

# 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)  
00006502

2 PAGE #  
1 of 11

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Dr. Edmund (Ted)  
NICKNAME LAST SUFFIX  
Gordon

**OFFICE USE ONLY**

Date Received  
JHN16 15 3:11PM

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
6508 Bradley Drive  
Austin, TX 78723

Change of Address

Date Hand-delivered or Date Postmarked

Receipt # Amount

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Michael  
NICKNAME LAST SUFFIX  
Clement

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
*Dpt Accounting  
UT Austin  
University Station Austin TX 78712*

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
*512 364 2847*

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
12/08/2014 THROUGH 12/31/2014

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
12/16/2014

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Austin ISD Board, Trustee  
District 1

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

13 C/OH NAME Gordon, Edmund (Ted) (Dr.)

14 ACCOUNT # (Ethics Commission filers)  
00006502

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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,500.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	11,258.89
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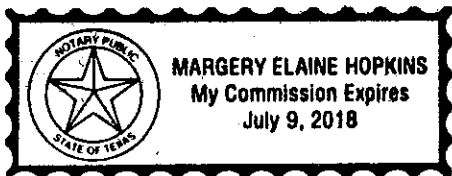
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,969.89
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OUTSTANDING LOAN TOTALS

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

*Edmund T. Gordon*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edmund T. Gordon, this the 16<sup>th</sup> day of January, 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.		<b>1</b> PAGE # Schedule: 1/3 Report: 3/11	
<b>2</b> FILER NAME Gordon, Edmund (Ted) (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006502	
<b>4</b> Date  12/10/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Kids First PAC  ..... <b>6</b> Contributor address; City; State; Zip Code 302107 Austin, TX 78703	<b>7</b> Amount of contribution (\$)  \$3,000.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barksdale, Tamala (Hon.)  ..... Contributor address; City; State; Zip Code 10711 Jonwood Way Austin, TX 78753	Amount of contribution (\$)  \$1,000.00	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)	
Date  12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowling, Harold  ..... Contributor address; City; State; Zip Code 13519 Brair Hollow Dr. Austin, TX 78729	Amount of contribution (\$)  \$500.00	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  12/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Browne, Simone  ..... Contributor address; City; State; Zip Code 300 Bowie St. #1402 Austin, TX 78703	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) Professor		Employer (See Instructions) University of Texas at Austin	
Date  12/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flowers, Wilford  ..... Contributor address; City; State; Zip Code 6912 Gaur Dr. Austin, TX 78749	Amount of contribution (\$)  \$150.00	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	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/11	
2 FILER NAME Gordon, Edmund (Ted) (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00006502	
4 Date  12/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gates, Charles  6 Contributor address; City; State; Zip Code 8108 Forest Mesa Dr. Austin, TX 78759	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)		10 Employer (See Instructions) Retired	
Date  12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Albert  Contributor address; City; State; Zip Code 7005 Quill Leaf Cv. Austin, TX 78750	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Policy Consultant		Employer (See Instructions) Self-Employed	
Date  12/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of Joseph C. Parker  Contributor address; City; State; Zip Code P.O. Box 69 Austin, TX 78767	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)	
Date  12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leanard, Robert  Contributor address; City; State; Zip Code 7122 Royal Ln. Dallas, TX 75230	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Force Multiplier Solutions, Inc.		Employer (See Instructions) Chairman	
Date  12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mason, Norman (Dr.)  Contributor address; City; State; Zip Code 7104 Mesa Dr. Austin, TX 78731	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) Dentist		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: 3/3 Report: 5/11

**2** FILER NAME Gordon, Edmund (Ted) (Dr.)

**3** ACCOUNT # (Ethics Commission filers)

00006502

**4** Date

12/15/2014

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Talbot, David

**6** Contributor address; City; State; Zip Code  
2500 Mountain Dr.  
Austin, TX 78704

**7** Amount of  
contribution (\$)

\$250.00

**8** In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Attorney

**10** Employer (See Instructions)  
State of Texas

**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.

<b>1</b> PAGE # Schedule: 1/6 Report: 6/11	<b>2</b> FILER NAME Gordon, Edmund (Ted) (Dr.)	<b>3</b> ACCOUNT # (TEC filers) 00006502
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<b>4</b> Date 12/15/2014	<b>5</b> Payee name Allenn, Emily
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<b>6</b> Amount (\$) \$180.00	<b>7</b> Payee address City; State; Zip Code TX
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing  <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 12/12/2014	Payee name Austin Chronicle
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Amount (\$) \$725.00	Payee address City; State; Zip Code 4000 N I-35 Austin, TX 78751
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Print Advertisement  <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 12/12/2014	Payee name Austin Chronicle
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Amount (\$) \$93.75	Payee address City; State; Zip Code 4000 N I-35 Austin, TX 78751
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Print Advertisement  <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 12/15/2014	Payee name Buhler, Gail
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Amount (\$) \$58.96	Payee address City; State; Zip Code TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Calls  <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.

<b>1 PAGE #</b> Schedule: 2/6 Report: 7/11		<b>2 FILER NAME</b> Gordon, Edmund (Ted) (Dr.)		<b>3 ACCOUNT # (TEC filers)</b> 00006502	
<b>4 Date</b> 12/15/2014		<b>5 Payee name</b> Clancy, Ben			
<b>6 Amount (\$)</b> \$180.00		<b>7 Payee address</b> City; State; Zip Code			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing  <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:	
<b>Date</b> 12/16/2014		<b>Payee name</b> Dahl-Stamnes, Erika			
<b>Amount (\$)</b> \$180.00		<b>Payee address</b> City; State; Zip Code  TX			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Poll Canvassing  <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:	
<b>Date</b> 12/16/2014		<b>Payee name</b> De Los Santos, Drew			
<b>Amount (\$)</b> \$284.53		<b>Payee address</b> City; State; Zip Code 2317 S Pleasant Valley Road #415 Austin, TX 78741			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement of Food/Beverage Expense  <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:	
<b>Date</b> 12/16/2014		<b>Payee name</b> De Los Santos, Drew			
<b>Amount (\$)</b> \$2,500.00		<b>Payee address</b> City; State; Zip Code 2317 S Pleasant Valley Road #415 Austin, TX 78741			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Management  <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:	

**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.

<b>1</b> PAGE # Schedule: 3/6 Report: 8/11	<b>2</b> FILER NAME Gordon, Edmund (Ted) (Dr.)	<b>3</b> ACCOUNT # (TEC filers) 00006502
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<b>4</b> Date 12/15/2014	<b>5</b> Payee name Jones, Earl
<b>6</b> Amount (\$) \$180.00	<b>7</b> Payee address City; State; Zip Code TX

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/15/2014	Payee name Kelly Graphics
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Amount (\$) \$3,140.81	Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746
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<b>8</b> 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"/> GOTV Mailer
	<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 12/12/2014	Payee name McKinney, James
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Amount (\$) \$150.00	Payee address City; State; Zip Code TX
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard Sign Distribution
	<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 12/15/2014	Payee name Moore, Miles
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Amount (\$) \$140.00	Payee address City; State; Zip Code TX
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing
	<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  
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.

<b>1 PAGE #</b> Schedule: 4/6 Report: 9/11	<b>2 FILER NAME</b> Gordon, Edmund (Ted) (Dr.)	<b>3 ACCOUNT # (TEC filers)</b> 00006502
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<b>4 Date</b> 12/15/2014	<b>5 Payee name</b> Moore, Miles
<b>6 Amount (\$)</b> \$240.00	<b>7 Payee address</b> City; State; Zip Code TX

<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing  <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:

<b>Date</b> 12/15/2014	<b>Payee name</b> Opinion Analysts, Inc.
<b>Amount (\$)</b> \$82.30	<b>Payee address</b> City; State; Zip Code 906 Rio Grande St. Austin, TX 78701

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Voter Lists  <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:

<b>Date</b> 12/16/2014	<b>Payee name</b> Santos, Jeremiah
<b>Amount (\$)</b> \$240.00	<b>Payee address</b> City; State; Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing  <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:

<b>Date</b> 12/15/2014	<b>Payee name</b> Turner, Arthur
<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code TX

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard Sign Distribution  <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:

# 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.

<b>1</b> PAGE # Schedule: 5/6 Report: 10/11	<b>2</b> FILER NAME Gordon, Edmund (Ted) (Dr.)	<b>3</b> ACCOUNT # (TEC filers) 00006502
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<b>4</b> Date 12/10/2014	<b>5</b> Payee name U.S. Post Office	
<b>6</b> Amount (\$) \$416.00	<b>7</b> Payee address City; State; Zip Code 823 Congress Ave. #150 Austin, TX 78701	

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/12/2014	Payee name U.S. Post Office	
Amount (\$) \$16.21	Payee address City; State; Zip Code 823 Congress Ave. #150 Austin, TX 78701	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
	<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 12/10/2014	Payee name Worley Printing	
Amount (\$) \$812.96	Payee address City; State; Zip Code 3217 N IH 35 Austin, TX 78722	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Neighborhood Letter
	<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 12/12/2014	Payee name Worley Printing	
Amount (\$) \$1,133.51	Payee address City; State; Zip Code 3217 N IH 35 Austin, TX 78722	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailer
	<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  
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.

<b>1</b> PAGE # Schedule: 6/6 Report: 11/11		<b>2</b> FILER NAME Gordon, Edmund (Ted) (Dr.)		<b>3</b> ACCOUNT # (TEC filers) 00006502
<b>4</b> Date 12/15/2014	<b>5</b> Payee name Worley Printing			
<b>6</b> Amount (\$) \$404.86	<b>7</b> Payee address City; State; Zip Code 3217 N IH 35 Austin, TX 78722			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Neighborhood Letter	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held: