

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed: 7

3 CANDIDATE /  
OFFICERHOLDER  
NAME

MS / MRS / MR

FIRST

MI

OFFICE USE ONLY

Julie

S

Date Received

SUFFIX

4 OFFICERHOLDER  
PHONE

(512)

794-9389

MI

Date Imaged

5 CAMPAIGN

MC / MDS / MD

FIRST

Cowan

TREASURER  
ADDRESS  
(residence or business)

5407 West 4th Circle

Austin, TX

6 PHONE

7 CAMPAIGN

AREA CODE

PHONE NUMBER

EXTENSION

102-5311

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

45 ACCOUNT # (Ethics Commission File #)

*Mike Cowan*

46 NOTICE FROM

THE BOARD OF ETHICS HAS REVIEWED THE POLITICAL CONTRIBUTIONS AND POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE

COMMITTEE IDENTIFIED. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

2. TOTAL POLITICAL CONTRIBUTIONS

\$ *100.00*

TOTALS

4. TOTAL POLITICAL EXPENDITURES

\$ *99.16* *80.00* *1.00*

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME John A. ...

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-28-14

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

Nick Classen

6 Contributor address; City; State; Zip Code

6407 Cerro Cove  
Austin, TX 78731

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(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

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Gift/Awards/Memorials Expense
- Salaries/Wages/Contract Labor
- Loan Repayment/Reimbursement
- Consulting Expense
- Food/Beverage Expense
- Initiation/Fundraising Expense
- Transportation Equipment & Related Expense
- Event Expense
- Printing Expense
- Travel In District
- Candidate/Officeholder/Political Committee
- Fees
- Travel Out Of District
- OTUB (enter a category not listed above)

The Instruction Guide explains how to complete this form.

ACCOUNT # (Ethics Commission Filers)

4 Date: 10-28-14

5 Payee name: Kelly Graphics

6 City, State, Zip Code: [Handwritten]

1 PURPOSE: [Handwritten]

2 OFFICE: [Handwritten]

expenditure to benefit C/OH

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

EXPENDITURE

Candidate / Officeholder name	Office sought	Office held
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expenditure to benefit C/OH

Date	Payee name
	Payee address; City; State; Zip Code