

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 <input checked="" type="radio"/>	FIRST Kendall G.	MI	
	NICKNAME —	LAST Pace	SUFFIX —	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address 1411 Hardaway Ave. Austin, TX 78703			OFFICE USE ONLY
	5 CANDIDATE / OFFICEHOLDER PHONE (512) 917-3130			Date Received 10-8-2014
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST Larry	MI —	
NICKNAME —	LAST Chauvin	SUFFIX —	Date Hand-delivered or Postmarked	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 1411 Norwalk Lane # 207 Austin, TX 78703			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 589-2083			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 8 / 15 / 2014 09 / 25 / 2014			
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) —	13 OFFICE SOUGHT (if known) AISD Trustee, District 9, At-Large		
GO TO PAGE 2				

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Pace, Kendall 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 43,805.01
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,136.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,548.31
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.

Kendall Pace

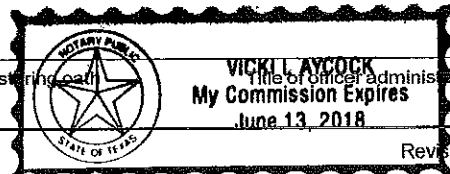
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kendall Pace, this the 6th day of OCTOBER, 20 14, to certify which, witness my hand and seal of office.

Vicki L. Aycock
Signature of officer administering oath

Vicki L. Aycock
Printed name 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:

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

~~XXXXXXXXXX~~

4 Date

9/25/14

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

Mize, Kelli

6 Contributor address; City; State; Zip Code

911 Briar Ridge
Houston, Tx 77057

7 Amount of contribution (\$)

\$500.00

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

9/25/14

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

Ciackella, Paul

Contributor address; City; State; Zip Code

7912 Aria Loop, Bldg 2
Austin, Tx 78736

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/14

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

Rhodes, Tom + Anna

Contributor address; City; State; Zip Code

2913 Sparkling Brook Ln
Austin, Tx 78746

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/14

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

Clifton, Gray + David

Contributor address; City; State; Zip Code

2509 Jarratt Ave.
Austin, Tx 78703

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/14

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

Yium, Vanessa

Contributor address; City; State; Zip Code

1603 Mohle
Austin, Tx 78703

Amount of contribution (\$)

