

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

14 OCT 27 PM 12:05:50

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:** 11

3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <i>Mrs.</i> FIRST <i>Julie</i> MI <i>S.</i>	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX <i>Cowan</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE <i>4304 Tallowood Dr. Austin TX 78731</i>	Date Received	
		Date Hand-delivered or Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 794-9389</i>	Receipt # Amount	
		Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR <i>Mr.</i> FIRST <i>Tommy</i> MI <i>N.</i>	Date Imaged	
	NICKNAME LAST SUFFIX <i>Cowan</i>		

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; ZIP CODE
5407 Bull Run Circle Austin TX 78727

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 762-5317

9 REPORT TYPE

January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (officeholder only)
 July 15
 8th day before election
 Exceeded \$500 limit
 Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
9 / 26 / 2014 10 / 25 / 2014

11 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE

11 / 4 / 2014
 Primary
 Runoff
 General
 Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**

AISSD Trustee District 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Julie Cowan

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 REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		<i>Austin Kids First PAC</i>
	COMMITTEE ADDRESS	<i>P.O. Box 302107 Austin, TX 78703</i>
	COMMITTEE CAMPAIGN TREASURER NAME	<i>Edwin Ochoa</i>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<i>P.O. Box 302107 Austin, TX 78703</i>

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 12,825.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ —

4. TOTAL POLITICAL EXPENDITURES \$ 9079.76

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 12,362.14

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ —

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Julie D. Cowan
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

Jennifer Gamez
Signature of officer administering oath

Jennifer Gamez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u>	
2 FILER NAME <i>Julie Cowan</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-26-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cheryl B. Danks</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3805 Green Trails N Austin TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9-26-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Donna + Michael Hauser</i>	Amount of contribution (\$) <i>2000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10805 Arnoek Ln. Austin, TX 78739</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-28-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John Steffes</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>21219 Lochmere Ln. Katy, TX 77450</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-28-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Elaine + Mike Rasper</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4002 Balcones Dr. Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-28-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tom McHorse, MD</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5503 Ridge Oak Dr. Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: <u>7</u>	
2 FILER NAME <i>Julie Cowan</i>				3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-29-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lyn Loeffler</i>		7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>12019 Black Angus Dr. Austin, TX 78727</i>		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <i>10-3-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brenda + Hal Wickes</i>		Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>6507 Sans Souci Cv. Austin, TX 78759</i>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>10-7-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ellyn Yacktmann</i>		Amount of contribution (\$) <i>5000.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>3571 Far West Blvd. #82 Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>10-6-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cheri + Jeff Crozier</i>		Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>4505 Malaga Dr. Austin, TX 78759</i>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>10-7-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robin Smith</i>		Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>7628 Waldon Dr. Austin, TX 78750</i>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME <i>Julie Cowan</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10-8-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ellen Muskin</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4009 Knollwood Dr. Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10-7-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lurleen + Daniel Ladd</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4606 Ridge Oak Dr. Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-9-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Donna McCormick</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5703 Shoalercreek Shoalwood Ave. Austin, TX 78756</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-8-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Blake Stanford</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4906 Tortuga Place Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-7-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Beth O'Farrell</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3902 Petra Path Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <i>Julie Cowan</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10-7-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>John Lay</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5309 Tortuga Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10-6-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Charles Hempstead</i>	Amount of contribution (\$) <i>75.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5750 Balcones Dr. #201 Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-10-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Beth Guillot</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2216 Thornton #210 Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-11-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kristin Knifton</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3007 Savoy Place Austin, TX 78757</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-10-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jennifer Blount</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7305 Foxtree Cove Austin, TX 78750</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Julie Cowan		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-10-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Austin Kids First 6 Contributor address; City; State; Zip Code 8807 Dawn Ridge Circle, #101 Austin TX 78757	7 Amount of contribution (\$) 2500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-10-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark Curry Contributor address; City; State; Zip Code 4000 Table Rock Dr. Austin, TX 78731	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-13-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wendy Milman Contributor address; City; State; Zip Code 6409 Williams Ridge Way Austin, TX 78731	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-14-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dawn Buckingham, MD Contributor address; City; State; Zip Code 404 Hurst Creek Rd. Austin, TX 78734	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-19-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lisa + Matt Dow Contributor address; City; State; Zip Code 6109 Shadow Mountain Dr. Austin, TX 78731	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME Julie Cowan

3 ACCOUNT # (Ethics Commission Filers)

4 Date 10-17-14 5 Full name of contributor out-of-state PAC (ID# _____)
Marcia Levy
6 Contributor address; City; State; Zip Code
4000 Enclave Mesa Circle
Austin, TX 78731

7 Amount of contribution (\$) 50.00
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 10-17-14 Full name of contributor out-of-state PAC (ID# _____)
Paul Medrano
Contributor address; City; State; Zip Code
4214 Bamford Dr.
Austin, TX 78731

Amount of contribution (\$) 50.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10-21-14 Full name of contributor out-of-state PAC (ID# _____)
Kay Willis Brumley
Contributor address; City; State; Zip Code
3208 Cherry Lane
Austin, TX 78703

Amount of contribution (\$) 100.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10-22-14 Full name of contributor out-of-state PAC (ID# _____)
Susanne + Eric Tetzlaff-Tiblier
Contributor address; City; State; Zip Code
4506 Tortuga Cv.
Austin, TX 78731

Amount of contribution (\$) 100.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10-23-14 Full name of contributor out-of-state PAC (ID# _____)
Charles Montero
Contributor address; City; State; Zip Code
8109 A Baywood Dr.
Austin, TX 78759

Amount of contribution (\$) 50.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u>	
2 FILER NAME <u>Julie Cowan</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10-23-14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Austin Kids First PAC</u>	7 Amount of contribution (\$) <u>250.00</u>	8 In-kind contribution description (if applicable) <u>Campaign Consulting Services</u>
6 Contributor address; City; State; Zip Code <u>P.O. Box 302107 Austin, TX 78703</u>		(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 (ID#)	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 (ID#)	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 (ID#)	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 (ID#)	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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing 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 F: 2	2 FILER NAME Julie Cowan	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-7-14	5 Payee name Worley Printing Co.
--------------------------	--

6 Amount (\$) 253.31	7 Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Push cards - printing
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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 9-26-14 thru 10-25-14	Payee name Piryx, Inc.
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Amount (\$) 114.80	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting / Banking	Description (If travel outside of Texas, complete Schedule T) Service Fees - online donations
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-24-14	Payee name Kelly Graphics
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Amount (\$) 5894.59	Payee address; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Post cards
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-24-14	Payee name AW Designs
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Amount (\$) 175.00	Payee address; City; State; Zip Code 8512 Silver Ridge Dr. Austin, TX 78759
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Post card design
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2		2 FILER NAME Julie Cowan		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-30-14		5 Payee name Office Depot			
6 Amount (\$) 349.32		7 Payee address; City; State; Zip Code 2620 W. Anderson 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 - stamps, envelopes, paper		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9-30-14		Payee name Build A Sign			
Amount (\$) 433.00		Payee address; City; State; Zip Code 11550 Stonehollow Dr. # 140 Austin, TX 78758			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Letters, labels, business cards		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9-27-14		Payee name Littlefield Consulting			
Amount (\$) 1684.74		Payee address; City; State; Zip Code P.O. Box 90591 Austin, TX 78709			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Letters, env., postage		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10-6-14		Payee name AW Designs			
Amount (\$) 175.00		Payee address; City; State; Zip Code 8512 Silver Ridge Dr. Austin, TX 78759			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Push cards - graphic design		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED