

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00006502	2 PAGE # 1 of 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Edmund (Ted)	MI MI
	NICKNAME	LAST Gordon	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	6508 Bradley Drive Austin, TX 78723		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Michael	MI MI
	NICKNAME	LAST Clement	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
<i>Dpt Accounting UT Austin 1 university station Austin, TX 78712</i>			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
<i>512 364 2847</i>			
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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
10/26/2014		THROUGH	11/30/2014
10 ELECTION	ELECTION DATE	ELECTION TYPE	
Month Day Year 12/16/2014		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
		Austin ISD, Board of Trustees District 1	

OFFICE USE ONLY

Date Received

DEC 1 14 8:56AM

Date Hand-delivered or Date Postmarked

Receipt #	Amount
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Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)
00006502

15 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,810.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
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4. TOTAL POLITICAL EXPENDITURES	\$ 2,250.00
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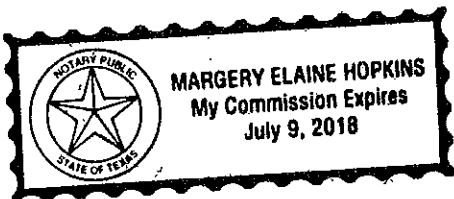
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,625.34
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OUTSTANDING LOAN TOTALS

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



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

Edmund T. Gordon

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edmund T. Gordon, this the 1st day of December, 2014, to certify which, witness my hand and seal of office.

Margery Elaine Hopkins Margery Elaine Hopkins Exec. Assist
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 3/11	
2 FILER NAME Gordon, Edmund (Ted) (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00006502	
4 Date 11/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berra, Joe 6 Contributor address; City; State; Zip Code 7200 Bay City Bend Austin, TX 78725	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Hale & Melissa Smith Contributor address; City; State; Zip Code 1410 Alameda Dr. Austin, TX 78704	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collin Group Inc. Contributor address; City; State; Zip Code P.O. Box 2746 Pflugerville, TX 78681	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donisi, John Contributor address; City; State; Zip Code 2220 Parkway Austin, TX 78703	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Winstead P.C.		Employer (See Instructions) Shareholder	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Echols, Catharine Contributor address; City; State; Zip Code 508 Harris Ave. Austin, TX 78705	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 4/11	
2 FILER NAME Gordon, Edmund (Ted) (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00006502	
4 Date 11/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Education Austin PAC 6 Contributor address; City; State; Zip Code 316 W 12th Street Ste. 202 Austin, TX 78701	7 Amount of contribution (\$) \$10,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Weed & Steven Jacobs Contributor address; City; State; Zip Code 2218 Alta Vista Ave Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forgione, Pascal D. Contributor address; City; State; Zip Code 8209 Guthrie Dr. Austin, TX 78750	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hooker, Juliet Contributor address; City; State; Zip Code 1411 Suffolk Dr. Austin, TX 78723	Amount of contribution (\$) \$80.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Larry Contributor address; City; State; Zip Code 7107 Dan Jean Drive #B Austin, TX 78745	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 5/11	
2 FILER NAME Gordon, Edmund (Ted) (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00006502	
4 Date 11/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jane & Isaac Harrington 6 Contributor address; City; State; Zip Code 5304 Hallmark Dr. Austin, TX 78723	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeffery Winesett & Tiffany Puett Contributor address; City; State; Zip Code 4017 Brookview Road Austin, TX 78722	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Potter-Miller & Robert Anthony Miller Contributor address; City; State; Zip Code 3909 Grayson Lane Austin, TX 78722	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Joni Lee Contributor address; City; State; Zip Code 7111 Geneva Drive Austin, TX 78723	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Joni Lee Contributor address; City; State; Zip Code 7111 Geneva Drive Austin, TX 78723	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5 Report: 6/11	
2 FILER NAME Gordon, Edmund (Ted) (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00006502	
4 Date 11/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry Abraham & Dolly Lambdin 6 Contributor address; City; State; Zip Code 1708 Westmoor Dr. Austin, TX 78723	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCarver, James Contributor address; City; State; Zip Code 1719 Manor Road Austin, TX 78722	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver Nudd & Maria Franklin Contributor address; City; State; Zip Code 2111 Cliffs Edge Austin, TX 78733	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orrantina, Marcon Antonio Contributor address; City; State; Zip Code 301 Barton Springs Austin, TX 78704	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robbins, Jill Contributor address; City; State; Zip Code 1719 Ben Crenshaw Way Austin, TX 78746	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 7/11	
2 FILER NAME Gordon, Edmund (Ted) (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00006502	
4 Date 10/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TSTA-PAC 6 Contributor address; City; State; Zip Code 316 W 12th Austin, TX 78701	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vargas, Joao Costa Contributor address; City; State; Zip Code 6819 Williamette Dr. Austin, TX 78723	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wagner, Yasmin Contributor address; City; State; Zip Code 11213 South Bay Lane Austin, TX 78739	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William & Estella Akins Contributor address; City; State; Zip Code 1803 Astor Pl. Austin, TX 78721	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Beardall & Jeanne Cook Contributor address; City; State; Zip Code 1815 Alta Vista Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

PLEGGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 8/11	
2 FILER NAME Gordon, Edmund (Ted) (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00006502	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date 11/15/2014	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Braziel, Amanda 7 Pledgor address; City; State; Zip Code 1507 Concordia Lane Austin, TX 78722	8 Amount of pledge (\$) \$50.00	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/17/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank, Tracy Pledgor address; City; State; Zip Code 3813 Willowbrook Dr. Austin, TX 78722	Amount of pledge (\$) \$10.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/19/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Harshman, Jeffery Pledgor address; City; State; Zip Code 4116 Camacho Street Austin, TX 78723	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/19/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Irizarry, Yasmiyn Pledgor address; City; State; Zip Code 4300 Berkman Dr., Unit B Austin, TX 78723	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/19/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Lance, Jan Pledgor address; City; State; Zip Code 5102 Saddle Circle Austin, TX 78727	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/3 Report: 9/11

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

3 ACCOUNT # (Ethics Commission filers)
00006502

4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$

5 Date 11/19/2014	6 Full name of pledgor Moffat, Susan <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$) \$100.00	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 4112 Speedway Austin, TX 78751		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date 11/15/2014	Full name of pledgor Neavel, Nancy <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$) \$50.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 2905 Scenic Drive Austin, TX 78703		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 11/15/2014	Full name of pledgor Palmer, Deborah <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$) \$250.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 1804 E 39th Street Austin, TX 78722		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 11/15/2014	Full name of pledgor Palmer, Jean <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code PO BOX 218 Lincoln, MA 01773		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 11/19/2014	Full name of pledgor Prince, Kazique <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$) \$500.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 1104 Angelina Austin, TX 78702		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 10/11

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

3 ACCOUNT # (Ethics Commission filers)
00006502

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID# _____)
Reddick, Richard

8 Amount of pledge (\$)

9 In-kind description (if applicable)

11/16/2014

7 Pledgor address; City; State; Zip Code
2601 Lou Street
Austin, TX 78727

\$50.00

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)
Saenz, Victor

Amount of pledge (\$)

In-kind description (if applicable)

11/24/2014

Pledgor address; City; State; Zip Code
4601 Rimrock Trail
Austin, TX 78723

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)
Smith, Cherise

Amount of pledge (\$)

In-kind description (if applicable)

11/19/2014

Pledgor address; City; State; Zip Code
3701 Lawton Ave
Austin, TX 78731

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 11/11	2 FILER NAME Gordon, Edmund (Ted) (Dr.)	3 ACCOUNT # (TEC filers) 00006502
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4 Date 11/28/2014	5 Payee name De Los Santos, Drew
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6 Amount (\$) \$1,500.00	7 Payee address City; State; Zip Code 2317 S Pleasant Valley Road #415 Austin, TX 78741
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Management
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/19/2014	Payee name Rick Patrick Photography
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Amount (\$) \$750.00	Payee address City; State; Zip Code 1702 Francis Ave. Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photography
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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