

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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|---|---|--|-----------------------------|
| 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: MR. FIRST: STANTON MI: K. NICKNAME: _____ LAST: _____ SUFFIX: _____ STRICKLAND | OFFICE USE ONLY Date Received <p style="font-size: 1.2em; color: blue;">10-6-2014</p> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1174 SAN BERNARD ST AUSTIN, TX 78702 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 419-8110 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: MR. FIRST: FRANK MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____ ORTEGA | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 11915 Stonehollow Dr. AUSTIN, TX 78758 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 426-6865 | | |
| 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 / 27 / 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) AUSTIN ISD - School Bd. TRUSTEE Dist. 1 | |

GO TO PAGE 2

10-6-14 4:36PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 1

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

| | | | |
|--|---|--|--|
| 4 Date 9/22/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: THOMAS C. VANDYKE, SR. | 7 Amount of contribution (\$) \$ 350. ⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1506 New York Ave. AUSTIN, TX 78702 | | (If travel outside of Texas, complete Schedule T) | |

9 Principal occupation / Job title (See Instructions): **RETIRED** 10 Employer (See Instructions)

| | | | |
|--|---|--|--|
| Date 9/25/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KATRINA DANIEL | Amount of contribution (\$) \$ 100. ⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 600 Wilmes Dr. AUSTIN, TX 78752 | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions): **ASSOCIATE COMMISSIONER** Employer (See Instructions): **TEX. DEPARTMENT OF INSURANCE**

| | | | |
|--|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

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

| | | | |
|--|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

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

| | | | |
|--|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

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

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

POLITICAL EXPENDITURES 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 STANTON STRICKLAND | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

| | |
|--------------------------|-----------------------------------|
| 4 Date 9/19/14 | 5 Payee name VISTAPRINT |
|--------------------------|-----------------------------------|

| | |
|--|---|
| 6 Amount (\$) \$104.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code WWW.VISTAPRINT.COM CA 1-866-614-8002 |
|--|---|

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

| | |
|------------------------|---------------------------------|
| Date 9/22/14 | Payee name OFFICE MAX |
|------------------------|---------------------------------|

| | |
|---|--|
| Amount (\$) \$16.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 907 W. 5th St. 101 AUSTIN, TX 78703 |
|---|--|

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

| | |
|------------------------|--------------------------------|
| Date 8/30/14 | Payee name WORDPRESS |
|------------------------|--------------------------------|

| | |
|---|--|
| Amount (\$) \$79.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code WORDPRESS.COM CA 877-273-3049 |
|---|--|

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

| | |
|------|------------|
| 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) |
|------------------------|--|---|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

STANTON STRICKLAND

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

450.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

249.49

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

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

\$

200.51

18 AFFIDAVIT

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 10th day of October, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Jennifer Gamez

Printed name of officer administering oath

Notary Public

Title of officer administering oath