURER NAME	Sara
NICKNAME	
LAST	Tasch
SUFFIX	

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	4603 Horseshoe Bend		Austin	TX	78731

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	765-7714	

9 REPORT TYPE	<input type="checkbox"/> January 15 primary	<input type="checkbox"/> 20th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (unincorporated entity)
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 6th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach CIOH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	9	26	2014		10	25	2014

11 ELECTION	ELECTION DATE	ELECTION TYPE
	11 / 4 / 2014	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Recall

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

Committee Name: Austin Kids First PAC

NOTICE FROM

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	Austin Kids First PAC
	COMMITTEE ADDRESS
	PO Box 302107 Austin, TX 78703
	COMMITTEE CAMPAIGN TREASURER NAME
	Edwin Ochoa
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	8807 Dawnridge Cir, #101, Austin, TX 78757

TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 9,725.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,725.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5508.79
CONTRIBUTION PAID	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,426.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18. AFFIDAVIT:

I swear to annual reporting that the accompanying report is true and correct and contains no information that should be reported by me under Title 15



JENNIFER GAMEZ

February 09, 2017
February 20, 2017

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
1 of 2

2 FILER NAME

Yasmin Wagner

3 ACCOUNT # (Ethics Commission Filers)

Warren Faulkner

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)

9/30/2014

Kenneth Schwartzman

Contributor address: City: State: Zip Code

218 6th Ave S, Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/1/2014

Cherry Barker

Contributor address: City: State: Zip Code

8819 Flint Ave Lubbock, TX 79423

\$100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/2/2014

Frank Hayes

Contributor address: City: State: Zip Code

6100 Rickerhill Ln Austin, TX 78739

\$25

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/3/2014

AustinKidsFirst PAC

Contributor address: City: State: Zip Code

P.O. Box 302107 Austin, TX 78703

\$7,500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out of state PAC, please see instruction guide for additional reporting requirements

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

Total pages Schedule A: _____

contribution (\$) description (if applicable)

10/15/2014 6 Contributor address; City; State; Zip Code

6433 York Bridge Circle Austin, TX 78749

\$50

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

10/15/2014

SKAT

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date Full name of contributor out-of-state PAC (LUR)

Amount of In-kind contribution

Margaret Boch

contribution (\$) description (if applicable)

10/21/2014

\$1.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date Full name of contributor out-of-state PAC (LUR)

Amount of In-kind contribution

10/25/2014

\$1,250

Consulting Services

P.O. Box 302107 Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date Full name of contributor out-of-state PAC (LUR)

Amount of contribution (\$) In-kind contribution description (if applicable)

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 Legal Services Solicitation/Fundraising Expense Travel Expense
 Construction Expense Political Expense Office/Communication Expense Other

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1** **2** FILER NAME: **Vacmin Wagner** **3** ACCOUNT # (Ethics Commission Filers)

\$1454.88	3217 N IH 35 Austin, TX 78722
PURPOSE OF EXPENDITURE	Printing Expense Pushcards <input type="checkbox"/> Check if Austin, TX officeholder living expense

9 Complete **ONLY** if direct Candidate / Officeholder name: **expenditure to benefit C/OH** Office sought Office held

Date: 10/22/2014	Payee name: Kelly Graphics
Amount (\$): \$4030.98	Payee address: 1409 Quaker Ridge Austin, TX 78746
PURPOSE	Category: (See categories listed at the top of this schedule) Description: (If travel outside of Texas, complete Schedule TX)

OF **Mail**

Complete **ONLY** if direct Candidate / Officeholder name

PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	Transaction Fees
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 9(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 | Candidate/Incumbent/Political Committee |
| Fees | Filing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Yasmin Wagner	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/28/2014	5 Payee name Wix.com	
6 Amount (\$) \$15.95	7 Payee address; City; State; Zip Code 200 Bay 40400 Gulf Breeze, FL United States	

Political contributions intended

OF EXPENDITURE	Fees	Website Hosting
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Check if Austin, TX, officeholder living expense

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

Reimbursement from political contributions intended

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

Check if Austin, TX, officeholder

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

Reimbursement from political contributions intended

OF EXPENDITURE	Category (See categories listed at the top of this schedule)
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Check if Austin, TX, officeholder living expense

Amount (\$)	Category
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