

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Michael MI: NICKNAME: LAST: Herschenfeld SUFFIX:	<div style="border: 2px solid black; border-radius: 50%; padding: 20px; display: inline-block;"> <p style="margin: 0; font-weight: bold;">RECEIVED</p> <p style="margin: 5px 0 0 0;">OCT 11 2020</p> <p style="margin: 0; font-weight: bold;">AD SUPERVISOR OFFICE</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1608 B Cinnamon Path Austin TX 78704		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 200-3820 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Adil MI: NICKNAME: LAST: Khan SUFFIX:	Date Received	Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 11044 Research Blvd. Austin TX 78759	Receipt #	Amount \$
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 703-0521 EXTENSION:	Date Processed	Date Imaged
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 Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2020 THROUGH 09 / 25 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2020	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) Austin Independent School District Board of Trustees District 8	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Michael Herschenfeld

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.

GENERAL
 SPECIFIC

COMMITTEE TYPE

COMMITTEE NAME
Committee to Elect Mike H

1608 B Cinnamon Path Austin, TX 78704

COMMITTEE CAMPAIGN TREASURER NAME

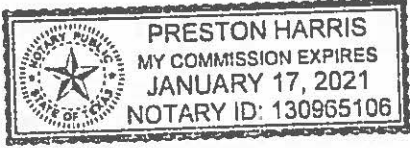
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$5,117.82
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$108.87
	4. TOTAL POLITICAL EXPENDITURES	\$5,047.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$70.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$2,000.00

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.



Michael Herschenfeld
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Herschenfeld, this the 1st day of October, 2020, to certify which, witness my hand and seal of office.

Preston Harris
Signature of officer administering oath

Preston Harris
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Michael Herschenfeld		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,117.82
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 2,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 4,938.86
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:
15

2 FILER NAME

Michael Herschenfeld

3 Filer ID (Ethics Commission Filers)

4 Date
7/17/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Seth Rau

7 Amount of contribution (\$) \$259.92

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Manager

9 Employer (See Instructions)

Empower Schools

Date
7/17/2020

Full name of contributor out-of-state PAC (ID#: _____)
Paul Pastorak

Amount of contribution (\$) \$519.52

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Pastorak Partners, LLC

Date
7/18/2020

Full name of contributor out-of-state PAC (ID#: _____)
Denise Wolk

Amount of contribution (\$) \$104.15

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self employed

Date
07/19/2020

Full name of contributor out-of-state PAC (ID#: _____)
Sarah Cleve

Amount of contribution (\$) \$52.23

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

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:
15

2 FILER NAME

Michael Herschenfeld

3 Filer ID (Ethics Commission Filers)

4 Date
07/19/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Stephen Brophy

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Cook

9 Employer (See Instructions)

Self employed

Date
07/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Bryce Gammill

Amount of contribution (\$)
\$52.23

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Music instructor

Employer (See Instructions)

Self employed

Date
07/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Moh Choudhury

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date
07/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Nicholas Costa

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Senior Specialist

Employer (See Instructions)

Gartner

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:
15

2 FILER NAME

Michael Herschenfeld

3 Filer ID (Ethics Commission Filers)

4 Date
07/26/2020

5 Full name of contributor

out-of-state PAC (ID#: _____)

Joseph Perone

7 Amount of contribution (\$)
\$104.15

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Sales Manager

9 Employer (See Instructions)

Samsung

Date
07/27/2020

Full name of contributor

out-of-state PAC (ID#: _____)

Caroline Cook

Amount of contribution (\$)
\$10.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Deloitte

Date
07/27/2020

Full name of contributor

out-of-state PAC (ID#: _____)

Renee Cook

Amount of contribution (\$)
\$25.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date
08/13/2020

Full name of contributor

out-of-state PAC (ID#: _____)

Kathy Grace

Amount of contribution (\$)
\$20.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Business Analyst

Employer (See Instructions)

UT Austin

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:
15

2 FILER NAME

Michael Herschenfeld

3 Filer ID (Ethics Commission Filers)

4 Date
08/13/2020

5 Full name of contributor
Emily Rivera

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$) **\$104.15**

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Registered Nurse

9 Employer (See Instructions)

Ascension Seton NW

Date
08/14/2020

Full name of contributor
Lisa Burke

out-of-state PAC (ID#: _____)

Amount of contribution (\$) **\$52.23**

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Self employed

Employer (See Instructions)

Self employed

Date
08/15/2020

Full name of contributor
David Herschenfeld

out-of-state PAC (ID#: _____)

Amount of contribution (\$) **\$104.15**

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Just Glaze it Inc.

