

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM C/OH  
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 PAGE # 1 of 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Mary Ellen	MI MI
	NICKNAME	LAST Pietruszynski	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6211 John Chisum Lane Austin, TX 78749		<b>OFFICE USE ONLY</b> Date Received  '13 JAN 15 PM 12:04:39  Date Hand-delivered or Date Postmarked  Receipt # Amount
	5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST AI
	NICKNAME	LAST Lopez	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7206 Providence Ave Austin, TX 78752		
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 695-8170	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month    Day    Year 10/28/2012	THROUGH	Month    Day    Year 01/15/2013
10 ELECTION	ELECTION DATE Month    Day    Year 11/06/2012	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) AISD Board District 8	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

13 C/OH NAME Pietruszynski, Mary Ellen (Mrs.)

14 ACCOUNT # (Ethics Commission filers)

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 40,616.87

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 59,036.97

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 9,286.96

OUTSTANDING

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

17 AFFIDAVIT



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

*Mary Ellen Pietruszynski*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Ellen Pietruszynski, this the 14th day of January, 20 13, to certify which, witness my hand and seal of office.

*Stacey McAdoo Archer*

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 3/13	
2 FILER NAME Pietruszynski, Mary Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/28/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abell, Betsy	7 Amount of contribution (\$) \$955.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1509 Windsor Road Austin, TX 78703		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) N/A	
Date 11/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander, Lamont	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9101 Frostwood Trail Austin, TX 78729		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Gardener	
Date 11/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Kids First PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 78703 Austin, TX 78703		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berber, Phillip and Donna (Mr.)	Amount of contribution (\$) \$9,550.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3600 N CAPITAL OF TEXAS HWY BLG B STE 330 Austin, TX 78746		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
Date 11/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blazier, John	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3401 Tower Drive Austin, TX 78703		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Attorney	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/13	
2 FILER NAME Pietruszynski, Mary Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bock, William ..... 6 Contributor address; City; State; Zip Code 210 Lavaca St. #2502 Austin, TX 78701.	7 Amount of contribution (\$) \$477.50	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) N/A		10 Employer (See Instructions)	
4 Date 10/29/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Delgado, Patricia ..... 6 Contributor address; City; State; Zip Code 4525 Grand Cypress Drive Austin, TX 78747	7 Amount of contribution (\$) \$23.87	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Architecture		10 Employer (See Instructions) DMD Designworks	
4 Date 01/06/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) M.E. Gene Johnson Realtors, Inc. ..... 6 Contributor address; City; State; Zip Code 1901 E. Palm Valley Blvd. Round Rock, TX 78664	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable) *Campaign Office Security Deposit Returned*
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/30/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mills, Bonnie ..... 6 Contributor address; City; State; Zip Code 3407 Monte Vista Drive Austin, TX 78731	7 Amount of contribution (\$) \$477.50	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions)	
4 Date 10/28/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Glee, Teri ..... 6 Contributor address; City; State; Zip Code 1406 Mohle Drive Austin, TX 78703	7 Amount of contribution (\$) \$95.50	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 5/13	
2 FILER NAME Pietruszynski, Mary Ellen (Mrs.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  11/05/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Todd, Stephanie  6 Contributor address; City; State; Zip Code 1108 West 10th Street Austin, TX 78703	7 Amount of contribution (\$)  \$95.50	8 In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) CPA		10 Employer (See Instructions)	
Date  10/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tuttle, Tyson  Contributor address; City; State; Zip Code 608 Baylor Street Austin, TX 78703	Amount of contribution (\$)  \$2,292.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)	
Date  10/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Webber, Neil  Contributor address; City; State; Zip Code 6617 Soter Pkwy Austin, TX 78735	Amount of contribution (\$)  \$25,000.00	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) N/A	



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this

<b>1 PAGE #</b> Schedule: 1/7 Report: 6/13		<b>2 FILER NAME</b> Pietruszynski, Mary Ellen (Mrs.)		<b>3 ACCOUNT #</b> (TEC filers)	
<b>4 Date</b> 10/31/2012	<b>5 Payee name</b> Bank of America				
<b>6 Amount (\$)</b> \$1.49	<b>7 Payee address</b> City; State; Zip Code TX				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Banking Fee		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 11/01/2012	<b>Payee name</b> Bank of America				
<b>Amount (\$)</b> \$10.00	<b>Payee address</b> City; State; Zip Code TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Banking Fee		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 11/09/2012	<b>Payee name</b> Bison Signs				
<b>Amount (\$)</b> \$3,134.33	<b>Payee address</b> City; State; Zip Code 10100 Clay Rd Ste G Houston, TX 77033				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signs		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 11/19/2012	<b>Payee name</b> Carter, Jessica Faith				
<b>Amount (\$)</b> \$1,000.00	<b>Payee address</b> City; State; Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Educational Stipend		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Field Organizer		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this

<b>1 PAGE #</b> Schedule: 2/7 Report: 7/13		<b>2 FILER NAME</b> Pietruszynski, Mary Ellen (Mrs.)		<b>3 ACCOUNT #</b> (TEC filers)	
<b>4 Date</b> 11/05/2012	<b>5 Payee name</b> Costco				
<b>6 Amount (\$)</b> \$129.33	<b>7 Payee address</b> City; State; Zip Code Austin, TX				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election Day Party		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
Date 10/29/2012	Payee name Elite Change				
Amount (\$) \$2,326.29	Payee address City; State; Zip Code 315 West Alabama Suite 100 Houston, TX 77006				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Robodial Call		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
Date 10/29/2012	Payee name Elite Change				
Amount (\$) \$15,000.00	Payee address City; State; Zip Code 315 West Alabama Suite 100 Houston, TX 77006				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Media Buy		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
Date 10/29/2012	Payee name Elite Change				
Amount (\$) \$10,000.00	Payee address City; State; Zip Code 315 West Alabama Suite 100 Houston, TX 77006				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> TV Buy		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this

1 PAGE # Schedule: 3/7 Report: 8/13	2 FILER NAME Pietruszynski, Mary Ellen (Mrs.)	3 ACCOUNT # (TEC filers)
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4 Date 10/29/2012	5 Payee name Elite Change
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6 Amount (\$) \$9,540.00	7 Payee address City; State; Zip Code 315 West Alabama Suite 100 Houston, TX 77006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mail Piece
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/31/2012	Payee name Elite Change
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Amount (\$) \$3,000.00	Payee address City; State; Zip Code 315 West Alabama Suite 100 Houston, TX 77006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/10/2012	Payee name Elite Change
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Amount (\$) \$2,000.00	Payee address City; State; Zip Code 315 West Alabama Suite 100 Houston, TX 77006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/10/2012	Payee name Elite Change
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Amount (\$) \$321.67	Payee address City; State; Zip Code 315 West Alabama Suite 100 Houston, TX 77006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Consultant Travel Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consultant Travel and Lodge
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this

<b>1</b> PAGE # Schedule: 4/7 Report: 9/13		<b>2</b> FILER NAME Pietruszynski, Mary Ellen (Mrs.)		<b>3</b> ACCOUNT # (TEC filers)	
<b>4</b> Date 11/14/2012	<b>5</b> Payee name Gutierrez, Martin (Mr.)				
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address City; State; Zip Code Austin, TX				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER - Educational Stipend		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Field Organizer		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/31/2012	Payee name HEB Pantry Foods				
Amount (\$) \$104.35	Payee address City; State; Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election Day Party		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/05/2012	Payee name HEB Pantry Foods				
Amount (\$) \$171.44	Payee address City; State; Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election Day Party		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/11/2013	Payee name Miller, CPA, Steven (Mr.)				
Amount (\$) \$300.00	Payee address City; State; Zip Code 7616 LBJ Fwy Suite 600 Dallas, TX 75251				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Tax Return		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this

<b>1</b> PAGE # Schedule: 5/7 Report: 10/13	<b>2</b> FILER NAME Pietruszynski, Mary Ellen (Mrs.)	<b>3</b> ACCOUNT # (TEC filers)
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<b>4</b> Date 01/09/2013	<b>5</b> Payee name Pietruszynski, Mary Ellen (Mrs.)
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<b>6</b> Amount (\$) \$10,000.00	<b>7</b> Payee address City; State; Zip Code 6211 John Chisum Lane Austin, TX 78749
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement of Personal Loan
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/28/2012	Payee name Piryx
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Amount (\$) \$4.50	Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Donation Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/28/2012	Payee name Piryx
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Amount (\$) \$45.00	Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Donation Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/29/2012	Payee name Piryx
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Amount (\$) \$1.13	Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Donation Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this

<b>1 PAGE #</b> Schedule: 6/7 Report: 11/13		<b>2 FILER NAME</b> Pietruszynski, Mary Ellen (Mrs.)		<b>3 ACCOUNT #</b> (TEC filers)	
<b>4 Date</b> 10/29/2012	<b>5 Payee name</b> Piryx				
<b>6 Amount (\$)</b> \$108.00	<b>7 Payee address</b> City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Donation Fees		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 10/29/2012	<b>Payee name</b> Piryx				
<b>Amount (\$)</b> \$22.50	<b>Payee address</b> City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Donation Fees		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 10/30/2012	<b>Payee name</b> Piryx				
<b>Amount (\$)</b> \$22.50	<b>Payee address</b> City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Donation Fees		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 10/30/2012	<b>Payee name</b> Piryx				
<b>Amount (\$)</b> \$450.00	<b>Payee address</b> City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Donation Fees		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this

<b>1</b> PAGE # Schedule: 7/7 Report: 12/13	<b>2</b> FILER NAME Pietruszynski, Mary Ellen (Mrs.)	<b>3</b> ACCOUNT # (TEC filers)
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<b>4</b> Date 11/05/2012	<b>5</b> Payee name Piryx
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<b>6</b> Amount (\$) \$4.50	<b>7</b> Payee address City; State; Zip Code 401 West 15th St. Suite 520 Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Donation Fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/04/2012	Payee name Wade, Matthew (Mr.)
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Amount (\$) \$60.00	Payee address City; State; Zip Code Austin, TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - Educational Stipend	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard Sign Delivery
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this

<b>1</b> PAGE # Schedule: 1/1 Report: 13/13	<b>2</b> FILER NAME Pietruszynski, Mary Ellen (Mrs.)	<b>3</b> ACCOUNT # (TEC filers)
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<b>4</b> Date 11/05/2012	<b>5</b> Payee name Polvo's Restaurant
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<b>6</b> Amount (\$) \$102.88 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 2004 South 1st Austin, TX
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff Dinner
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Date 11/06/2012	Payee name Spec's
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Amount (\$) \$144.42 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 4970 West Hwy 290 Austin, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election Day Party
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Date 11/06/2012	Payee name Waterloo Ice House
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Amount (\$) \$32.64 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Escarpment Blvd. Austin, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff Lunch
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