

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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
	NICKNAME	LAST	SUFFIX
MR. STANTON		K	
STRICKLAND			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	1174 SAN BERNARD ST. AUSTIN, TX 78702		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512) 419-8110		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
MR. FRANK		ORTEGA	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	11915 Stonehollow Dr. AUSTIN, TX 78758		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512) 426-4865		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month	Day	Year
	9	26	2014
11 ELECTION	Month	Day	Year
	11	04	2014
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		AUSTIN ISD - School Board Trustee - Dist. #1	

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

STANTON STRICKLAND

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 525.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 630.67

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

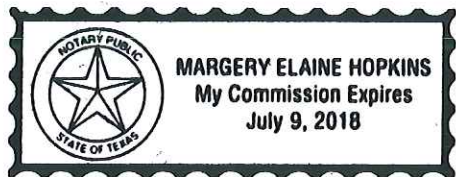
\$ 94.84

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Margery Elaine Hopkins
Signature of officer administering oath

Margery Elaine Hopkins
Printed name of officer administering oath

Exc. Assist
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: 1

2 FILER NAME: STANTON STRICKLAND **3** ACCOUNT # (Ethics Commission Filers):

4 Date: <u>10/21/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <u>RICK WALLEN</u>	7 Amount of contribution (\$): <u>\$ 250.00</u>	8 In-kind contribution description (if applicable):
6 Contributor address; City; State; Zip Code: <u>2315 E. 8th St. AUSTIN, TX 78702</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions): OWNER **10** Employer (See Instructions): CALL PHONOGRAPH, LLC.

Date: <u>10/16/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <u>ELIZABETH FULLER</u>	Amount of contribution (\$): <u>\$ 100.00</u>	In-kind contribution description (if applicable):
Contributor address; City; State; Zip Code: <u>SAN ANTONIO, TX</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions): ATTORNEY Employer (See Instructions): USAA

Date: <u>10/19/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <u>TRACY WITTE</u>	Amount of contribution (\$): <u>\$ 150.00</u>	In-kind contribution description (if applicable):
Contributor address; City; State; Zip Code: <u>908 E. 14th St. AUSTIN, TX 78702</u>		(If travel outside of Texas, complete Schedule T)	

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

Date: <u>9/26/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <u>STANTON STRICKLAND</u>	Amount of contribution (\$): <u>\$ 25.00</u>	In-kind contribution description (if applicable):
Contributor address; City; State; Zip Code: <u>1174 SAN BERNARD ST. AUSTIN, TX 78702</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions): ATTY/ASSOCIATE COMMISSIONER Employer (See Instructions): TX DEPT. OF INS.

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: <u>1</u>	2 FILER NAME <u>STANTON STRICKLAND</u>	3 ACCOUNT # (Ethics Commission Filers)		
4 Date <u>10/23/2014</u>	5 Payee name <u>PAYPAL, INC.</u>			
6 Amount (\$) <u>\$12.23</u>	7 Payee address; City; State; Zip Code <u>INTERNET: PAYPAL.COM</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>ACCOUNTING/BANKING</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>FEE</u>		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
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 T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
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 T)		
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
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 T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
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

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
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 G: 1	2 FILER NAME STANTON STRICKLAND	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/18/14	5 Payee name THE VILLAGER
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6 Amount (\$) \$480.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4132 E. 12th St. Austin, TX 78721
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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) 2 WEEK, b+w ad in weekly.
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Date 9/26/2014	Payee name OFFICE MAX
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Amount (\$) \$23.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 907 WEST FIFTH ST. Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN STICKERS
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Date 9/27/2014	Payee name TAKOBA
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Amount (\$) \$74.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1411 E. 7th St. Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD\BEV. Exp	Description (If travel outside of Texas, complete Schedule T) BLOCK WALKERS-DINNER
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Date 10/21/2014	Payee name WHOLE FOODS
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Amount (\$) \$53.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 525 N. LAMAR BLVD. Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD\BEV. Exp.	Description (If travel outside of Texas, complete Schedule T) ADVERTISING VOLUNTEERS DINNER
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