Date
08/15/2020

Full name of contributor
Bibi Yasmin Katsev

out-of-state PAC (ID#: _____)

Amount of contribution (\$) **\$52.23**

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

District Charter Alliance

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:
15

2 FILER NAME

Michael Herschenfeld

3 Filer ID (Ethics Commission Filers)

4 Date
08/17/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Amanda List

7 Amount of contribution (\$)
\$259.92

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

AList Consulting

Date
08/17/2020

Full name of contributor out-of-state PAC (ID#: _____)
Joan Lewis

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date
08/17/2020

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

Amount of contribution (\$)
\$519.52

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Just Glaze It Inc.

Date
08/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Lindsay Lewis

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

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

Progressive Policy Institute

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: 15
2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)
4 Date 08/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Durosinmi	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Deputy Director		9 Employer (See Instructions) Wildlife Conservation Society
Date 08/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Genet	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Architect Project Manager		Employer (See Instructions) Austin ISD
Date 08/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy Grant-Skinner	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Chief Human Capital Officer		Employer (See Instructions) Baltimore City Public Schools
Date 08/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandis Martin	Amount of contribution (\$) \$52.23
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Keeping it Realty
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:
15

2 FILER NAME

Michael Herschenfeld

3 Filer ID (Ethics Commission Filers)

4 Date
08/30/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Larry West

7 Amount of contribution (\$)
\$26.27

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Unemployed

9 Employer (See Instructions)

Unemployed

Date
09/02/2020

Full name of contributor out-of-state PAC (ID#: _____)
Clift Price

Amount of contribution (\$)
\$52.23

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date
09/04/2020

Full name of contributor out-of-state PAC (ID#: _____)
Barbara Scobey

Amount of contribution (\$)
\$26.27

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Adjunct Professor

Employer (See Instructions)

Concordia University

Date
09/05/2020

Full name of contributor out-of-state PAC (ID#: _____)
John Aufderheide

Amount of contribution (\$)
\$26.27

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

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: 15
2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)
4 Date 09/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camille Kress	7 Amount of contribution (\$) \$104.15
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Colangelo	Amount of contribution (\$) \$104.15
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Private Schools Association
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Price	Amount of contribution (\$) \$10.70
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Marketing Strategist		Employer (See Instructions) IBM
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adil Khan	Amount of contribution (\$) \$10.70
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cirrus Logic

--	--	--

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: 15
2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katrina Murbock 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$10.70
8 Principal occupation / Job title (See Instructions) Wildlife Biologist		9 Employer (See Instructions) Department of Defense
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachary Sais Contributor address; City; State; Zip Code	Amount of contribution (\$) \$104.15
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Google
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farzano Sedillo Contributor address; City; State; Zip Code	Amount of contribution (\$) \$52.23
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) IBM
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivia Schnell Contributor address; City; State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bartender		Employer (See Instructions) Lustre Pearl
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:
15

2 FILER NAME

Michael Herschenfeld

3 Filer ID (Ethics Commission Filers)

4 Date
09/08/2020

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

Nataliya Markova

7 Amount of contribution (\$)
\$10.70

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Unemployed

9 Employer (See Instructions)

Unemployed

Date
09/08/2020

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

Carey Davis

Amount of contribution (\$)
\$15.89

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Education Non-Profit Employee

Employer (See Instructions)

Empower Schools

Date
09/08/2020

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

Howard Herschenfeld

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date
09/08/2020

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

Hannah Sharfman

Amount of contribution (\$)
\$10.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Associate

Employer (See Instructions)

Empower Schools

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: 15
2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Goldman	7 Amount of contribution (\$) \$10.70
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Caldwell West Public Schools
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celeste Barretto	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) District Administrator		Employer (See Instructions) YES Prep Public Schools
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine Herrera	Amount of contribution (\$) \$26.27
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Tattoo Artist		Employer (See Instructions) Self employed
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlie Goldman	Amount of contribution (\$) \$26.27
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Studley

--	--	--

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: 15
2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rinaldo Sogliuzzi	7 Amount of contribution (\$) \$26.27
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Traveler's
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly Wu	Amount of contribution (\$) \$52.23
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Deputy Director		Employer (See Instructions) Supermajority
Date 09/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Zdrojewski	Amount of contribution (\$) \$26.27
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Moak Casey & Associates
Date 09/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chadwick Harris-Williams	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Publicis

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: 15
2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Cohen	7 Amount of contribution (\$) \$26.27
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 09/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Evans	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Cenveo
Date 09/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy Jones	Amount of contribution (\$) \$5.50
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) The Learning Accelerator
Date 09/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Maher	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Cambiar

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: 15
2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)
4 Date 09/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alyssa Morton	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Partner		9 Employer (See Instructions) Empower Schools
Date 09/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Herschenfeld	Amount of contribution (\$) \$259.92
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Just Glaze it Inc.
Date 09/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob Sweet	Amount of contribution (\$) \$52.23
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) North Branford School District
Date 09/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Goldman	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Hangers

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: 15
2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Grace	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Business Analyst		9 Employer (See Instructions) UT Austin
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Goldman	Amount of contribution (\$) \$104.15
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Hangers
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suellen Ramos	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) Los Angeles County
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina Barrett	Amount of contribution (\$) \$10.70
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self employed

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: 1
2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/29/2020	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Herschenfeld	9 Loan Amount (\$) \$2,000.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1608 B Cinnamon Path Austin TX 78704	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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: 13	2 FILER NAME Michael Herschenfeld	3 Filer ID (Ethics Commission Filers)
4 Date 08/01/2020	5 Payee name Twilio Inc.	
6 Amount (\$) \$20.00	7 Payee address; 375 Beale St #300	City; State; Zip Code San Francisco CA 94105
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Candidate purchased text communication software, daily charge
	(c) <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 08/10/2020	Payee name Twilio Inc.	
Amount (\$) 20.20	Payee address; 375 Beale St #300	City; State; Zip Code San Francisco CA 94105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased text communication software, daily charge
	<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 08/11/2020	Payee name Twilio Inc.	
Amount (\$) \$40.13	Payee address; 375 Beale St #300	City; State; Zip Code San Francisco CA 94105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased text communication software, daily charge
	<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: 13	2 FILER NAME Michael Herschenfeld	3 Filer ID (Ethics Commission Filers)
4 Date 08/12/2020	5 Payee name Twilio Inc.	
6 Amount (\$) \$20.08	7 Payee address; 375 Beale St #300	City; State; Zip Code San Francisco CA 94105
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Candidate purchased text communication software, daily charge
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/14/2020	Payee name Twilio Inc.	
Amount (\$) 40.27	Payee address; 375 Beale St #300	City; State; Zip Code San Francisco CA 94105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased text communication software, daily charge
	<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 08/15/2020	Payee name Twilio Inc.	
Amount (\$) \$60.46	Payee address; 375 Beale St #300	City; State; Zip Code San Francisco CA 94105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased text communication software, daily charge
	<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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME Michael Herschenfeld	3 Filer ID (Ethics Commission Filers)
4 Date 08/16/2020	5 Payee name Twilio Inc.	
6 Amount (\$) \$40.02	7 Payee address; 375 Beale St #300	City; State; Zip Code San Francisco CA 94105
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Candidate purchased text communication software, daily charge
	(c) <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 08/18/2020	Payee name Twilio Inc.	
Amount (\$) \$20.01	Payee address; 375 Beale St #300	City; State; Zip Code San Francisco CA 94105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased text communication software, daily charge
	<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 08/19/2020	Payee name Twilio Inc.	
Amount (\$) \$20.36	Payee address; 375 Beale St #300	City; State; Zip Code San Francisco CA 94105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased text communication software, daily charge
	<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: 13	2 FILER NAME Michael Herschenfeld	3 Filer ID (Ethics Commission Filers)
----------------------------------	--------------------------------------	---------------------------------------

4 Date 08/20/2020	5 Payee name Twilio Inc.
----------------------	-----------------------------

6 Amount (\$) \$20.02	7 Payee address; 375 Beale St #300	City; San Francisco	State; CA	Zip Code 94105
--------------------------	---------------------------------------	------------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Candidate purchased text communication software, daily charge
	(c) <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 08/23/2020	Payee name Twilio Inc.
--------------------	---------------------------

