

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: <div style="text-align: center; font-size: 1.2em;">11</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.1em;">Ms. Yasmin S.</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.1em;">Wagner</div>	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; color: blue; text-align: center;">10-3-2014</div> <hr/> Date Hand-delivered or Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.1em;">11213 South Bay Lane Austin TX 78739</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.1em;">(512) 923-2138</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.1em;">Sara</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.1em;">Tasch</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.1em;">4603 Horseshoe Bend Austin TX 78731</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.1em;">(512) 785-7714</div>		
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 <div style="text-align: center; font-size: 1.1em;">7 / 7 / 2014 9 / 25 / 2014</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.1em;">11 / 4 / 2014</div>	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) <div style="text-align: center; font-size: 1.1em;">AISD Board of Trustees, District 7</div>	

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 ACCOUNT # (Ethics Commission Filers)

14 C/OH NAME
Yasmin Wagner

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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) \$ 7,635

EXPENDITURE
TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 2036.95

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3974.58

OUTSTANDING
LOAN TOTALS

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

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Yasmin Wagner, this the 3rd day of October, 2014, to certify which, witness my hand and seal of office.

[Signature] Margery Elaine Hopkins, Admin. Assis
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 6	
2 FILER NAME Yasmin Wagner		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/7/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Yasmin Wagner	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11213 South Bay Lane Austin, TX 78739		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kim Kent	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 712 Cornerstone Ln Bryn Mawr, PA 19010		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alan Neuhoff	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4222 Valley Ridge Rd Dallas, TX 75220		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roseana Auten	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1507 Yaupon Valley Rd Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maria Hermon	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16013 Oak Arbor Trail Buda, TX 78610		(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 of 6	
2 FILER NAME Yasmin Wagner		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alisa Miller	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5901 Burrough Dr Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie Malinski	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1500 Karen Ave Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Silverman	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6802 Pioneer Place Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emma Succar	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3602 Armstrong Ave Austin, TX 75230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elaine Lindh	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6046 Norway Rd Austin, TX 75230		(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: 3 of 6	
2 FILER NAME Yasmin Wagner,		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Hayes	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6100 Rickerhill Ln Austin, TX 78739		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William & Anne Wagner	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 408 W. Goodwin Ave Victoria, TX 77901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Cobb	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10021 Childress Dr Austin, TX 78753		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jodi Schuleman	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7108 Wardman Rd Baltimore, MD 21212		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/5/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Leonard	Amount of contribution (\$) \$3,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5804 River Oaks Rd. S. Harahan, LA 70123		(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: 4 of 6	
2 FILER NAME Yasmin Wagner		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amie King	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 2084 Pflugerville, TX 78691		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Hritz	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1819 W. 39th St Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/3/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Margaret George	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3200 W. 35th St Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorraine Trawick	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4922 E. Beverly Mae San Antonio, TX 78229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristin Gossett	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6400 Carrington Dr 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: 5 of 6	
2 FILER NAME Yasmin Wagner		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tara Trawick	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5331 McKinley St Bethesda, MD 20814		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janis Gernert	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6037 Abilene Trl Austin, TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly Fernandes	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9612 Rockbrook Dr Austin, TX 75220		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joene Grissom	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6603 Shadow Valley Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alisa Weldon	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1211 W. Mary St #2 Austin, TX 78704		(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: 6 of 6	
2 FILER NAME Yasmin Wagner		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Anderson	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11513 Coalwood Ln Austin, TX 78739		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosa Maria & Alberto Gonzalez	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11321 Chatman Berry Ln Austin, TX 78748		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyana Limon-Mercado	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2100 Mimosa Dr Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AustinKidsFirst PAC	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable) Campaign consulting services
Contributor address; City; State; Zip Code PO Box 302107 Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Budd	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6200 Mesa Grande Dr Austin, TX 78749		(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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

3 ACCOUNT # (Ethics Commission Filers)

1 Total pages Schedule F:
1 of 2

2 FILER NAME
Yasmin Wagner

4 Date
9/14/2014

5 Payee name
Sarah Bork Hamilton Photography

6 Amount (\$)
\$378.88

7 Payee address; City; State; Zip Code
4614 Jinx Ave Austin, TX 78745

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Advertising Expense

(b) Description (If travel outside of Texas, complete Schedule T)

Photography

Check if Austin, TX, officeholder living expense

Office sought

Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Date
9/20/2014

Payee name
Sarah Bork Hamilton Photography

Amount (\$)
\$92.01

Payee address; City; State; Zip Code
4614 Jinx Ave Austin, TX 78745

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Advertising Expense

Description (If travel outside of Texas, complete Schedule T)

Digital Photography Files

Check if Austin, TX, officeholder living expense

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Date
9/20/2014

Payee name
CheckMark Typesetting

Amount (\$)
\$1,192.77

Payee address; City; State; Zip Code
3217 N IH 35 Austin, TX 78722

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Printing Expense

Description (If travel outside of Texas, complete Schedule T)

Campaign Signs

Check if Austin, TX, officeholder living expense

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Date
9/21/2014

Payee name
H.E.B. Grocery

Amount (\$)
\$245.00

Payee address; City; State; Zip Code
5800 Slaughter Lane Austin, TX 78749

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
OTHER - Postage

Description (If travel outside of Texas, complete Schedule T)

Postage Stamps

Check if Austin, TX, officeholder living expense

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

3 ACCOUNT # (Ethics Commission Filers)

1 Total pages Schedule F: 2 of 2		2 FILER NAME Yasmin Wagner	
4 Date 9/25/2014		5 Payee name Piryx, Inc.	
6 Amount (\$) \$128.29		7 Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Transaction Fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Agar To		Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name		Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name		Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name		Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name		Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Yasmin Wagner		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/28/2014		5 Payee name Wix.com			
6 Amount (\$) \$24.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO Box 40190 San Francisco, CA United States			
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) Website Hosting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 7/28/2014		Payee name Wix.com			
Amount (\$) \$15.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 40190 San Francisco, CA United States			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Website Hosting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 8/28/2014		Payee name Wix.com			
Amount (\$) \$15.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 40190 San Francisco, CA United States			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Website Hosting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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