

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

FORM C/OH 15 PM04412

The C/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000002	2 PAGE # 1 of 28
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3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%;">Dr.</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:20%;">Jayme</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:10%;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black;"></td> <td style="font-size: small;">LAST</td> <td style="border-top: 1px dotted black;">Mathias</td> <td style="font-size: small;">SUFFIX</td> <td style="border-top: 1px dotted black;"></td> </tr> </table>	MS / MRS / MR	Dr.	FIRST	Jayme	MI		NICKNAME		LAST	Mathias	SUFFIX		OFFICE USE ONLY
MS / MRS / MR	Dr.	FIRST	Jayme	MI										
NICKNAME		LAST	Mathias	SUFFIX										

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:30%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">PO Box 2386 Austin, TX 78768</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	PO Box 2386 Austin, TX 78768					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Date Received</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="padding: 2px;">Amount</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>	Date Received				Date Hand-delivered or Date Postmarked				Receipt #	Amount	Date Processed		Date Imaged	
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5 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%;">Mr.</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:20%;">Renteria</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:10%;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black;"></td> <td style="font-size: small;">LAST</td> <td style="border-top: 1px dotted black;">Sabino P.</td> <td style="font-size: small;">SUFFIX</td> <td style="border-top: 1px dotted black;"></td> </tr> </table>	MS / MRS / MR	Mr.	FIRST	Renteria	MI		NICKNAME		LAST	Sabino P.	SUFFIX		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>	Date Processed		Date Imaged	
MS / MRS / MR	Mr.	FIRST	Renteria	MI														
NICKNAME		LAST	Sabino P.	SUFFIX														
Date Processed																		
Date Imaged																		

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">1511 Haskell Street Austin, TX 78702</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1511 Haskell Street Austin, TX 78702				
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1511 Haskell Street Austin, TX 78702											

7 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:40%; font-size: small;">EXTENSION</td> </tr> <tr> <td colspan="3">(512) 478-6770</td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(512) 478-6770		
AREA CODE	PHONE NUMBER	EXTENSION					
(512) 478-6770							

8 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" 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)
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<input checked="" 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)						

9 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> <td style="width:20%;"></td> <td style="width:20%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">THROUGH</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>01/01/2015</td> <td></td> <td></td> <td></td> <td>06/30/2015</td> </tr> </table>	Month	Day	Year		Month	Day	Year				THROUGH						01/01/2015				06/30/2015
Month	Day	Year		Month	Day	Year																
			THROUGH																			
		01/01/2015				06/30/2015																

10 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">ELECTION DATE</td> <td style="width:80%;"></td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td></td> <td></td> <td>11/06/2012</td> </tr> </table>	ELECTION DATE		Month	Day	Year			11/06/2012	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> </table>	ELECTION TYPE				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
ELECTION DATE																		
Month	Day	Year																
		11/06/2012																
ELECTION TYPE																		
<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special															

11 OFFICE	12 OFFICE SOUGHT (if known)
OFFICE HELD (if any) Austin ISD, Board Trustee District 2	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Mathias, Jayme (Dr.)

14 ACCOUNT # (Ethics Commission filers)
00000002

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 135.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 8,750.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$ 0.00**

4. TOTAL POLITICAL EXPENDITURES **\$ 3,564.66**

CONTRIBUTION BALANCE

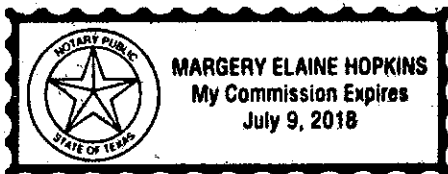
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 42.82**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

17 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.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jayme Mathias, this the 15th day of July, 2015, to certify which, witness my hand and seal of office.

Margery Elaine Hopkins Margery Elaine Hopkins Exec Assist
Signature of officer administering oath Print 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 PAGE # Schedule: 1/16 Report: 3/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Lissa 6 Contributor address; City; State; Zip Code 1904 Wayward Sun Drive Austin, TX 78754	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) J.L. Powers & Assoc.	
Date 03/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alvarez, Dulce Contributor address; City; State; Zip Code 3407 Hwy 21 San Marcos, TX 78666	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Avila, Pauline Contributor address; City; State; Zip Code 6801 Dubuque Lane Austin, TX 78723	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Joes Bakery	
Date 04/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Banda, Sylvester & Lynette Contributor address; City; State; Zip Code 10550 Rodriguez Road Austin, TX 78747	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chief Inspector		Employer (See Instructions) Kestrel Engineering	
Date 03/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benavides, Martin & Patricia Contributor address; City; State; Zip Code 12412 Gun Metal Drive Austin, TX 78739	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/16 Report: 4/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brady, Jim 6 Contributor address; City; State; Zip Code 12010 Carmel Park Lane Austin, TX 78727	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Architect		10 Employer (See Instructions) Page	
Date 03/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brady, Jim Contributor address; City; State; Zip Code 12010 Carmel Park Lane Austin, TX 78727	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Page	
Date 03/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carroll, David Contributor address; City; State; Zip Code 2000 Homedale Dr. Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) DAVCAR Engineering	
Date 03/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Castro, Elaine Contributor address; City; State; Zip Code 6110 E Riverside Dr. Austin, TX 78741	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Childcare Employee		Employer (See Instructions) Austin ISD	
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chanpheng, Jiraporn Contributor address; City; State; Zip Code 7721 Arbor Ridge Court Austin, TX 78744	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/16 Report: 5/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 04/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chapa, Dolores 6 Contributor address; City; State; Zip Code 200 Adam L. Chapa, Sr. Street Austin, TX 78702	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 02/26/2015		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cruz, Cleofas (Rev.) Contributor address; City; State; Zip Code 2407 Hwy 21 San Marcos, TX 78666	
Principal occupation / Job title (See Instructions) Deacon		Employer (See Instructions) Holy Family American Catholic Church	
Date 03/29/2015		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cruz, Cleofas (Rev.) Contributor address; City; State; Zip Code 2407 Hwy 21 San Marcos, TX 78666	
Principal occupation / Job title (See Instructions) Deacon		Employer (See Instructions) Holy Family American Catholic Church	
Date 04/29/2015		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cuellar, Margaret Contributor address; City; State; Zip Code 1621 Bowerton Dr. Austin, TX 78754	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 03/29/2015		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cuevas, Louis & Rita Contributor address; City; State; Zip Code 3212 Silk Oak Drive Austin, TX 78748	
Principal occupation / Job title (See Instructions) Enforcement/Collections		Employer (See Instructions) Texas Lottery Commission	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/16 Report: 6/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) De Uriarte, Mercedes Lynn (Dr.) 6 Contributor address; City; State; Zip Code 2101 Trail of Madrones Austin, TX 78746	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 02/11/2015		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeMoss, Melissa Contributor address; City; State; Zip Code 4536 S. CR 591 Box 28 New Riegel, OH 44853	
Principal occupation / Job title (See Instructions)		Amount of contribution (\$) \$50.00	
Employer (See Instructions)		In-kind contribution description (if applicable)	
Retired		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 04/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eldridge, Chantal Contributor address; City; State; Zip Code 6526 Needham Lane Austin, TX 78739	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed	
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Embree, Alice Contributor address; City; State; Zip Code 1210 Norwood Road Austin, TX 78722	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frasier, Margo (Hon.) Contributor address; City; State; Zip Code 5408 Avenue F Austin, TX 78751	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Police Monitor		Employer (See Instructions) City of Austin	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/16 Report: 7/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia, Alberto 6 Contributor address; City; State; Zip Code 1715 S 1st Street Austin, TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self-Employed	
Date 03/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia, Alberto Contributor address; City; State; Zip Code 1715 S 1st Street Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed	
Date 04/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia, Gustavo & Marina (Hon.) Contributor address; City; State; Zip Code 7401 Ophelia Drive Austin, TX 78752	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 04/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gomez, Roy (Rev.) Contributor address; City; State; Zip Code 12908 Meehan Drive Austin, TX 78727	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Shortstop	
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Oscar Contributor address; City; State; Zip Code 7808 Adelaide Drive Austin, TX 78739	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) OAG Consulting	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/16 Report: 8/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 03/08/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerra, Irene 6 Contributor address; City; State; Zip Code 712 Huntland Austin, TX 78752	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) Retired	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerra, Rick Contributor address; City; State; Zip Code 2107 Key West Cove Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Jose I. Guerra Inc.	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 06/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gutierrez, Remberto Contributor address; City; State; Zip Code 901 MoPac Exp. Suite 300 Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) RioGroup Architects, LLC	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hagar, Carol Contributor address; City; State; Zip Code 7701 Rialto Blvd. #1321 Austin, TX 78735	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Head of School		Employer (See Instructions) Austin Tennis Academy	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hagey, Donna Contributor address; City; State; Zip Code 3906 Cherrywood Austin, TX 78722	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Project		Employer (See Instructions) The Austin Project	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/16 Report: 9/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/20/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, Don 6 Contributor address; City; State; Zip Code 5328 Acacia Grove St. North Las Vegas, NV 89031	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Systems Analyst		10 Employer (See Instructions) HP	
Date 02/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hargreaves, Lisa Contributor address; City; State; Zip Code 5109 N Hearsey Drive Austin, TX 78744	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Self-Employed	
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heimlich, Janet Leslie Contributor address; City; State; Zip Code 4800 Sylvandale Dr. Austin, TX 78745	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) The Child Friendly Project	
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Waldine Contributor address; City; State; Zip Code 1411 Werner Drive Austin, TX 78752	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Charlie Contributor address; City; State; Zip Code 11900 Metric Blvd. #J-163 Austin, TX 78758	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Technolgist		Employer (See Instructions) Acceleros	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/19/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, Robert	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 237 W Travis Ste. 201 San Antonio, TX 78205		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Architect		10 Employer (See Instructions) Lopez Sala Architects	
Date 05/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Loredo, Judith	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12512 Verandah Ct. Austin, TX 78726		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 04/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Christopher	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 Robbie Lane San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Asst. Manager		Employer (See Instructions) Rue 21	
Date 06/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Rudy	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6815 De Paul Cove Austin, TX 78723		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Caterer		Employer (See Instructions) Self-Employed	
Date 03/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathias, Matt	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2915 Regents Park Austin, TX 78746		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Mathias Partners	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/16 Report: 12/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/12/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCarver, James	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1719 Manor Road Austin, TX 78722		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Blackland Community Development Corp.	
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meltzer, Brad & Charlene	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11111 Schmidt Lane Manor, TX 78653		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Restauranteur		Employer (See Instructions) Sumo	
Date 02/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meza, Myrna Yolanda	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10920 Preston Trails Drive Austin, TX 78747		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Austin ISD	
Date 03/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moreno, Arthur & Gloria	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8405 Cobblestone Austin, TX 78735		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Munoz, Alfredo	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 Plum Street Lockhart, TX 78644		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Caldwell County, Texas	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/16 Report: 13/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 04/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Munoz, Marcy 6 Contributor address; City; State; Zip Code 16921 High Noon Del Valle, TX 78617	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Teacher		10 Employer (See Instructions) Austin ISD	
Date 06/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nino, Bruce Contributor address; City; State; Zip Code 8002 Running Water Dr. Austin, TX 78747	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Member Connections		Employer (See Instructions) Superior Health Plan	
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ordaz, Luis Contributor address; City; State; Zip Code 1903 Hearthside Drive Apt. A Austin, TX 78757	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Artistic Director		Employer (See Instructions) Proyecto Teatro	
Date 02/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortega, Hector Contributor address; City; State; Zip Code 7761 N Kendall Dr. #D206 Miami, FL 33156	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Maynada Holdings	
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pedemonte, Alex Contributor address; City; State; Zip Code 7320 N Mo-Pac Expressway Suite 305 Suite 305	Amount of contribution (\$) \$80.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) TeamPrice Real Estate	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/16 Report: 14/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/28/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Lidia 6 Contributor address; City; State; Zip Code 3006 French Place Austin, TX 78722	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Entrepreneur		10 Employer (See Instructions) La Pena	
Date 04/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez-Wisely, Teresa Contributor address; City; State; Zip Code 909 Theresa Avenue Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pointer, Thomas Contributor address; City; State; Zip Code 2212 Garden Street Austin, TX 78702	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Tax Examiner		Employer (See Instructions) IRS	
Date 03/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Quentero, Mary Helen & Manuel Contributor address; City; State; Zip Code 11700 Long Rifle Cove Austin, TX 78754	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 02/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramirez, Jill Christine Contributor address; City; State; Zip Code 901 Vargas Road Austin, TX 78741	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) Latino Healthcare Forum	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/16 Report: 15/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 03/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renteria, Sabino (Hon.)	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1511 Haskell Street Austin, TX 78702		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Council Member, District 3		10 Employer (See Instructions) City of Austin	
Date 04/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rivera, Pete	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5405 Prock Lane Austin, TX 78721		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Painter		Employer (See Instructions) Self-Employed	
Date 04/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosales, Catherine	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 800 Vista Valet Apt. 2903 San Antonio, TX 78216		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Accounts Payable Specialist		Employer (See Instructions) Meritage Homes Corporation	
Date 03/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruiz, Santo Buddy	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PSC41, APO AE 09464		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Common Laborer		Employer (See Instructions) AAFES	
Date 03/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salazar, Rene	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1107 Cherrywood Kyle, TX 78640		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Customer Relations		Employer (See Instructions) Autonation Toyota	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/16 Report: 16/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 04/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Segura, Mauricio 6 Contributor address; City; State; Zip Code 1030 Gardner Road Austin, TX 78721	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 04/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Margaret Contributor address; City; State; Zip Code 3545 Newport Bay Drive Alpharetta, GA 30005	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 02/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Stacey Contributor address; City; State; Zip Code 6207 Mayhall Drive Austin, TX 78721	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Librarian		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Austin ISD			
Date 03/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Stacey Contributor address; City; State; Zip Code 6207 Mayhall Drive Austin, TX 78721	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Librarian		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Austin ISD			
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Texas House Farm to Table Caucus Contributor address; City; State; Zip Code 1108 Lavaca Street Suite 110-292 Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/16 Report: 17/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 04/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vasquez, Ruth 6 Contributor address; City; State; Zip Code 5608 Arbor Hill Lane Austin, TX 78747	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CPA		10 Employer (See Instructions) PMB Helin Donovan	
Date 03/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vega, Dora Contributor address; City; State; Zip Code 3208 Kittyhawk Cove Austin, TX 78745	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Eligibility Manager		Employer (See Instructions) ARA Diagnostic Imaging	
Date 03/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vera, David & Mireya Contributor address; City; State; Zip Code 5601-B Sunset Ridge Austin, TX 78735	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waterhouse, Larry Contributor address; City; State; Zip Code 11113 Champions Lane Austin, TX 78747	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) State Employee		Employer (See Instructions) Texas Education Agency	
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yorke, Jane Contributor address; City; State; Zip Code 11906 Loomis Austin, TX 78738	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Phycologist		Employer (See Instructions) Self-Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/16 Report: 18/28	
2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zamarripa, Hermelinda 6 Contributor address; City; State; Zip Code 4811 Caswell Avenue Austin, TX 78751	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) City Employee		10 Employer (See Instructions) City of Austin	
Date 03/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zhengyan, Xu Contributor address; City; State; Zip Code 500 E Anderson Lane Apt. 187-R Austin, TX 78752	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Assistant Manager		Employer (See Instructions) Casulo Hotel	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 1/5 Report: 19/28	2 FILER NAME Mathias, Jayme (Dr.)	3 ACCOUNT # (TEC filers) 00000002
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4 Date 04/01/2015	5 Payee name El Gallo Restaurant
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6 Amount (\$) \$213.60	7 Payee address City; State; Zip Code 2910 S Congress Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Scholarship Fundraising Event Cost <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 03/06/2015	Payee name Equality Texas Foundation
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Amount (\$) \$25.00	Payee address City; State; Zip Code 221 E 9th Street Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Non-Political	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation <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 06/12/2015	Payee name George Morales Campaign
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Amount (\$) \$50.00	Payee address City; State; Zip Code 4704 Cabob Street Austin, TX 78744
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Political	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution <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 02/26/2015	Payee name Hana World Market
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Amount (\$) \$140.85	Payee address City; State; Zip Code 1700 West Parmer Lane Austin, TX 78727
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunar New Year Fundraiser (Food and Drink) <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

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 2/5 Report: 20/28	2 FILER NAME Mathias, Jayme (Dr.)	3 ACCOUNT # (TEC filers) 00000002
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4 Date 02/26/2015	5 Payee name Hana World Market
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6 Amount (\$) \$11.98	7 Payee address City; State; Zip Code 1700 West Parmer Lane Austin, TX 78727
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunar New Year Fundraiser (Decor, etc.) <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 06/12/2015	Payee name Manuel Jimenez Campaign
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Amount (\$) \$50.00	Payee address City; State; Zip Code 7516 Cedar Edge Drive Austin, TX 78744
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Political	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution <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 06/30/2015	Payee name Piryx, Inc.
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Amount (\$) \$97.23	Payee address City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Donations (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 03/17/2015	Payee name Quantum Digital
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Amount (\$) \$2,320.00	Payee address City; State; Zip Code 8702 Cross Park Drive Austin, TX 78754
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailer <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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 21/28	2 FILER NAME Mathias, Jayme (Dr.)	3 ACCOUNT # (TEC filers) 00000002
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4 Date 01/26/2015	5 Payee name The Rivas Group
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6 Amount (\$) \$25.00	7 Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email Blast
	<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 03/02/2015	Payee name The Rivas Group
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Amount (\$) \$75.00	Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email Blasts
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/06/2015	Payee name The Rivas Group
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Amount (\$) \$150.00	Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Maintenance
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2015	Payee name The Rivas Group
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Amount (\$) \$25.00	Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email Blast
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 4/5 Report: 22/28	2 FILER NAME Mathias, Jayme (Dr.)	3 ACCOUNT # (TEC filers) 00000002
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4 Date 04/06/2015	5 Payee name The Rivas Group
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6 Amount (\$) \$25.00	7 Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email Blast <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 04/22/2015	Payee name The Rivas Group
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Amount (\$) \$25.00	Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email Blast <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 04/29/2015	Payee name The Rivas Group
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Amount (\$) \$25.00	Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email Blast <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 03/17/2015	Payee name U.S. Post Office
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Amount (\$) \$272.00	Payee address City; State; Zip Code 3903 S Congress Ave Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage <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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 5/5 Report: 23/28	2 FILER NAME Mathias, Jayme (Dr.)	3 ACCOUNT # (TEC filers) 00000002
4 Date 03/18/2015	5 Payee name U.S. Post Office	
6 Amount (\$) \$34.00	7 Payee address City; State; Zip Code 3903 S Congress Ave Austin, TX 78704	
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) <input type="checkbox"/> Postage
	<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:

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 PAGE # Schedule: 1/5 Report: 24/28	2 FILER NAME Mathias, Jayme (Dr.)	3 ACCOUNT # (TEC filers) 00000002
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4 Date 03/06/2015	5 Payee name A Legacy of Giving
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6 Amount (\$) \$50.00	7 Payee address City; State; Zip Code 1609 Shoal Creek Blvd. Ste. 303 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Non-Political	(b) Description (See instructions regarding type of information required.) Donation
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Date 03/06/2015	Payee name ACE: A Community for Education
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Amount (\$) \$50.00	Payee address City; State; Zip Code 1616 Guadalupe St., 3.206 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Non-Political	Description (See instructions regarding type of information required.) Donation
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Date 06/06/2015	Payee name Austin Partners in Education
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Amount (\$) \$25.00	Payee address City; State; Zip Code 8000 Centre Park Drive Ste. 220 Austin, TX 78754
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Non-Political	Description (See instructions regarding type of information required.) Donation
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Date 03/05/2015	Payee name Austin Voices for Education & Youth
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Amount (\$) \$50.00	Payee address City; State; Zip Code 3710 Cedar St., Unit 21 Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Non-Political	Description (See instructions regarding type of information required.) Donation
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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I****The Instruction Guide explains how to complete this form.**

1 PAGE # Schedule: 2/5 Report: 25/28		2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (TEC filers) 00000002	
4 Date 03/06/2015		5 Payee name Blackland Community Development Corporation			
6 Amount (\$) \$50.00		7 Payee address City; State; Zip Code 2005 Salina Street Austin, TX 78722			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - Non-Political		(b) Description (See instructions regarding type of information required.) Donation	
Date 03/06/2015		Payee name Capital Idea			
Amount (\$) \$25.00		Payee address City; State; Zip Code P.o. Box 1784 Austin, TX 78767			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Non-Political		Description (See instructions regarding type of information required.) Donation	
Date 03/06/2015		Payee name Communities in Schools of Central Texas			
Amount (\$) \$25.00		Payee address City; State; Zip Code 3000 S IH 35 Frontage Road #200 Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Non-Political		Description (See instructions regarding type of information required.) Donation	
Date 01/15/2015		Payee name Dove Springs Proud			
Amount (\$) \$100.00		Payee address City; State; Zip Code 4103 Sojourner Street Austin, TX 78725			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Non-Political		Description (See instructions regarding type of information required.) Sponsorship	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 PAGE # Schedule: 4/5 Report: 27/28		2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (TEC filers) 00000002	
4 Date 03/06/2015	5 Payee name OutYouth				
6 Amount (\$) \$25.00	7 Payee address City; State; Zip Code 909 E 49th 1/2 St. Austin, TX 78751				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Non-Political		(b) Description (See instructions regarding type of information required.) Donation		
Date 03/06/2015	Payee name River City Youth Foundation				
Amount (\$) \$25.00	Payee address City; State; Zip Code 5209 South Pleasant Valley Road Austin, TX 78744				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Non-Political		Description (See instructions regarding type of information required.) Donation		
Date 04/30/2015	Payee name Takoba Restaurant				
Amount (\$) \$10.41	Payee address City; State; Zip Code 1411 E 7th Street Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (See instructions regarding type of information required.) Scholarship Fundraising Event (Food & Drink)		
Date 03/06/2015	Payee name Texas Civil Rights Project				
Amount (\$) \$25.00	Payee address City; State; Zip Code 1405 Montopolis Dr. Austin, TX 78741				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Non-Political		Description (See instructions regarding type of information required.) Donation		

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The Instruction Guide explains how to complete this form.

1 PAGE # Schedule: 5/5 Report: 28/28		2 FILER NAME Mathias, Jayme (Dr.)		3 ACCOUNT # (TEC filers) 00000002	
4 Date 03/06/2015		5 Payee name The Austin Project			
6 Amount (\$) \$50.00		7 Payee address City; State; Zip Code 5221 Ledesema Road Austin, TX 78721			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - Non-Political		(b) Description (See instructions regarding type of information required.) Donation	
Date 03/06/2015		Payee name The Care Communities			
Amount (\$) \$25.00		Payee address City; State; Zip Code 314 E Highland Mall Blvd., Ste. 495 Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Non-Political		Description (See instructions regarding type of information required.) Donation	
Date 03/13/2015		Payee name The Rivas Group			
Amount (\$) \$25.00		Payee address City; State; Zip Code 111 Congress Ave. Ste. 400 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (See instructions regarding type of information required.) Email Blast	
Date 02/28/2015		Payee name UT Project 2015			
Amount (\$) \$200.00		Payee address City; State; Zip Code 100 W Dean Keeton St., #A6300 Austin, TX 78712			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Non-Political		Description (See instructions regarding type of information required.) Sponsorship	