\$250.00

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:	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasi, Theresa	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1901 Meadowbrook Dr. Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddenhase, Sharon	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 715 Golf Crest Ln. Lake Worth, TX 78734		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Fred	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3110 Maywood Ave Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Will	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10208 La Costa Dr. Austin, TX 78747		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tidmore, Todd	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4603 Colorado Crossing Austin, TX 78731		(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:	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northman, Laura	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1419 Gaston Ave AUSTIN, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, Margeret	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4708 Eby Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, Christy	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4708 Eby Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Near, Jason	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3807 Kennelwood AUSTIN, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabalais, Melissa	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2003 South Blvd. HOUSTON, TX 77098		(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:	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Patrick	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2203 Quarry Rd Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manichal, Freddy	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4013 Brookview Austin, TX 78722		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Carlotta	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2402 Rockmoor Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hajel, Richard	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1414 Wathen Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alam, Paige	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1401 Easton Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/25/14	Gupta, Ganjan 6 Contributor address; City; State; Zip Code 1606 Mohle Austin, TX 78703	\$50.00	
		(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)
9/25/14	Alexander, Kristin Contributor address; City; State; Zip Code 1415 Preston Austin, TX 78703	\$200.00	
		(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)
9/25/14	Bandera, Jana Contributor address; City; State; Zip Code 4400 Elohian Dr. Austin, TX 78746	\$100.00	
		(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)
9/25/14	Brandt, Liz Contributor address; City; State; Zip Code 2510 Jarratt Austin, TX 78703	\$100.00	
		(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)
9/25/14	Wincham, Shannon & Jimmy Contributor address; City; State; Zip Code 2527 Jarratt Austin, TX 78703	\$250.00	
		(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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Layne, Elizabeth</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>9/25/14</i>	6 Contributor address; City; State; Zip Code <i>1312 Meriden Austin, TX 78703</i>	<i>\$ 250.00</i>	
		(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#: _____) <i>Smith, Jennifer</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>9/25/14</i>	Contributor address; City; State; Zip Code <i>3313 Big Bend Dr. Austin, TX 78731</i>	<i>\$250.00</i>	
		(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#: _____) <i>Woomer, Sara</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>9/25/14</i>	Contributor address; City; State; Zip Code <i>1706 Baverle Austin, TX 78704</i>	<i>\$ 50.00</i>	
		(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#: _____) <i>Lyons, Jeanette</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>9/25/14</i>	Contributor address; City; State; Zip Code <i>7603 Rockpoint Dr. Austin, TX 78731</i>	<i>\$ 100.00</i>	
		(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#: _____) <i>Ballard, Julie</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>9/25/14</i>	Contributor address; City; State; Zip Code <i>2306 Townes Ln. Austin, TX 78703</i>	<i>\$250.00</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:	
2 FILER NAME <i>Pace, Kendall</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/24/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Addinston, Julie</i>	7 Amount of contribution (\$) <i>\$100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7205 West Rim 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>9/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rowan, Beth</i>	Amount of contribution (\$) <i>\$30.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4212 Far West Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaros, Kristin</i>	Amount of contribution (\$) <i>\$100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2514 Jarrett Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Near, Marnie</i>	Amount of contribution (\$) <i>\$100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2608 McCallum Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Near, Dave</i>	Amount of contribution (\$) <i>\$100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2608 McCallum Austin, TX 78703</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:	
2 FILER NAME <i>Pace</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/24/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bryant, Carolyn</i>	7 Amount of contribution (\$) <i>\$200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1507 Hardoun Ave Austin, Tx 78703</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Burnett, Claudia</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1601 Forest Trail Austin, Tx 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Auby, Susannah</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2405 <i>2405 Pemberton Place Austin, Tx 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Young, Zeynep</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6431 Williams Ridge way Austin, Tx 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cameron, Paul</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2301 Sunny Slope Dr. Austin, Tx 78703</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:	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Diana & Bill	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2500 Spring Ln Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerreo, Tom	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11212 Crest Meadow Austin, TX 78748		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seiler, Marianne	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2716 Woodridge Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dede Chard & Associates LLC	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7201 West Rim Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratliff, Remi	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3700 Hampton Rd Austin, TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Page, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/22/14

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

Crigholotti, Lauren

7 Amount of contribution (\$)

\$150.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2310 Druett
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/24/14

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

Ezell, Cari

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Signs for fundraiser

Contributor address; City; State; Zip Code

1505 Hardwin
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/14

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

Knagas, Barbara

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Office supplies for fundraiser

Contributor address; City; State; Zip Code

3305 River Rd
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/14

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

Kocurek, Kelly

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2803 Scenic
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/14

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

Duke, Paula

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2104 Meadowbrook
Austin, TX 78703

(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:	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Reynolds, Lizzette 6 Contributor address; City; State; Zip Code 4309 Avoy. G Austin, TX 78751	7 Amount of contribution (\$) \$50.00 (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 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hansen, Anna Contributor address; City; State; Zip Code 1706 Windsor Rd. Austin, TX 78703	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 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Parnish, Melissa Contributor address; City; State; Zip Code 4805 Bull Mountain Cove Austin, TX 78746	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 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Russell, Stefanie Contributor address; City; State; Zip Code 4203 Agua Verde Austin, TX 78746	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 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Houston, Courtney Contributor address; City; State; Zip Code 2508 Pecos Austin, TX 78703	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)	
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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:	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anderson, Tracy 6 Contributor address; City; State; Zip Code 1409 Walden Austin, TX 78703	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Durrett, Beth Contributor address; City; State; Zip Code 1712 Hartford Austin, TX 78703	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Unbehagen, Ashley Contributor address; City; State; Zip Code 2709 Maria Anna Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shah, Sameer Contributor address; City; State; Zip Code 8716 Little Laura Austin, TX 78757	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kronenberg, Kat Contributor address; City; State; Zip Code 1701 Rockcliff Austin TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
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:	
2 FILER NAME <i>Pace, Kendall</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/24/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Covert, Nicole</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2701 Scenic Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DeKlausz, Nancy</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5400 Mount Bonnell Rd. Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jett, Sheryl</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2110 West 10th St. Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rivera, Julian</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2404 Forest Bend Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Parker, Patrick</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2203 Quarry Rd. Austin, TX 78703</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

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2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/23/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Cyndie	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8309 Young Ln. Austin, TX 78737		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chester, Jenni	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2524 Harris Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauritsen, Jennifer	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3605 Cassava Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Alexandra	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1204 Robinhood Tr. Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansour, Kim + John	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2503 Woodridge Austin, TX 78703		(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

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2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/22/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeGrasse, Martha	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1415 Gaston Austin, TX 78703	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Sabrina	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2603 Woulnidge Austin, TX 78703	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pace, Stuart	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 11513 Lafitte Ln. Austin, TX 78739	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warr, Amy	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 619 Bissonet Ln. Austin, TX 78752	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinen, Ann	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3010 Washington Sq. Austin, TX 78705	(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

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2 FILER NAME <i>Pace, Kendall</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/22/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kiger, Marla</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3300 Foothill 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>9/21/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>McGarr, Cristina</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1015 Evergreen Boulder, CO 80304</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/21/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pollard, Jane</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2506 Harris</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/21/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Falk, Eledith</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2801 Mountain Laurel Dr. Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/21/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richards, Linda</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1403 Kent Ln Austin, TX 78703</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:	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/21/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rourke, Kelli	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 300 Bowie # 2002 Austin, TX 78703	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griessen, Wendy	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3307 River Rd Austin, TX 78703	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newsom, Cindy	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4212 Sherandoah Dallas, TX 75205	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Meredith	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 649 Bunker Hill Houston, TX 77024	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Amy	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 7125 Ridge Oak Austin, TX 78749	(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:	
2 FILER NAME Pace, Kendall				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/18/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phipps, Ann	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 2100 Stamford Austin, TX 78703		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 9/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Gene	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 2501 Camino Alto Austin, TX 78746		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pesce, John	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 3500 N. Capital of Texas Hwy Austin, TX 78746		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kocurek, Anna + Jeff	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 2505 El Greco Austin, TX 78703		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Sue	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 1406 Walden Austin, TX 78703		(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

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2 FILER NAME <i>Pace, Kendall</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/17/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ladair, Trey</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2614 Spang Ln. Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/17/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>White, Carol</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3906 Mockingbird Ln Dallas, TX 75205</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/17/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Burgess, Brian</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>700 Panther Creek Driftwood, TX 78619</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/17/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Hopkins, Jana</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>345 Pasadena Pl. Corpus Christi, TX 78411</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Matzorkis, Susie</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2600 Scenic Dr. Austin, TX 78703</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

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2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/10/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Smith, Alex 6 Contributor address; City; State; Zip Code 1200 Bruton Springs Rd. Austin, TX 78733	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Foster, Jay Contributor address; City; State; Zip Code 3811 Bonnell Dr. Austin, TX 78731	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mines, Melissa Contributor address; City; State; Zip Code 4609 Edgemont Dr. Austin, TX 78731	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Norman, Scott Contributor address; City; State; Zip Code 2002 Exposition Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gilbert, Helen Contributor address; City; State; Zip Code 2206 Creechlee Austin, TX 78703	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/15/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Zim, Amy 6 Contributor address; City; State; Zip Code 3 Muir Lane Austin, Tx 78746	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donovan, John Contributor address; City; State; Zip Code 2511 Spans Ln Austin, Tx 78703	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ezell, Cari Contributor address; City; State; Zip Code 1505 Hardouin Ave Austin, Tx 78703	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deiderick, Heather Contributor address; City; State; Zip Code 2106 Elton Austin, Tx 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Meece, Michael Contributor address; City; State; Zip Code 3601 Milton Dallas, Tx 75205	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/12/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kress, Camille 6 Contributor address; City; State; Zip Code 1400 Hardouin Ave Austin, TX 78703	7 Amount of contribution (\$) \$250.00 (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 9/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arrington, Margaret Contributor address; City; State; Zip Code 7010 Northwood Dallas, TX 75225	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 9/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Knifton, Kristin Contributor address; City; State; Zip Code 3007 Salyer Place Austin, TX 78757	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 9/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tyler, Valerie Contributor address; City; State; Zip Code 6500 Mesa 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 9/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Benton, Elaine Contributor address; City; State; Zip Code 2403 Rockmar Austin, TX 78703	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

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:

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/10/14

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

Johnson, Jenny

6 Contributor address; City; State; Zip Code

1012 Gaston
Austin, TX 78703

7 Amount of contribution (\$)

\$150.00

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

9/10/14

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

Crowley, Carol

Contributor address; City; State; Zip Code

5902 Lonesome Valley Tr.
Austin, TX 78731

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/14

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

Johnson, Lori

Contributor address; City; State; Zip Code

2508 Jarratt
Austin, TX 78703

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

9/9/14

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

~~Henkiel, Cassandra~~

Contributor address; City; State; Zip Code

607 #A Upson
Austin, TX 78703

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

9/8/14

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

Meece, Ashley

Contributor address; City; State; Zip Code

3601 Milton
~~3601 Milton~~ Dallas, TX 75205

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)

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:	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/8/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kennedy, Fred 6 Contributor address; City; State; Zip Code 3110 Maywood Ave Austin, Tx 78703	7 Amount of contribution (\$) \$500.00 (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 9/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Near, Marnie Contributor address; City; State; Zip Code 2608 McCallum Austin, Tx 78703	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 9/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brandt, Liz Contributor address; City; State; Zip Code 2510 Jarrett Austin, Tx 78703	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 9/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Von Kreistler, Wick Contributor address; City; State; Zip Code 3108 Glenview Austin, Tx 78703	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 9/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Littlefield, Mark Contributor address; City; State; Zip Code 7705 Vail Valley Austin, Tx 78749	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:	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/8/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Callinicos, Brent	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 303 Atherton Atherton, CA 94027		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Berman, Justin	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 525 Woodmoore Ct. Atlanta, GA 30342		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Knaggs, Barbara	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3305 River Rd Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Temill, Lisa	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1615 Mohle Dr. Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jarnigan, Stephanie	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3303 Bridle Path Austin, TX 78703		(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:	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/3/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Meredith, Lynn	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd Austin, Tx 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Johnson, Tyler	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3400 Windsor Pk. Austin, Tx 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Corbett, Amy	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1205 Sharon Ln. Austin, Tx 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Zinn, Amy	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3 Muir Lane Austin, Tx 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thompson, Frances	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 Forest Tr. Austin, Tx 78703		(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:

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/1/14

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

Smalligs, Anne

7 Amount of contribution (\$)

\$1000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2512 Tarryhill Place
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/1/14

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

Denison, Darby

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1203 Claire Ave.
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31/14

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

Lee, Anna

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2400 Tower Dr.
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31/14

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

Zarbock, Lexa

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7105 West Rim
Austin, TX 78731

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/30/14

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

Williams, Anna Belle

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3706 Enfield
Austin, TX 78703

(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:

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/30/14

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

Naranjo, Mary

6 Contributor address; City; State; Zip Code

210 Lavaca #2010
Austin, TX 78701

7 Amount of contribution (\$)

\$25.00

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

8/30/14

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

Sutherland, Carmen

Contributor address; City; State; Zip Code

2310 W. 8th St.
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

8/30/14

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

Grim, Laura

Contributor address; City; State; Zip Code

2001 Raleigh
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

8/30/14

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

Sieracki, Jennifer

Contributor address; City; State; Zip Code

11 Goldwood Pl.
The woodlands, TX 77382

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

8/29/14

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

May, Heather

Contributor address; City; State; Zip Code

3315 Windsor Rd.
Austin, TX

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(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:	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pastor, Julie	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1508 Hardouin Ave Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Griffith, Don	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5696 Longmont Houston, TX 77056		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Griffith, Beverly	Amount of contribution (\$) \$2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5696 Longmont Houston, TX 77056		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sudduth, Toby	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable) \$1000.00 logo
Contributor address; City; State; Zip Code 2201 Greenlee Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mountain Rocky	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2515 Woldridge Austin, TX 78703		(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:	
2 FILER NAME <i>Pace, Kendall</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/24/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patterson, Diana</i>	7 Amount of contribution (\$) <i>\$100. —</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2500 SPANGLIN AUSTIN, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/18/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) XXXXXXXX <i>Gonzales, Alberto</i>	Amount of contribution (\$) <i>\$50. —</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11321 Chatham Berry AUSTIN, TX 78740</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/21/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stanley, Alfred</i>	Amount of contribution (\$) <i>\$100. —</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1400 Hardouin AUSTIN, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Austin Kids First</i>	Amount of contribution (\$) XXXX <i>\$1000. —</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 302107 AUSTIN, TX 78703</i>		(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 FILER NAME Page, Kendall	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/21/14	5 Payee name Office Max
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6 Amount (\$) \$24.32	7 Payee address; City; State; Zip Code 907 W. 5th Austin, TX 78701
--------------------------	---

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) Name badge
--------------------------	---	---

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

Date 8/25/14	Payee name U.S. Post Office
-----------------	--------------------------------

Amount (\$) \$40.00	Payee address; City; State; Zip Code West Austin Station Austin, TX 78703-9998
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead	Description (if travel outside of Texas, complete Schedule T) post office box rental
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/29/14	Payee name ENL Strategies
-----------------	------------------------------

Amount (\$) \$2500.00	Payee address; City; State; Zip Code P.O. Box 685008 Austin, TX 78768
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (if travel outside of Texas, complete Schedule T) website development
------------------------	--	--

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

Date 8/29/14	Payee name Pirvx.com
-----------------	-------------------------

Amount (\$) \$20.05	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (if travel outside of Texas, complete Schedule T) online transaction fees
------------------------	--	--

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	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 FILER NAME <i>Pace, Kendall</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------------------------------	--

4 Date <i>8/30/14</i>	5 Payee name <i>Piryx.com</i>
--------------------------	----------------------------------

6 Amount (\$) <i>\$66.68</i>	7 Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fees</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/31/14</i>	Payee name <i>Piryx.com</i>
------------------------	--------------------------------

Amount (\$) <i>\$99.35</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
------------------------	---	---

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

Date <i>9/1/14</i>	Payee name <i>Piryx.com</i>
-----------------------	--------------------------------

Amount (\$) <i>\$115.45</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
------------------------	---	---

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

Date <i>9/2/14</i>	Payee name <i>Piryx.com</i>
-----------------------	--------------------------------

Amount (\$) <i>\$28.25</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
------------------------	---	---

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 | 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 FILER NAME <i>Pace, Kendall</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/3/14</i>	5 Payee name <i>Piryx.com</i>
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6 Amount (\$) <i>\$32.50</i>	7 Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fees</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
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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 <i>9/4/14</i>	Payee name <i>Piryx.com</i>
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Amount (\$) <i>\$39.80</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
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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 <i>9/6/14</i>	Payee name <i>Piryx.com</i>
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Amount (\$) <i>\$257.52</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
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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 <i>9/8/14</i>	Payee name <i>Piryx.com</i>
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Amount (\$) <i>\$132.45</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
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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 | 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 FILER NAME Pace, Kendall	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/8/14	5 Payee name GMI Strategies
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6 Amount (\$) \$3848.00	7 Payee address; City; State; Zip Code P.O. Box 685008 Austin, TX 78768
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Consulting & yard signs
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/8/14	Payee name Scott Newton
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Amount (\$) \$324.75	Payee address; City; State; Zip Code 3012 Oak Crest Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) PHOTOS
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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 9/9/14	Payee name Pirvx.com
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Amount (\$) \$4.25	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees
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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 9/10/14	Payee name Pirvx.com
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Amount (\$) \$36.45	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees
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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 | 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 FILER NAME Pace, Kendall	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/14/14	5 Payee name Pirvx.com
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6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 144 2nd St San Francisco, CA 94105
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) online transaction fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/14/14	Payee name Pirvx.com
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Amount (\$) \$24.30	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 9/16/14	Payee name Pirvx.com
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Amount (\$) \$75.00	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 9/16/14	Payee name U.S. Post Office
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Amount (\$) \$392.00	Payee address; City; State; Zip Code West Austin Station 78703-9998
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 FILER NAME <i>Pace, Kendall</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/11/14</i>	5 Payee name <i>GNL Strategies</i>
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6 Amount (\$) <i>\$1831.38</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 685008 Austin, TX 78768</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Yard Signs</i>
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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 <i>9/11/14</i>	Payee name <i>Piryx.com</i>
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Amount (\$) <i>\$8.20</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
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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 <i>9/12/14</i>	Payee name <i>Piryx.com</i>
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Amount (\$) <i>\$48.30</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
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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 <i>9/13/14</i>	Payee name <i>Piryx.com</i>
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Amount (\$) <i>\$39.80</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
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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	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 FILER NAME <i>Pace, Kendall</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/16/14</i>	5 Payee name <i>Kelly Graphics</i>
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6 Amount (\$) <i>\$2006.00</i>	7 Payee address; City; State; Zip Code <i>1409 Quaker Ridge Austin, TX 78746</i>
-----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Push Cards</i>
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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 <i>9/17/14</i>	Payee name <i>Piryx.com</i>
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Amount (\$) <i>\$28.95</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
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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 <i>9/18/14</i>	Payee name <i>Piryx.com</i>
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Amount (\$) <i>\$124.55</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
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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 <i>9/19/14</i>	Payee name <i>Piryx.com</i>
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Amount (\$) <i>\$4.25</i>	Payee address; City; State; Zip Code <i>144 2nd St. San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online transaction fees</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 FILER NAME *Pace, Kendall* 3 ACCOUNT # (Ethics Commission Filers)

4 Date *9/21/14* 5 Payee name *Piryx.COM*

6 Amount (\$) *\$69.95* 7 Payee address; City; State; Zip Code *144 2nd St. San Francisco, CA 94105*

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) *Fees* (b) Description (If travel outside of Texas, complete Schedule T) *online transaction fees*

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

Date *9/22/14* Payee name *Piryx.COM*

Amount (\$) *\$83.17* Payee address; City; State; Zip Code *144 2nd St. San Francisco, CA 94105*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Fees* Description (If travel outside of Texas, complete Schedule T) *online transaction fees*

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

Date *9/23/14* Payee name *Piryx.COM*

Amount (\$) *\$156.45* Payee address; City; State; Zip Code *144 2nd St. San Francisco, CA 94105*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Fees* Description (If travel outside of Texas, complete Schedule T) *online transaction fees*

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

Date *9/24/14* Payee name *La Mancha*

Amount (\$) *\$1416.33* Payee address; City; State; Zip Code *2203 Hancock Dr. Austin, TX 78756*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Fundraising Expense* Description (If travel outside of Texas, complete Schedule T) *Cost of Party*

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

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 | 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 FILER NAME Pace, Kendall	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/24/14	5 Payee name Piryx.com
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6 Amount (\$) \$168.13	7 Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) online transaction fees
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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 9/25/14	Payee name XXXXXXXXXXXX Piryx.com
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Amount (\$) \$453.58	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees
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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	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 (If travel outside of Texas, complete Schedule T)
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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	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 (If travel outside of Texas, complete Schedule T)
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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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

N/A

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
Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name
	Office sought	Office held
Date	Business name	
Amount (\$)	Business 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)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name
	Office sought	Office held
Date	Business name	
Amount (\$)	Business 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)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name
	Office sought	Office held
Date	Business name	
Amount (\$)	Business 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)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name
	Office sought	Office held

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

Pace, Kendall

4 Date 5 Payee name

8/20/14 Walmart.com

6 Amount (\$) 7 Payee address; City; State; Zip Code

\$ 20.05
 Reimbursement from political contributions intended
702 SW 8th St. Bentonville, AR 72716

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

Accounting / Banking checks

Date 9/6/14 Payee name

Moo.com

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

\$ 79.72
 Reimbursement from political contributions intended
985 Waterman Ave East Providence, RI 02914

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

Advertising Business Cards

Date 9/14/14 Payee name

Pure-buttons.com

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

\$ 80.00
 Reimbursement from political contributions intended
4930 Chippewa Unit A. Medina, OH 44128

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

Advertising buttons

Date Payee name

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

Reimbursement from political contributions intended

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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Handwritten initials/signature

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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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	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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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	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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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	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

Kendall Pace

8 Amount (\$)

\$0.01

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

interest income

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED