

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

FORM C/OH: 11/04/11

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: Report 51
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: David MI: R. NICKNAME: _____ LAST: Quintanilla SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2499 S. Capital of Tx Hwy Suite A102 Austin Texas 78746 <input type="checkbox"/> Change of Address	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 789-0722 EXTENSION: _____	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Lisa MI: _____ NICKNAME: _____ LAST: Hoyt SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3303 Liberty Street Austin Texas 78705 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 589-5919 EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 25 / 2016 THROUGH 09 / 29 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		AISD Trustee At Large	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Quintanilla, David Ryan

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

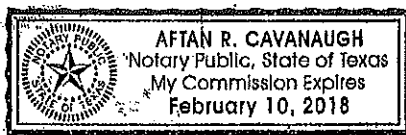
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 48,050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,975.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 28,074.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,000.00

18 AFFIDAVIT



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

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said David R. Quintanilla, this the 11th day of October, 20 16, to certify which, witness my hand and seal of office.

[Handwritten Signature] Aftan Cavanaugh Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME
Quintanilla, David Ryan

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,550.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,500.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 8,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,975.35
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Schedule 1/29 Report 4/51
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akpan, Anietie 6 Contributor address; City; State; Zip Code 9311 Woodwind Lakes Dr. Jersey Village, TX 77040	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arredondo, Abram Contributor address; City; State; Zip Code 10505 Channel Island Dr. Austin, TX 78747	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballweg, Cole Contributor address; City; State; Zip Code 4105 Shady Valley Ct. Arlington, TX 76013	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballweg, Cole Contributor address; City; State; Zip Code 4105 Shady Valley Ct. Arlington, TX 76013	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Schedule 2/29 Report 5/51
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 9/18/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagwell, Cole 6 Contributor address; City; State; Zip Code 4105 Shady Valley Ct. Arlington, TX 76013	7 Amount of contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/26/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beath, Cynthia Contributor address; City; State; Zip Code PO Box 989 Wimberley, TX 78676	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/10/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Fiona Contributor address; City; State; Zip Code 362 Atlantic #2A Brooklyn, NY 11217	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brier, Brett Contributor address; City; State; Zip Code 1305 Riverview Dr. Arlington, TX 76012	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Schedule 3/29 Report 6/51

2 FILER NAME Quintanilla, David Ryan

3 Filer ID (Ethics Commission Filers)

4 Date
8/29/16

5 Full name of contributor out-of-state PAC (ID#: _____)
Brown, Meg

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
1135 Barton Hills Dr. #143
Austin, TX 78704

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/16/16

Full name of contributor out-of-state PAC (ID#: _____)
Camacho, Connie

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
211 Hitching Post Dr.
Kyle, TX 778540

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/29/16

Full name of contributor out-of-state PAC (ID#: _____)
Camacho, Tanya

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
2817 Scotia Bluff Loop
Austin, TX 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/19/16

Full name of contributor out-of-state PAC (ID#: _____)
Catterall, Matthew

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
812 San Antonio St., Ste. 406
Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Schedule 4/29 Report 7/51
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 9/1/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanaugh, Nina 6 Contributor address; City; State; Zip Code 6402 McNeil Dr. #17 Austin TX, 78729	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/15/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanaugh, Stefanie Contributor address; City; State; Zip Code 12512 Deer Falls Dr. Austin, TX 78729	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/9/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celerier, Raoul Contributor address; City; State; Zip Code 3309 Bridle Path Austin, TX 78703	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Gary Contributor address; City; State; Zip Code 4325 Triboro Trl. Austin, TX 78749	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Schedule 5/29 Report 8/51
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockrell, Estela 6 Contributor address; City; State; Zip Code 1 Briar Trail Houston, TX 77058	7 Amount of contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colmenero, Rudy Contributor address; City; State; Zip Code 43 Rainey Street #2601 Austin, TX 78701	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corona, Virginia Contributor address; City; State; Zip Code 10011 Wild Dunes Dr. Austin, TX 78747	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/19/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotera, Juan Contributor address; City; State; Zip Code 812 San Antonio St., Ste 406 Austin, TX 78701	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Schedule 6/29 Report 9/51
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 9/1/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DePalma, Richard 6 Contributor address; City; State; Zip Code 7821 Wisteria Valley Drive Austin, TX 78739	7 Amount of contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiCuffa, Jill Contributor address; City; State; Zip Code 3601 Manchaca Road Austin, TX 78704	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/8/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunleavy, Kevin Contributor address; City; State; Zip Code 2306 Westrock Drive Austin, Texas 78704	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Christopher Contributor address; City; State; Zip Code 1705 Rabb Road Austin, TX 78704	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Schedule 9/29 Report 12/51

2 FILER NAME Quintanilla, David Ryan

3 Filer ID (Ethics Commission Filers)

4 Date
9/1/16

5 Full name of contributor out-of-state PAC (ID#: _____)
Gutierrez, Marcos

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code
2801 Trailview Mesa Cove

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/1/16

Full name of contributor out-of-state PAC (ID#: _____)
Gutierrez, Jorge

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code
P.O. Box 12492
Austin, TX 78711

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/12/16

Full name of contributor out-of-state PAC (ID#: _____)
Hamstra, Janna

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code
8430 Fountain Circle
Austin, TX 78229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/1/16

Full name of contributor out-of-state PAC (ID#: _____)
Hernandez, Alfonso

Amount of contribution (\$)

\$75.00

Contributor address; City; State; Zip Code
507 W. 10th St.
Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Schedule 14/29 Report 17/51

2 FILER NAME Quintanilla, David Ryan

3 Filer ID (Ethics Commission Filers)

4 Date
9/29/16

5 Full name of contributor out-of-state PAC (ID#: _____)
Moreno, Santiago

7 Amount of contribution (\$)
\$300.00

6 Contributor address; City; State; Zip Code
4811 Palma Nova
San Antonio, TX 78253

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/9/16

Full name of contributor out-of-state PAC (ID#: _____)
Munoz, Suzanne

Amount of contribution (\$)
\$75.00

Contributor address; City; State; Zip Code
301 Westmorland Drive
Austin, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/29/16

Full name of contributor out-of-state PAC (ID#: _____)
Munoz, Suzanne

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
301 Westmorland Drive
Austin, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/10/16

Full name of contributor out-of-state PAC (ID#: _____)
Ngo-Brown, Trudy

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
7536 Cascade Rd.
Grand Rapids, MI 49546

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Schedule 15/29 Report 18/51

2 FILER NAME Quintanilla, David Ryan

3 Filer ID (Ethics Commission Filers)

4 Date
9/29/16

5 Full name of contributor out-of-state PAC (ID#: _____)
Nuckols, Tom

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
2910 Kassarine Pass
Austin, TX 78704

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Orozco, Sylvia

Amount of contribution (\$)

9/1/16

Contributor address; City; State; Zip Code
P.O. Box 2273
Austin, TX 78788

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Parker, Kristin

Amount of contribution (\$)

9/15/16

Contributor address; City; State; Zip Code
6705 Valburn Dr.
Austin, TX 78731

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Patterson, Jody

Amount of contribution (\$)

7/30/16

Contributor address; City; State; Zip Code
4602 Fawnwood Cove
Austin, TX 78735

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Schedule 16/29 Report 19/51

2 FILER NAME Quintanilla, David Ryan

3 Filer ID (Ethics Commission Filers)

4 Date
8/28/16

5 Full name of contributor out-of-state PAC (ID#: _____)
Pendleton, James

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
7609 Woodwind Dr.
Alvarado, TX 76009

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
7/25/16

Full name of contributor out-of-state PAC (ID#: _____)
Quintanilla, David

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1911 Barton Hills Dr.
Austin, TX 78704

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/27/16

Full name of contributor out-of-state PAC (ID#: _____)
Quintanilla, Maria A.

Amount of contribution (\$)

Contributor address; City; State; Zip Code
7718 Navarro Pl.
Austin, TX 78749

\$30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/9/16

Full name of contributor out-of-state PAC (ID#: _____)
Quintanilla, David

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1911 Barton Hills Dr.
Austin, TX 78704

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Schedule 17/27 Report 20/51
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintanilla, Laura 6 Contributor address; City; State; Zip Code 1911 Barton Hills Dr. Austin, TX 78704	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/15/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintanilla, David Contributor address; City; State; Zip Code 2817 Ravello Ridge Dr. Austin, TX 78735	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Joe Contributor address; City; State; Zip Code 1200 Barton Hills Dr. Austin, TX 78704	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/8/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velasquez, Roy IV Contributor address; City; State; Zip Code 2817 Ravello Ridge Drive Austin, Texas 78735	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Schedule 18/29 Report 21/51

2 FILER NAME Quintanilla, David Ryan

3 Filer ID (Ethics Commission Filers)

4 Date
8/10/16

5 Full name of contributor out-of-state PAC (ID#: _____)
Ramirez, Ken

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
901 S. Mopac Expressway
Austin, TX 78746

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/10/16

Full name of contributor out-of-state PAC (ID#: _____)
Ramirez, Joann

Amount of contribution (\$)
\$300.00

Contributor address; City; State; Zip Code
2200-B Homedale Dr.
Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/29/16

Full name of contributor out-of-state PAC (ID#: _____)
Ramirez, Joann

Amount of contribution (\$)
\$300.00

Contributor address; City; State; Zip Code
2200-B Homedale Dr.
Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/29/16

Full name of contributor out-of-state PAC (ID#: _____)
Ramirez, Roxanne

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
3709 Grooms St.
Austin, TX 78705

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Schedule 19/29 Report 21/51**2** FILER NAME Quintanilla, David Ryan**3** Filer ID (Ethics Commission Filers)**4** Date
9/12/16**5** Full name of contributor out-of-state PAC (ID#: _____)
Rayos, Arthur**7** Amount of contribution (\$)

\$75.00**6** Contributor address; City; State; Zip Code
6420 Smoke House Dr.
Katy, TX 77449**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Reed, Phillip

Amount of contribution (\$)

9/19/16

\$100.00

Contributor address; City; State; Zip Code
812 San Antonio St., Ste. 406
Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Robinson, Marvin

Amount of contribution (\$)

9/16/16

\$50.00

Contributor address; City; State; Zip Code
14927 SW Millikan Way, Apt. 632
Beaverton, OR 97003

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Rodriguez, Andres

Amount of contribution (\$)

9/1/16

\$50.00

Contributor address; City; State; Zip Code
13401 Larrys Ln.
Manchaca, TX 78652

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Schedule 20/29 Report 23/51

2 FILER NAME Quintanilla, David Ryan

3 Filer ID (Ethics Commission Filers)

4 Date
9/16/16

5 Full name of contributor out-of-state PAC (ID#: _____)
Rodriguez, Jesse

7 Amount of contribution (\$)
\$1,000.00

6 Contributor address; City; State; Zip Code
1632 Bayland St.
Round Rock, TX 78664

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/10/16

Full name of contributor out-of-state PAC (ID#: _____)
Romanowski, Chelsea

Amount of contribution (\$)
\$150.00

Contributor address; City; State; Zip Code
5300 Overpass Rd. Apt.303
Buda, TX 78610

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/25/16

Full name of contributor out-of-state PAC (ID#: _____)
Rowland, Audrey

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2305 Goldenrod Ave.
Fort Worth, TX 76111

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/29/16

Full name of contributor out-of-state PAC (ID#: _____)
Saiidi, Fardin

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
12524 Verandah Ct.
Austin, TX 78726

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Schedule 21/29 Report 24/51

2 FILER NAME Quintanilla, David Ryan

3 Filer ID (Ethics Commission Filers)

4 Date
9/29/16

5 Full name of contributor out-of-state PAC (ID#: _____)
Walicek, Wendy

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
830 W. 3rd St.
Austin, TX 78701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Santoscoy, Agustin

Amount of contribution (\$)

9/11/16

Contributor address; City; State; Zip Code
5408 Nolda St.
Houston, TX 77004

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Shepard, Kristie

Amount of contribution (\$)

9/15/16

Contributor address; City; State; Zip Code
7000 Post Oak Dr.
N. Richland Hills, TX 76182

\$40.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Smith, Craig

Amount of contribution (\$)

9/1/16

Contributor address; City; State; Zip Code
1008 Barton Hills Drive
Austin, Texas 78704

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Schedule 22/29 Report 25/51
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Alfred 6 Contributor address; City; State; Zip Code P.O. Box 5674 Austin, TX 78763	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Penny Contributor address; City; State; Zip Code 40 N. IH 35, Apt. 404 Austin, TX 78701	Amount of contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbarger, Shaun & Emily Contributor address; City; State; Zip Code 6 Prato Park Drive Missouri City, TX 77459	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbarger, Mary Contributor address; City; State; Zip Code 3215 Capsicum Cove Austin, TX 78748	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Schedule 23/29 Report 26/51
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stukuls, Jeffrey 6 Contributor address; City; State; Zip Code 7600 Clara Marie CV Austin, TX 78749	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/10/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taglioli, Nick Contributor address; City; State; Zip Code 3847 Clover Ln Dallas, TX 75220	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/10/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taleghani, Sina Contributor address; City; State; Zip Code P.O. Box 191989 Dallas, TX 75019	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/26/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tames, Charlie Contributor address; City; State; Zip Code 2902 Windhill Circle Austin, TX 78703	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Schedule 24/29 Report 27/51
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 7/27/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornthwaite, Martin 6 Contributor address; City; State; Zip Code 2749 Marshall Drive Frisco, TX 75033	7 Amount of contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornthwaite, Martin Contributor address; City; State; Zip Code 2749 Marshall Dr. Frisco, TX 75033	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/26/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Jimmy Contributor address; City; State; Zip Code 11404 Kingsgate Austin, TX 78748	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Jimmy Contributor address; City; State; Zip Code 2621 Blake St. Austin, TX 78748	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Schedule 25/29 Report 28/51
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Michael 6 Contributor address; City; State; Zip Code 9104 Deer Shadow Pass Austin, TX 78733	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbanovsky, Lamar Contributor address; City; State; Zip Code 78 Twin Ridge Parkway Round Rock, TX 78664	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vale, Kathleen Contributor address; City; State; Zip Code 9705 Alex Ln. Austin, TX 78748	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/27/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velasquez, Gloria Contributor address; City; State; Zip Code Ravello Ridge Dr. Austin, TX 78735	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Schedule 26/29 Report 29/51
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 9/14/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verstraete Auteri, Sarah <hr/> 6 Contributor address; City; State; Zip Code 1103 Fairway Court Mansfield, TX 76063	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villa, Rich <hr/> Contributor address; City; State; Zip Code 3000 Cohoba Dr. Austin, TX 78748	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villa, Rich <hr/> Contributor address; City; State; Zip Code 3000 Cohoba Dr. Austin, TX 78748	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winick, Seth <hr/> Contributor address; City; State; Zip Code 1212 Guadalupe, Ste.1003 Austin, TX 78701	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Schedule 27/29 Report 30/51

2 FILER NAME Quintanilla, David Ryan

3 Filer ID (Ethics Commission Filers)

4 Date
9/29/16

5 Full name of contributor out-of-state PAC (ID#: _____)
Young, Lynda

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
13105 Bidwell Drive
Austin, TX 78729

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Zachry, Karen Lee

Amount of contribution (\$)

9/9/16

Contributor address; City; State; Zip Code
606 Arcadia Place
San Antonio, TX 78209

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Velasquez, Zachary

Amount of contribution (\$)

9/1/16

Contributor address; City; State; Zip Code
2817 Ravello Ridge Drive
Austin, Texas 78735

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Cuevas, Rita

Amount of contribution (\$)

9/27/16

Contributor address; City; State; Zip Code
3212 Silk Oak Drive
Austin, Texas 78748

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Schedule 28/29 Report 31/51

2 FILER NAME Quintanilla, David Ryan

3 Filer ID (Ethics Commission Filers)

4 Date
8/26/16

5 Full name of contributor out-of-state PAC (ID#: _____)
Edmonson, David

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
4502 Pelham Drive
Austin, Texas 78727

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/3/16

Full name of contributor out-of-state PAC (ID#: _____)
Education Austin PAC

Amount of contribution (\$)
\$5,000.00

Contributor address; City; State; Zip Code
316 West 12th Street, Suite 200
Austin, Texas 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/26/16

Full name of contributor out-of-state PAC (ID#: _____)
Education Austin PAC

Amount of contribution (\$)
\$5,000.00

Contributor address; City; State; Zip Code
316 West 12th, Suite 200
Austin, Texas 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/2/16

Full name of contributor out-of-state PAC (ID#: _____)
Krupa, Gordon L.

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
1131 Hollow Creek Apt 113
Austin, Texas 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Schedule 29/29 Report 32/51

2 FILER NAME Quintanilla, David Ryan

3 Filer ID (Ethics Commission Filers)

4 Date
9/29/16

5 Full name of contributor out-of-state PAC (ID#: _____)
McCrimmon, Mark P.

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
508 Konstanty Drive
Austin, Texas 78746

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/27/16

Full name of contributor out-of-state PAC (ID#: _____)
Navarro, Catherine

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
9404 Bradner Drive
Austin, Texas 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/29/16

Full name of contributor out-of-state PAC (ID#: _____)
Sefton, G. Brook IV

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2108 Homedale Drive A
Austin, Texas 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/2/16

Full name of contributor out-of-state PAC (ID#: _____)
Southwest Laborers District Council PAC

Amount of contribution (\$)
\$350.00

Contributor address; City; State; Zip Code
11720 East 21th Street, Suite D
Austin, Texas 78723

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Schedule 1/2 Report 33/51	
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/09/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Party	8 Amount of Contribution \$ \$2,500.00	9 In-kind contribution description Voter File Access
7 Contributor address; City; State; Zip Code 1106 Lavaca Suite 100 Austin, Texas 78701		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 9/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Josh	Amount of Contribution \$ \$3,000.00	In-kind contribution description Food/Beverage
Contributor address; City; State; Zip Code 2817 Scotia Bluff Loop Austin, Texas 78748		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Schedule 2/2 Report 34/51	
2 FILER NAME David R. Quintanilla		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 9/14/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verstraete Auteri, Sarah	8 Amount of Contribution \$ \$2,000.00	9 In-kind contribution description Advertising
7 Contributor address; City; State; Zip Code 1103 Fairway Court Mansfield, Texas 76063		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Schedule 1/1 Report 35/50
2 FILER NAME Quintanilla, David Ryan		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintanilla, David Ryan	9 Loan Amount (\$) \$8,000.00
6 Is lender a financial institution? Y N O	8 Lender address; City; State; Zip Code 1911 Barton Hills Drive Austin, Texas 78704	10 Interest rate 2% per year
		11 Maturity date 7/25/17
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 1/16 Rpt 36/51	2 FILER NAME Quintanilla, David Ryan	3 Filer ID (Ethics Commission Filers)
4 Date 8/25/2015	5 Payee name Anderson High School	
6 Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 8403 Mesa Drive Austin, Texas 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/10/2016	Payee name Big Frog Custom T-Shirt	
Amount (\$) \$180.07	Payee address; City; State; Zip Code 5400 Brodie Lane #235 Austin, Texas 78745	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/31/2016	Payee name Brigid Shea Campaign	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donation Made by Candidate	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 2/16 Rpt 37/51		2 FILER NAME Quintanilla, David R.		3 Filer ID (Ethics Commission Filers)	
4 Date 9/29/2016		5 Payee name Chevron			
6 Amount (\$) \$30.00		7 Payee address; City; State; Zip Code 2402 Lake Austin Blvd. Austin, Texas 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation Related Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 8/17/2016		Payee name Constant Contact			
Amount (\$) \$21.32		Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 0245			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 9/12/2016		Payee name Constant Contact			
Amount (\$) \$42.64		Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 0245			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 3/16 Rpt 36/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)
4 Date 8/31/2016	5 Payee name El Gallo Restaurant	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 2910 S. Congress Ave. Austin, Texas 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 8/17/2016	Payee name FedEx Office	
Amount (\$) \$12.42	Payee address; City; State; Zip Code 3300 Bee Cave Rd #715 Austin, TX 78746	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9/2/2016	Payee name FedEx Office	
Amount (\$) \$94.18	Payee address; City; State; Zip Code 3300 Bee Cave Rd #715 Austin, TX 78746	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1; Schedule 4/16 Rpt 39/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)
4 Date 9/6/2016	5 Payee name FedEx Office	
6 Amount (\$) \$97.41	7 Payee address; City; State; Zip Code 3300 Bee Cave Rd #715 Austin, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/11/2016	Payee name GoDaddy.Com	
Amount (\$) \$16.21	Payee address; City; State; Zip Code 14455 N Hayden Rd #219 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Expense	Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/19/2016	Payee name GoDaddy.Com	
Amount (\$) \$5.40	Payee address; City; State; Zip Code 14455 N Hayden Rd #219 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Expense	Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 5/16 Rpt 40/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)			
4 Date 9/6/2016	5 Payee name GoDaddy.Com				
6 Amount (\$) \$5.40	7 Payee address; City; State; Zip Code 14455 N Hayden Rd #219 Scottsdale, AZ 85260				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9/12/2016	Payee name GoDaddy.Com				
Amount (\$) \$10.80	Payee address; City; State; Zip Code 14455 N Hayden Rd #219 Scottsdale, AZ 85260				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9/19/2016	Payee name GoDaddy.Com				
Amount (\$) \$5.40	Payee address; City; State; Zip Code 14455 N Hayden Rd #219 Scottsdale, AZ 85260				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 6/19 Rpt 41/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)
4 Date 8/2/2016	5 Payee name Harland Clarke Check	
6 Amount (\$) \$33.61	7 Payee address; City; State; Zip Code 15955 La Cantera Parkway San Antonio TX 78256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/14/2016	Payee name Home Depot Sunset Valley Tx		
Amount (\$) \$189.13	Payee address; City; State; Zip Code 1200 Home Depot Blvd Sunset Valley, TX 78745		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/19/2016	Payee name Lupe Tortilla		
Amount (\$) \$30.79	Payee address; City; State; Zip Code 701 S Capital of Texas Hwy West Lake Hills, TX 78746		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 7/16 Rpt 42/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)
4 Date 8/24/2016	5 Payee name McCallum Football Booster Club	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 5600 Sunshine Dr Austin, TX 78756	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/22/2016	Payee name Moreno, Randy	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 13332 Larrys Lane Manchaca, Texas 78652	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/13/2016	Payee name Moreno, Randy	
Amount (\$) \$2000.00	Payee address; City; State; Zip Code 13332 Larrys Lane Manchaca, Texas 78652	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 8/16 Rpt 43/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)			
4 Date 8/31/2016	5 Payee name Office Depot				
6 Amount (\$) \$67.81	7 Payee address; City; State; Zip Code 701 S Capital Of TX Hwy Ste 500 West Lake Hills, TX 78746				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:45%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:15%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9/1/2016	Payee name Office Depot				
Amount (\$) \$53.42	Payee address; City; State; Zip Code 701 S Capital Of TX Hwy Ste 500 West Lake Hills, TX 78746				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:45%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:15%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9/9/2016	Payee name Office Depot				
Amount (\$) \$59.05	Payee address; City; State; Zip Code 701 S Capital Of TX Hwy Ste 500 West Lake Hills, TX 78746				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:45%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:15%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 9/16 Rpt 44/51		2 FILER NAME Quintanilla, David R.		3 Filer ID (Ethics Commission Filers)	
4 Date 8/31/2016		5 Payee name South Austin Democrats			
6 Amount (\$) \$105.00		7 Payee address; City; State; Zip Code PO Box 152592 Austin, Texas 78715			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Candidate		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/12/2016		Payee name Raising Cane's #16			
Amount (\$) \$5.15		Payee address; City; State; Zip Code 3201 Bee Cave Rd Austin, TX 78746			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 8/5/2016		Payee name Reid, Paul			
Amount (\$) \$227.32		Payee address; City; State; Zip Code 3408 Rainer Drive Arlington, Texas 76016			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 10/16 Rpt 45/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)
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4 Date 8/26/2016	5 Payee name Serranos Café
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6 Amount (\$) \$38.25	7 Payee address; City; State; Zip Code 5030 Hwy 290 West Austin, Texas 78735
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/2016	Payee name Sobre Todo Consulting
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 5920 Lux Street Austin, Texas 78721
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/2016	Payee name Steve Grandury
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Amount (\$) \$541.25	Payee address; City; State; Zip Code 216 W. Pearl Street Grandbury, Texas 76048
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 11/16 Rpt 46/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)
4 Date 9/12/2016	5 Payee name Texas Democratic Party	
6 Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code 1106 Lavaca Suite 100 Austin, Texas 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donations Made by Candidate	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9/1/2016	Payee name Texas Tees Etc	
Amount (\$) \$299.04	Payee address; City; State; Zip Code 7801 N. Lamar Blvd. #A124 Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9/6/2016	Payee name Texas Tees Etc	
Amount (\$) \$299.04	Payee address; City; State; Zip Code 7801 N. Lamar Blvd. #A124 Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 12/16 Rpt 47/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)			
4 Date 8/31/2016	5 Payee name ThunderCloud Subs				
6 Amount (\$) \$25.10	7 Payee address; City; State; Zip Code 3201 Bee Caves Rd Austin, TX 78746				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9/1/2016	Payee name ThunderCloud Subs				
Amount (\$) \$9.00	Payee address; City; State; Zip Code 3201 Bee Caves Rd Austin, TX 78746				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 8/30/2016	Payee name TODO Austin Newspaper				
Amount (\$) \$240.00	Payee address; City; State; Zip Code 1400 Corona Drive Austin, Texas 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 13/16 Rpt 48/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)			
4 Date 9/28/2016	5 Payee name Velasquez, Roy IV				
6 Amount (\$) \$340.00	7 Payee address; City; State; Zip Code 2817 Ravello Ridge Drive Austin, Texas 78735				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 8/29/2016	Payee name Velasquez, Zachary				
Amount (\$) \$240.00	Payee address; City; State; Zip Code 2817 Ravello Ridge Drive Austin, Texas 78735				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9/13/2016	Payee name Velasquez, Zachary				
Amount (\$) \$312.00	Payee address; City; State; Zip Code 2817 Ravello Ridge Drive Austin, Texas 78735				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 14/16 Rpt 49/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)
4 Date 8/25/2016	5 Payee name VistaPrint	
6 Amount (\$) \$53.21	7 Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MA 02421	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/28/2016	Payee name VistaPrint	
Amount (\$) \$189.97	Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MA 02421	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/16/2016	Payee name Wal-Mart Super Center	
Amount (\$) \$18.80	Payee address; City; State; Zip Code 5017 W Hwy 290 Austin, TX 78746	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 15/16 Rpt 50/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)			
4 Date 8/18/2016	5 Payee name Worley Printing				
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 3217 IH35 Austin, Texas 78722				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 8/31/2016	Payee name Worley Printing				
Amount (\$) \$2,617.72	Payee address; City; State; Zip Code 3217 IH35 Austin, Texas 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9/9/2016	Payee name Worley Printing				
Amount (\$) \$4,242.08	Payee address; City; State; Zip Code 3217 IH35 Austin, Texas 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Schedule 16/16 Rpt 51/51	2 FILER NAME Quintanilla, David R.	3 Filer ID (Ethics Commission Filers)
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4 Date 9/23/2016	5 Payee name Advance Austin
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6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 4900 Gonzales Street #116 Austin, Texas 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Candidate	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/13/2016	Payee name Yvette Gronedo
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 13332 Larrys Lane Manchaca, Texas 78662
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/18/2016	Payee name Planned Parenthood
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 1823 E 7th St Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Candidate	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Quintanilla, David Ryan	3 Filer ID (Ethics Commission Filers)
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4 Date 9/29/16	5 Payee name Donaté Way
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6 Amount (\$) \$592.36	7 Payee address; City; State; Zip Code P.O. Box 301267 Austin, Texas 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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