CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS

14 C/OH NAME
Kate Mason-Murphy

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 or 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.

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
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<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER NAME</th>
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<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER ADDRESS</th>
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</tbody>
</table>

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED $ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) $ 0

3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED $ 38.96

4. TOTAL POLITICAL EXPENDITURES $ 38.96

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD $ 0

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD $ 0

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.

K Mason-Murphy
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kate Mason-Murphy, this the 10th day of December, 2014, to certify which, witness my hand and seal of office.

Rosa Palacios
Signature of officer administering oath

Rosa Palacios
Printed name of officer administering oath

Paralegal/Exer. Asst.
Title of officer administering oath
# Political Contributions Other Than Pledges or Loans

**Schedule A**

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1</th>
<th>Total pages Schedule A:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>FILER NAME</strong></td>
</tr>
<tr>
<td></td>
<td>Kate Mason-Murphy</td>
</tr>
<tr>
<td>3</td>
<td><strong>ACCOUNT #</strong> (Ethics Commission Filers)</td>
</tr>
<tr>
<td>4</td>
<td><strong>Date</strong> 12/03/2014</td>
</tr>
<tr>
<td>5</td>
<td><strong>Full name of contributor</strong> Alberto &amp; Rosa Gonzales</td>
</tr>
<tr>
<td>6</td>
<td><strong>Contributor address; City; State; Zip Code</strong> 11321 Chatham Berry Lane Austin, TX 78748</td>
</tr>
<tr>
<td>7</td>
<td><strong>Amount of contribution ($)</strong> 3500</td>
</tr>
<tr>
<td>8</td>
<td><strong>In-kind contribution description (if applicable)</strong> black and white copies</td>
</tr>
<tr>
<td>9</td>
<td><strong>Principal occupation / Job title (See Instructions)</strong> Retired</td>
</tr>
<tr>
<td>10</td>
<td><strong>Employer (See Instructions)</strong></td>
</tr>
</tbody>
</table>

Principal occupation / Job title (See Instructions) | Employer (See Instructions)
---|---
Date | Full name of contributor | Amount of contribution ($) | In-kind contribution description (if applicable)
---|---|---|---
| Contributor address; City; State; Zip Code |
(If travel outside of Texas, complete Schedule T)

## Additional Information

**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

## 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.

<table>
<thead>
<tr>
<th>1 Total pages Schedule F:</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 FILER NAME</td>
<td>Kate Mason-Murphy</td>
</tr>
<tr>
<td>3 ACCOUNT # (Ethics Commission Filers)</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>4 Date</th>
<th>10/27/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Payee name</td>
<td>Teacher Heaven</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 Amount ($)</th>
<th>$8.66</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Payee address; City; State; Zip Code</td>
<td>4211 S Lamar Austin, Tx 78704</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8 PURPOSE OF EXPENDITURE</th>
<th>Advertising Expense</th>
<th>laminating</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9 Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officeholder name</th>
<th>Office sought; Office held</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10 Date</th>
<th>10/29/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Payee name</td>
<td>Teacher Heaven</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12 Amount ($)</th>
<th>$12.12</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Payee address; City; State; Zip Code</td>
<td>4211 S Lamar Austin, Tx 78704</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14 PURPOSE OF EXPENDITURE</th>
<th>Advertising Expense</th>
<th>laminating</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>15 Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officeholder name</th>
<th>Office sought; Office held</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>16 Date</th>
<th>11-01-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Payee name</td>
<td>Hobby Lobby</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18 Amount ($)</th>
<th>$18.28</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 Payee address; City; State; Zip Code</td>
<td>4040 S Lamar Austin, Tx 78704</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20 PURPOSE OF EXPENDITURE</th>
<th>Advertising Expense</th>
<th>paint supplies</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>21 Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officeholder name</th>
<th>Office sought; Office held</th>
</tr>
</thead>
</table>

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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www.ethics.state.tx.us

Revised 04/9/2013
CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME
Katherine Mason-Murphy

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

K Mason-Murphy
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

K Mason Murphy
Signature of Candidate

5 OFFICEHOLDER
** Complete this section only if you are an officeholder **

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder
# 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:
5

#### OFFICE USE ONLY
- **Date Received**
- **Date Hand-delivered or Postmarked**
- **Receipt #**
- **Amount**
- **Date Processed**
- **Date Imaged**

### 3 CANDIDATE / OFFICEHOLDER NAME
- **First** Katherine
- **Middle** E
- **Last** Mason-Murphy

### 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
- **Address / PO Box:** 803 Glen Oak Dr
- **City:** Austin
- **State:** Tx
- **ZIP Code:** 78745

### 5 CANDIDATE / OFFICEHOLDER PHONE
- **Area Code:** (512)
- **Phone Number:** 351-5576

### 6 CAMPAIGN TREASURER NAME
- **First** Larry
- **Middle** C
- **Last** Murphy

### 7 CAMPAIGN TREASURER ADDRESS
(Residence or business)
- **Street Address (No PO box please):** 803 Glen Oak Dr
- **City:** Austin
- **State:** Tx
- **ZIP Code:** 78745

### 8 CAMPAIGN TREASURER PHONE
- **Area Code:** (512)
- **Phone Number:** 470-6091

### 9 REPORT TYPE
- [ ] January 15
- [ ] 30th day before election
- [X] Runoff
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded $500 limit
- [ ] Final report (attach C/OH - FR)

### 10 PERIOD COVERED
- **Month**
- **Day**
- **Year**
- **Through**
- **Month**
- **Day**
- **Year**
- **10 / 28 / 2014**
- **12 / 08 / 2014**

### 11 ELECTION
- **Election Date**
- **Month**
- **Day**
- **Year**
- **Election Type**
- [ ] Primary
- [X] Runoff
- [ ] General
- [ ] Special
- **12 / 16 / 2014**

### 12 OFFICE
- **Office Held (If any):**
- **AISD Board of Trustees District 6**

### 13 OFFICE SOUGHT (If known)

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**GO TO PAGE 2**

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