Amount (\$) \$20.47	Payee address; 375 Beale St #300	City; San Francisco	State; CA	Zip Code 94105
------------------------	-------------------------------------	------------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased text communication software, daily charge
	<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 08/24/2020	Payee name Twilio Inc.
--------------------	---------------------------

Amount (\$) \$20.04	Payee address; 375 Beale St #300	City; San Francisco	State; CA	Zip Code 94105
------------------------	-------------------------------------	------------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased text communication software, daily charge
	<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: 13	2 FILER NAME Michael Herschenfeld	3 Filer ID (Ethics Commission Filers)
----------------------------------	--------------------------------------	---------------------------------------

4 Date 08/25/2020	5 Payee name Twilio Inc.
----------------------	-----------------------------

6 Amount (\$) \$40.15	7 Payee address; 375 Beale St #300	City; San Francisco	State; CA	Zip Code 94105
--------------------------	---------------------------------------	------------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Candidate purchased text communication software, daily charge
	(c) <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 08/26/2020	Payee name Twilio Inc.
--------------------	---------------------------

Amount (\$) \$40.17	Payee address; 375 Beale St #300	City; San Francisco	State; CA	Zip Code 94105
------------------------	-------------------------------------	------------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased text communication software, daily charge
	<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 08/27/2020	Payee name Twilio Inc.
--------------------	---------------------------

Amount (\$) \$40.35	Payee address; 375 Beale St #300	City; San Francisco	State; CA	Zip Code 94105
------------------------	-------------------------------------	------------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased text communication software, daily charge
	<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: 13		2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)	
4 Date 08/30/2020		5 Payee name Twilio Inc.			
6 Amount (\$) \$20.13		7 Payee address; 375 Beale St #300		City; San Francisco	State; CA
				Zip Code 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Candidate purchased text communication software, daily charge		
	(c) <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 09/05/2020		Payee name Twilio Inc.			
Amount (\$) \$44.12		Payee address; 375 Beale St #300		City; San Francisco	State; CA
				Zip Code 94105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Candidate purchased text communication software, daily charge		
	<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 09/07/2020		Payee name Twilio Inc.			
Amount (\$) \$40.44		Payee address; 375 Beale St #300		City; San Francisco	State; CA
				Zip Code 94105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Candidate purchased text communication software, daily charge		
	<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: 13	2 FILER NAME Michael Herschenfeld	3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2020	5 Payee name Twilio Inc.	
6 Amount (\$) \$40.19	7 Payee address; 375 Beale St #300	City; State; Zip Code San Francisco CA 94105
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Candidate purchased text communication software, daily charge
	(c) <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 09/09/2020	Payee name Twilio Inc.	
Amount (\$) \$20.03	Payee address; 375 Beale St #300	City; State; Zip Code San Francisco CA 94105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased text communication software, daily charge
	<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 09/10/2020	Payee name Twilio Inc.	
Amount (\$) \$20.56	Payee address; 375 Beale St #300	City; State; Zip Code San Francisco CA 94105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate purchased text communication software, daily charge
	<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: 13		2 FILER NAME Michael Herschenfeld		3 Filer ID (Ethics Commission Filers)	
4 Date 09/11/2020		5 Payee name Twilio Inc.			
6 Amount (\$) \$20.39		7 Payee address; 375 Beale St #300		City; San Francisco	State; CA Zip Code 94105
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Candidate purchased text communication software, daily charge		
	(c) <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 09/13/2020		Payee name Twilio Inc.			
Amount (\$) \$20.03		Payee address; 375 Beale St #300		City; San Francisco	State; CA Zip Code 94105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Candidate purchased text communication software, daily charge		
	<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 09/14/2020		Payee name Twilio Inc.			
Amount (\$) \$20.15		Payee address; 375 Beale St #300		City; San Francisco	State; CA Zip Code 94105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Candidate purchased text communication software, daily charge		
	<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: 13	2 FILER NAME Michael Herschenfeld	3 Filer ID (Ethics Commission Filers)
----------------------------------	--------------------------------------	---------------------------------------

4 Date 09/01/2020	5 Payee name Facebook Inc.
----------------------	-------------------------------

6 Amount (\$) \$25.00	7 Payee address; 1601 Willow Rd.	City; Menlo Park	State; CA	Zip Code
--------------------------	-------------------------------------	---------------------	--------------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Targeting advertising on Facebook.
	(c) <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 09/02/2020	Payee name Facebook Inc.
--------------------	-----------------------------

Amount (\$) \$25.00	Payee address; 1601 Willow Rd.	City; Menlo Park	State; CA	Zip Code 94025
------------------------	-----------------------------------	---------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Targeting advertising on Facebook.
	<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 09/03/2020	Payee name Facebook Inc.
--------------------	-----------------------------

Amount (\$) \$50.00	Payee address; 1601 Willow Rd.	City; Menlo Park	State; CA	Zip Code 94025
------------------------	-----------------------------------	---------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Targeting advertising on Facebook.
	<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: 13	2 FILER NAME Michael Herschenfeld	3 Filer ID (Ethics Commission Filers)
4 Date 09/04/2020	5 Payee name Facebook Inc.	
6 Amount (\$) \$50.00	7 Payee address; 1601 Willow Rd.	City; State; Zip Code Menlo Park CA 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Targeting advertising on Facebook.
	(c) <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 09/22/2020	Payee name Facebook Inc.	
Amount (\$) \$25.00	Payee address; 1601 Willow Rd.	City; State; Zip Code Menlo Park CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Targeting advertising on Facebook.
	<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 09/23/2020	Payee name Facebook Inc.	
Amount (\$) \$25.00	Payee address; 1601 Willow Rd.	City; State; Zip Code Menlo Park CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Targeting advertising on Facebook.
	<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: 13	2 FILER NAME Michael Herschenfeld	3 Filer ID (Ethics Commission Filers)
---	---	--

4 Date 09/24/2020	5 Payee name Facebook Inc.
-----------------------------	--------------------------------------

6 Amount (\$) \$25.00	7 Payee address; 1601 Willow Rd.	City; Menlo Park	State; CA	Zip Code 94025
---------------------------------	--	---------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Targeting advertising on Facebook.
	(c) <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 09/25/2020	Payee name Facebook Inc.
--------------------	-----------------------------

Amount (\$) \$35.00	Payee address; 1601 Willow Rd.	City; Menlo Park	State; CA	Zip Code 94025
------------------------	-----------------------------------	---------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Targeting advertising on Facebook.
	<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 08/04/2020	Payee name Chatbox Inc.
--------------------	----------------------------

Amount (\$) \$799.50	Payee address; 2815 Eastlake Ave E #135	City; Seattle	State; WA	Zip Code 98102
-------------------------	--	------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate texting software outreach procurement.
	<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: 13	2 FILER NAME Michael Herschenfeld	3 Filer ID (Ethics Commission Filers)
----------------------------------	--------------------------------------	---------------------------------------

4 Date 08/20/2020	5 Payee name Chatbox Inc.
----------------------	------------------------------

6 Amount (\$) \$266.50	7 Payee address; 2815 Eastlake Ave E #135	City; Seattle	State; WA	Zip Code 98102
---------------------------	--	------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Candidate texting software outreach procurement.
	(c) <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 09/16/2020	Payee name Chatbox Inc.
--------------------	----------------------------

Amount (\$) \$852.80	Payee address; 2815 Eastlake Ave E #135	City; Seattle	State; WA	Zip Code 98102
-------------------------	--	------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate texting software outreach procurement.
	<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 08/10/2020	Payee name Austin Texas Print Inc.
--------------------	---------------------------------------

Amount (\$) \$378.88	Payee address; 448 E Hwy 290 c102	City; Austin	State; TX	Zip Code 78723
-------------------------	--------------------------------------	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate procured print supplies for advertising purposes.
	<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: 13	2 FILER NAME Michael Herschenfeld	3 Filer ID (Ethics Commission Filers)
4 Date 08/02/2020	5 Payee name L2 Inc.	
6 Amount (\$) \$1,459.30	7 Payee address; 740 Broadway	City: New York State: NY Zip Code: 10003
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Phone communication advertising for voter outreach
	(c) <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 08/26/2020	Payee name L2 Inc.	
Amount (\$) \$203.31	Payee address; 740 Broadway	City: New York State: NY Zip Code: 10003
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Phone communication advertising for voter outreach
	<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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
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	
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