

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

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

CITY CLERK/DEPT.
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Additional Pages

17 CONTRIBUTION
TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

47,849.94

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

36,782.78

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

10,794.16

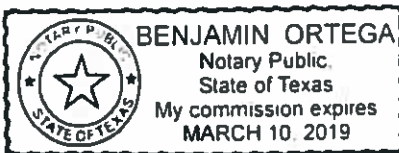
OUTSTANDING
LOAN TOTALS

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

\$

1,685.74

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Saucedo, this the 17th day of January, 20 17, to certify which, witness my hand and seal of office.

Ortega
Signature of officer administering oath

Benjamin Ortega
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,880.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 23,968.94
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,685.74
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,085.84
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,685.74
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	\$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME <i>David Daucedo</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9.13.16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Federico Villedent</i>	7 Amount of contribution (\$) <i>100.-</i>
6 Contributor address; City; State; Zip Code <i>79912</i> <i>5825 Via Cuesta, El Paso, Tx.</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>09.13.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Armando Avila</i>	Amount of contribution (\$) <i>100.-</i>
Contributor address; City; State; Zip Code <i>79912</i> <i>6746 Westwind, El Paso, Tx.</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>09.16.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bryan Haddad</i>	Amount of contribution (\$) <i>100.-</i>
Contributor address; City; State; Zip Code <i>79912</i> <i>6393 Calle Placido, El Paso, Tx.</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>09.16.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John C. or Mary Ellen K.</i>	Amount of contribution (\$) <i>500.-</i>
Contributor address; City; State; Zip Code <i>79912</i> <i>35 Sun Point El Paso, Tx.</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

09.16.16

5 Full name of contributor

Charles Muñoz

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

7 Amount of contribution (\$)

100. -

6 Contributor address;

El Pinal Place, El Paso, Tx.

City: State: Zip Code *79912*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09.19.16

Full name of contributor

Javier Macías

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

Amount of contribution (\$)

250. -

Contributor address;

616 Woodcrest Ln. El Paso, Tx.

City: State: Zip Code *79912*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Richard Stives

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

Amount of contribution (\$)

200.00

Contributor address;

10315 Suez Dr.

City: State: Zip Code

El Paso, Tx 79925

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09.23.16

Full name of contributor

Annette Acosta

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

Amount of contribution (\$)

750. -

Contributor address;

4872 Excalibur Dr. El Paso, Tx.

City: State: Zip Code *79902*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

09.25.16

5 Full name of contributor

John D. Thomas

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

7 Amount of contribution (\$)

25.-

6 Contributor address;

City; State; Zip Code *79912*

7101 N. mesa st. El Paso, Tx.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09.28.16

Full name of contributor

Cindy Henry

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

Amount of contribution (\$)

100.-

Contributor address;

City; State; Zip Code *79912*

875 Broadmoor Dr. El Paso, Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.05.16

Full name of contributor

John Kenny

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

Amount of contribution (\$)

50.-

Contributor address;

City; State; Zip Code *79902*

603 Gregory Ave. El Paso, Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.11.16

Full name of contributor

Sammy Holaschutz

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

Amount of contribution (\$)

50.-

Contributor address;

City; State; Zip Code *79902*

1210 Merita Dr. El Paso, Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>David Saucedo</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10.24.16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eduardo Seyffert</i> 6 Contributor address; City: State: Zip Code <i>79912</i> <i>6101 Bandolero, El Paso, Tx.</i>	7 Amount of contribution (\$) <i>250. -</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10.25.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nils and Arlene Desmet</i> Contributor address; City: State: Zip Code <i>79935</i> <i>10900 Dave Marr Ct. El Paso, Tx.</i>	Amount of contribution (\$) <i>500. -</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10.24.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laura Sanchez</i> Contributor address; City: State: Zip Code <i>79912</i> <i>6217 Heath Way, El Paso, Tx.</i>	Amount of contribution (\$) <i>100. -</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10.24.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick y Virginia Barraza</i> Contributor address; City: State: Zip Code <i>79902</i> <i>1107 Rim Rd. El Paso, Tx.</i>	Amount of contribution (\$) <i>100. -</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

10.25.16

5 Full name of contributor

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

Veronica and John Skidmore

6 Contributor address;

City: State: Zip Code *79922*

739 Woodland Ave. El Paso, TX.

7 Amount of contribution (\$)

500.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10.25.16

Full name of contributor

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

Jimmy Rivera

Contributor address;

City: State: Zip Code *79936*

11409 Gene Sarazen Dr. El Paso, TX.

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.25.16

Full name of contributor

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

Jeffrey Carpenter

Contributor address;

City: State: Zip Code *75025*

2116 Liverpool, Plano, TX.

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.25.16

Full name of contributor

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

Lashila Patel

Contributor address;

City: State: Zip Code *79924*

5303-89th St. Lubbock, TX.

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>David Daucedo</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10.25.16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lourdes Lozano</i> 6 Contributor address; City; State; Zip Code <i>76132</i> <i>6051 Las Cimas Ct. Apt. 828, Fort Worth, Tx.</i>	7 Amount of contribution (\$) <i>50.-</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10.25.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Villedent</i> Contributor address; City; State; Zip Code <i>78240</i> <i>5925 Whitby Rd. Unit 101, DA., Tx.</i>	Amount of contribution (\$) <i>250.-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10.25.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hector Villegas</i> Contributor address; City; State; Zip Code <i>79912</i> <i>874 Broadmoor Dr. El Paso, Tx.</i>	Amount of contribution (\$) <i>50.-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10.25.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shelly Dutherland</i> Contributor address; City; State; Zip Code <i>79932</i> <i>910 E. Redd Rd. Suite 440, El Paso, Tx.</i>	Amount of contribution (\$) <i>100.-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Paucedo

3 Filer ID (Ethics Commission Filers)

4 Date

10-28-16

5 Full name of contributor

Michael Villigas

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

7 Amount of contribution (\$)

50.-

6 Contributor address;

City: State: Zip Code *77346*

4843 Dappled Grove Trail, Humble, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-27-16

Full name of contributor

Cecilia del Moral

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

Amount of contribution (\$)

500.-

Contributor address;

City: State: Zip Code *79936*

12190 Coral Gate Dr. El Paso, TX.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-26-16

Full name of contributor

Alyjandro del Moral

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

Amount of contribution (\$)

500.-

Contributor address;

City: State: Zip Code *79912*

5314 Pete Payan Dr. El Paso, TX.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-28-16

Full name of contributor

Gastón y Cristiana Baza

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

Amount of contribution (\$)

500.-

Contributor address;

City: State: Zip Code *76542*

7000 Ana Lucia Ln. Killeen, TX.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>David Saucedo</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10.29.16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Esmeralda Felton</i> 6 Contributor address; City: State; Zip Code <i>88008</i> <i>106 Torrey Pines Dr. Santa Teresa, N.M.</i>	7 Amount of contribution (\$) <i>40.-</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11.02.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Allison Edwards</i> Contributor address; City: State; Zip Code <i>79936</i> <i>4530 Magnolia St. El Paso, TX</i>	Amount of contribution (\$) <i>100.-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11.03.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maritza Nino</i> Contributor address; City: State; Zip Code <i>79902</i> <i>1509 Lost Padre Mine Dr. El Paso, TX.</i>	Amount of contribution (\$) <i>25.-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10.30.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Colman</i> Contributor address; City: State; Zip Code <i>79936</i> <i>12100 Swaps Dr. El Paso, TX.</i>	Amount of contribution (\$) <i>200.-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

11-14-14

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

Chris Malooly

6 Contributor address; City: State: Zip Code *79903*

2223 Montana Ave. Ste. B El Paso, Tx.

7 Amount of contribution (\$)

100.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-14-14

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

Rafael Terrazas

Contributor address; City: State: Zip Code *79912*

317 Ridgmont Dr. El Paso, Tx.

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-14-14

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

Janet Aguilar

Contributor address; City: State: Zip Code *79932*

5704 Antis Court El Paso Tx.

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-14-14

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

Thomas Demont

Contributor address; City: State: Zip Code *15317*

1009 Paddleclub Dr. Canonsburg, P.A.

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

11.15.16

5 Full name of contributor

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

Michael Morelos

6 Contributor address;

City: State: Zip Code *79936*

1446 Francesca Dr. El Paso, Tx.

7 Amount of contribution (\$)

25.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11.18.16

Full name of contributor

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

Abraham Peinado

Contributor address;

City: State: Zip Code *79932*

5641 Beth View Dr. El Paso, Tx.

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11.22.16

Full name of contributor

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

Antonio Davalos

Contributor address;

City: State: Zip Code *79912*

6232 Lowalter Dr. El Paso, Tx.

Amount of contribution (\$)

500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11.24.16

Full name of contributor

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

Freddy Klayel

Contributor address;

City: State: Zip Code *79912*

6740 Desert Canyon, El Paso, Tx.

Amount of contribution (\$)

400.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

12.02.14

5 Full name of contributor

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

Esteban Villalobos

6 Contributor address;

City: State: Zip Code *79925*

8809 Sait Drive El Paso, Tx.

7 Amount of contribution (\$)

50.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12.05.14

Full name of contributor

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

Rodney Linkous

Contributor address;

City: State: Zip Code *79904*

8206 Turquoise St. El Paso, Tx.

Amount of contribution (\$)

50.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11.28.14

Full name of contributor

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

Roger North

Contributor address;

City: State: Zip Code

7101 N. Mesa El Paso, TX 79914

Amount of contribution (\$)

20.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11.28.14

Full name of contributor

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

Dandra Salas

Contributor address;

City: State: Zip Code *79903*

3431 Terrelling Dr. Ste. 16, El Paso, Tx.

Amount of contribution (\$)

30.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

11-28-16

5 Full name of contributor

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

George Saenz

6 Contributor address:

City: State: Zip Code

1352 Hookridge, El Paso, TX

79925

7 Amount of contribution (\$)

100.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-28-16

Full name of contributor

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

José Fong

Contributor address:

City: State: Zip Code

11701 Gateway West El Paso, TX 79936

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-28-16

Full name of contributor

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

Juan Macías

Contributor address:

City: State: Zip Code

457 Las Palmas, Horizon City, TX

79928

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-05-16

Full name of contributor

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

German Trijo

Contributor address:

City: State: Zip Code

517 Wild Willow, El Paso, TX

79922

Amount of contribution (\$)

1,000.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

12.06.16

5 Full name of contributor

Sergio Ornelas

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

6 Contributor address;

2704 Bent Yancey Dr. El Paso, Tx.

City; State; Zip Code *79936*

7 Amount of contribution (\$)

50.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12.06.16

Full name of contributor

Salvador Almeida

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

Contributor address;

861 Forest Willow El Paso, Tx

City; State; Zip Code *79922*

Amount of contribution (\$)

1,000.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12.08.16

Full name of contributor

Rodolfo Salcedo

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

Contributor address;

1353 Emerald Gate Ln. El Paso, Tx.

City; State; Zip Code *79936*

Amount of contribution (\$)

500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12.14.16

Full name of contributor

George Van

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

Contributor address;

898 Forest Hills Dr. El Paso, Tx

City; State; Zip Code *79932*

Amount of contribution (\$)

500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 2017 JAN 17 PM 2:22

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

12.14.16

5 Full name of contributor

Adrián Leal

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

7 Amount of contribution (\$)

250.-

6 Contributor address;

City: State: Zip Code

79 Southwest 12th St. Apt. 2405, Miami, FL.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12.14.16

Full name of contributor

Montoya Roger

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

Amount of contribution (\$)

50.-

Contributor address;

City: State: Zip Code *79901*

1006 Magoffin Ave. El Paso, Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12.15.16

Full name of contributor

~~*Job Rene*~~ *Rene Job*

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

Amount of contribution (\$)

100.-

Contributor address;

City: State: Zip Code *79902*

1401 Murdinson Dr. El Paso, Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12.15.16

Full name of contributor

~~*Douglas John*~~ *John Douglas*

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

Amount of contribution (\$)

50.-

Contributor address;

City: State: Zip Code *79922*

649 Rosinante Dr. El Paso, Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>David Paucedo</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12-15-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Victor Urbina</i> 6 Contributor address; City: State: Zip Code <i>79902</i> <i>708 New York Ave. El Paso, Tx.</i>	7 Amount of contribution (\$) <i>50.-</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12-15-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aldo Lopez</i> Contributor address; City: State: Zip Code <i>79907</i> <i>701 Hampton, El Paso, Tx.</i>	Amount of contribution (\$) <i>100.-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12-15-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa Argent</i> Contributor address; City: State: Zip Code <i>79932</i> <i>5326 Lockwood Rd. El Paso, Tx.</i>	Amount of contribution (\$) <i>100.-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12-14-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pilar Silva</i> Contributor address; City: State: Zip Code <i>79938</i> <i>3700 Tierra Chisum Dr. El Paso, Tx.</i>	Amount of contribution (\$) <i>50.-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

12-14-16

5 Full name of contributor

Rogelio Phacón

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

7 Amount of contribution (\$)

100.-

6 Contributor address;

City: State: Zip Code *79932*

601 Knollwood, El Paso, Tx.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-16-16

Full name of contributor

Crystal Martinez

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

Amount of contribution (\$)

100.-

Contributor address;

City: State: Zip Code *79936*

12295 Pelicans, El Paso, Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-16-16

Full name of contributor

Sergio Alvarez M.D.

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

Amount of contribution (\$)

1,000.-

Contributor address;

City: State: Zip Code *79912*

1004 Quinta Antigua Lane, El Paso, Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-17-16

Full name of contributor

Alexiberto Villegas

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

Amount of contribution (\$)

100.-

Contributor address;

City: State: Zip Code *79912*

605 Agua Caliente Dr. El Paso, Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

12.22.16

5 Full name of contributor

Martin Silva

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

7 Amount of contribution (\$)

250.-

6 Contributor address:

City: State: Zip Code *79901*

1000 A. Stanton St. El Paso, Tx.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12.22.16

Full name of contributor

Cynthia Manzanarez

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

Amount of contribution (\$)

250.-

Contributor address:

City: State: Zip Code *79901*

1000 A. Stanton St. El Paso, Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12.22.16

Full name of contributor

Ayif Chehedeh

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

Amount of contribution (\$)

100.-

Contributor address:

City: State: Zip Code *79925*

5034 E. Paisano El Paso, Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12.22.16

Full name of contributor

Michael White

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

Amount of contribution (\$)

250.-

Contributor address:

City: State: Zip Code *79912*

409 Pocomo Ln. El Paso, Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

12.22.16

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

Thomas Benson

6 Contributor address; City; State; Zip Code *79922*

637 Lasirante Rd. El Paso, Tx.

7 Amount of contribution (\$)

250.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12.22.16

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

Gayla Washington

Contributor address; City; State; Zip Code *79938*

12925 Fire Fighter Dr. El Paso, Tx.

Amount of contribution (\$)

500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

16.23.16

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

Ruben Grajeda

Contributor address; City; State; Zip Code *79932*

5643 Upper Valley Rd. El Paso, Tx

Amount of contribution (\$)

200.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12.28.16

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

Joel and Laura Nebhan

Contributor address; City; State; Zip Code *79935*

1708 Rod Curl Ln. El Paso, Tx.

Amount of contribution (\$)

200.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

12.27.16

5 Full name of contributor

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

Russell Vandenberg

6 Contributor address;

City: State; Zip Code *79932*

4069 Via de los Arteses El Paso, Tx.

7 Amount of contribution (\$)

1,000.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12.29.16

Full name of contributor

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

Emilio Fuentes

Contributor address;

City: State; Zip Code *79932*

1508 Canyon Springs El Paso, Tx.

Amount of contribution (\$)

2,000.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12.27.16

Full name of contributor

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

Lane Gaddy

Contributor address;

City: State; Zip Code *79902*

908 Cincinnati El Paso, Tx.

Amount of contribution (\$)

1,000.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12.30.16

Full name of contributor

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

Christopher and Cynthia Assiola

Contributor address;

City: State; Zip Code *79925*

1414 Gerónimo, El Paso, Tx.

Amount of contribution (\$)

2,000.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

12-29-16

5 Full name of contributor

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

Tiffany Meneffel

6 Contributor address; City; State; Zip Code *79930*

2901 Grant Ave. El Paso, Tx

7 Amount of contribution (\$)

25.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-29-16

Full name of contributor

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

Cynthia Lopez

Contributor address; City; State; Zip Code *79902*

615 E. Schuster Ave. #10 El Paso TX

Amount of contribution (\$)

500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-29-16

Full name of contributor

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

Gina Roe

Contributor address; City; State; Zip Code *79912*

6716 Desert Canyon Dr. El Paso TX

Amount of contribution (\$)

200.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-29-16

Full name of contributor

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

Kimberly Clark

Contributor address; City; State; Zip Code *79928*

14713 Paradise Breeze Ave. Horizon City

Amount of contribution (\$)

50.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

12.31.16

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

José Morales

6 Contributor address; City: State: Zip Code *79902*

4228 Canterbury Dr. El Paso, Tx

7 Amount of contribution (\$)

100.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12.31.16

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

Bertha Morales

Contributor address; City: State: Zip Code *79902*

4228 Canterbury Dr. El Paso, Tx

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12.30.16

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

Imelda Moreno-Acosta

Contributor address; City: State: Zip Code *79902*

4008 Santa Ana Dr. El Paso, Tx

Amount of contribution (\$)

200.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12.31.16

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

Lourdes Cuventos

Contributor address; City: State: Zip Code *78640*

140 Palomino Road, Kyle, Tx.

Amount of contribution (\$)

10.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Daucedo

3 Filer ID (Ethics Commission Filers)

4 Date

12-31-16

5 Full name of contributor

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

Santiago Chavez

6 Contributor address:

City: State: Zip Code *77035*

4817 Hummingbird St. Houston, Tx.

7 Amount of contribution (\$)

50.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-31-16

Full name of contributor

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

Mark Winton

Contributor address:

City: State: Zip Code *79932*

8001 N. mesa st. Ste. E-118 El Paso, Tx.

Amount of contribution (\$)

250.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-31-16

Full name of contributor

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

Daniel Valdez

Contributor address:

City: State: Zip Code *79936*

12112 Frank Cordova Cir. El Paso, Tx.

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-31-16

Full name of contributor

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

Alex Yee

Contributor address:

City: State: Zip Code *79902*

1316 West Missouri Ave. Apt. A El Paso, Tx.

Amount of contribution (\$)

25.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

12-31-16

5 Full name of contributor

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

Carlos Aguilar

6 Contributor address;

City: State: Zip Code *76006*

2301 Forest Oaks, Cir. Arlington, Tx.

7 Amount of contribution (\$)

5.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-31-16

Full name of contributor

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

Adrián Salacios

Contributor address;

City: State: Zip Code *79912*

5800 Beaumont, Pl. El Paso, Tx.

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-31-16

Full name of contributor

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

Shane Dorney

Contributor address;

City: State: Zip Code *79922*

3950 Dripham Park, Cir Ste H. El Paso, Tx.

Amount of contribution (\$)

50.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-31-16

Full name of contributor

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

Oscar Casas

Contributor address;

City: State: Zip Code *76244*

4913 Giordano Way, Fort Worth, Tx.

Amount of contribution (\$)

50.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>David Saucedo</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12-31-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Isabel Fitzgerald</i> 6 Contributor address; City: State: Zip Code <i>79936</i> <i>12118 El Greco Cir. El Paso, Tx.</i>	7 Amount of contribution (\$) <i>50.-</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12-31-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adam Acosta</i> Contributor address; City: State: Zip Code <i>79912</i> <i>6096 Via Serena Dr. El Paso, Tx.</i>	Amount of contribution (\$) <i>50.-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12-31-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steven Fugelsang</i> Contributor address; City: State: Zip Code <i>11792</i> <i>20 Long Bow, Wading River, N.Y.</i>	Amount of contribution (\$) <i>100.-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12-31-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Wiesson</i> Contributor address; City: State: Zip Code <i>79911</i> <i>1725 Sand Kush St. El Paso, Tx</i>	Amount of contribution (\$) <i>100.-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>David Saucedo</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12-31-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elic Balesh</i>	7 Amount of contribution (\$) <i>250.-</i>
6 Contributor address; City; State; Zip Code <i>2801 Water Wall Dr. Apt. 720 Houston, TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>09/28/2016</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose de Alba</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>6471 Snowheights Court El Paso, TX 79912</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 8	
2 FILER NAME <i>David Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 9.13.16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos Laverde</i>	8 Amount of Contribution \$ 14.94	9 In-kind contribution description <i>Cases of Water</i>
7 Contributor address; City; State; Zip Code <i>5400 Alameda El Paso, Tx. 79905</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 9.13.16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Ferris</i>	Amount of Contribution \$ 500	In-kind contribution description <i>music and microphone setup</i>
Contributor address; City; State; Zip Code <i>3800 N. mesa St. El Paso, Tx. 79902</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>David Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>9.15.16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandon Ivan Peña</i>	8 Amount of Contribution \$ <i>1,800.-</i>	9 In-kind contribution description <i>Marketing Consultant.</i>
7 Contributor address; City; State; Zip Code <i>20 W. 83rd St. Apt. 2B N.Y. N.Y. 10024</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>10.01.16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Octavio Corral</i>	Amount of Contribution \$ <i>10,000.-</i>	In-kind contribution description <i>Technology Services / Website Design / Retainer</i>
Contributor address; City; State; Zip Code <i>5980 Silver Springs Dr. El Paso, Tx. 79912</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>David Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10-15-16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandon Ivan Peña</i>	8 Amount of Contribution \$ <i>1,800.-</i>	9 In-kind contribution description <i>marketing consultant</i>
7 Contributor address; City; State; Zip Code <i>20 W. 83rd St. Apt. 2B N.Y. N.Y. 10024</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>11-01-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Héctor Ruiz</i>	Amount of Contribution \$ <i>800.-</i>	In-kind contribution description <i>Rent</i>
Contributor address; City; State; Zip Code <i>10321 Pickjail, Austin, Tx. 78750</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>David Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>11-15-16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandon Ivan Pina</i>	8 Amount of Contribution \$ <i>1,800.-</i>	9 In-kind contribution description <i>marketing consultant.</i>
7 Contributor address; City; State; Zip Code <i>20 W. 83rd St. Apt. 2B N.Y. N.Y.</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>11-28-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Geraldo Valles</i>	Amount of Contribution \$ <i>125.-</i>	In-kind contribution description <i>Food for Fundraiser</i>
Contributor address; City; State; Zip Code <i>9201 Gateway Blvd. W. El Paso, Tx.</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>David Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>12-01-16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hector Ruiz</i>	8 Amount of Contribution \$ <i>800.-</i>	9 In-kind contribution description <i>Rent</i>
7 Contributor address; City; State; Zip Code <i>78750</i> <i>10321 Pickfair, Austin, Tx.</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>12-15-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandon Ivan Lina</i>	Amount of Contribution \$ <i>1,800.-</i>	In-kind contribution description <i>marketing consultant</i>
Contributor address; City; State; Zip Code <i>10024</i> <i>20 W. 83rd St., Apt. 2B N.Y. N.Y.</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>David Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>12-15-16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phil Peineda</i>	8 Amount of Contribution \$ <i>30.-</i>	9 In-kind contribution description <i>Food for Fundraiser</i>
7 Contributor address; City; State; Zip Code <i>79912</i> <i>427 Castile Ave. El Paso, Tx.</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>12-20-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gilbert Jorgenson</i>	Amount of Contribution \$ <i>500.-</i>	In-kind contribution description <i>marketing services</i>
Contributor address; City; State; Zip Code <i>79902</i> <i>1127 E. Rio Grande Ave. El Paso, Tx.</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>David Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>12-31-16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Salomon Chevasia</i> Contributor address; City; State; Zip Code <i>79902</i> <i>806 Angel El Paso, TX</i>	8 Amount of Contribution \$ <i>2,500.</i>	9 In-kind contribution description <i>Consultant media</i>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ben Arriola</i> Contributor address; City; State; Zip Code <i>1414 Geronimo El Paso, TX 79925</i>	Amount of Contribution \$ <i>\$1500.00</i>	In-kind contribution description <i>Media</i>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>David Sarcido</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS <i>1,685.74</i>		\$ <i>1,685.74</i>
5 Date of loan <i>09/06/2016</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Sarcido</i>	9 Loan Amount (\$) <i>1,685.74</i>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate <i>0</i>
		11 Maturity date <i>NONE</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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 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:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10.05.16</i>	5 Payee name <i>Aptitude Productions</i>
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6 Amount (\$) <i>150.-</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Photography</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>09-28-16</i>	Payee name <i>Intelicia USA</i>
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Amount (\$) <i>500.-</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Photography</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-04-16</i>	Payee name <i>Intelicia, USA</i>
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Amount (\$) <i>200.-</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10.06.16</i>	5 Payee name <i>Mail Chimp Com Ga</i>
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6 Amount (\$) <i>30.-</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>E-mail advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10.14.16</i>	Payee name <i>Square Space Inc.</i>
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Amount (\$) <i>16.-</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit Card Processing</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10.24.16</i>	Payee name <i>Hilda Michelle Martinez</i>
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Amount (\$) <i>300.-</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Video Production</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10.20.16</i>	5 Payee name <i>B/BA Compass Bank</i>
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6 Amount (\$) <i>38.-</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Bank fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10.27.16</i>	Payee name <i>Square Inc.</i>
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Amount (\$) <i>.01</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Online fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10.28.16</i>	Payee name <i>Hilda Michelle Martinez</i>
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Amount (\$) <i>1,000</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Video Production</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Auucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11-01-16</i>	5 Payee name <i>Around The World Catering</i>
---------------------------	--

6 Amount (\$) <i>300.-</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-01-16</i>	Payee name <i>Hilda Michelle Martinez</i>
-------------------------	--

Amount (\$) <i>665.-</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Videos Production</i>	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
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Date <i>11-04-16</i>	Payee name <i>Printing Services</i>
-------------------------	--

Amount (\$) <i>144.98</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Paucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11-07-16</i>	5 Payee name <i>mailchimp.com ya</i>
----------------------------------	--

6 Amount (\$) <i>65-</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>E-mail marketing</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-08-16</i>	Payee name <i>El Paso County</i>
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Amount (\$) <i>45-</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Records</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-14-16</i>	Payee name <i>Square Space Inc.</i>
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Amount (\$) <i>16-</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit card Fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Paucedo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11.15.16</i>	5 Payee name <i>Christopher Hernandez</i>	
6 Amount (\$) <i>857.²⁰</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11.15.16</i>	Payee name <i>BBVA Compass Bank</i>	
Amount (\$) <i>3.⁰⁰</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Bank fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11.22.16</i>	Payee name <i>Fast Signs</i>	
Amount (\$) <i>199.³⁶</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signage</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Daucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12.05.16</i>	5 Payee name <i>Christopher Hernandez</i>
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6 Amount (\$) <i>510.-</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12.06.16</i>	Payee name <i>Mail Chimp Com Co</i>
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Amount (\$) <i>65.-</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>E-mail marketing</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12.08.16</i>	Payee name <i>Intellic, USA</i>
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Amount (\$) <i>450.-</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-14-16</i>	5 Payee name <i>Square Space Inc.</i>	
6 Amount (\$) <i>17.32</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>12-15-16</i>	Payee name <i>BBVA Compass Bank</i>	
Amount (\$) <i>15.-</i>	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
	<i>Bank fee</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <i>12-15-16</i>	Payee name <i>BBVA Compass Bank</i>	
Amount (\$) <i>3.-</i>	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
	<i>Bank fee</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>David Daucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12.21.16</i>		5 Payee name <i>Christopher Hernandez</i>			
6 Amount (\$) <i>820.-</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date <i>12.28.16</i>		Payee name <i>Christopher Hernandez</i>			
Amount (\$) <i>730.-</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date <i>09/28/16</i>		Payee name <i>Stripe, Inc.</i>			
Amount (\$) <i>\$6.20</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>		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				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Daucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>09.22.16</i>	5 Payee name <i>Stripe, Inc.</i>
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6 Amount (\$) <i>15.05</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>09.22.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>21.15</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>20.16.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>1.78</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>David Roucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>09.27.16</i>		5 Payee name			
6 Amount (\$) <i>1.78</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<i>Payment Transfer fee</i>		<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					
Date <i>09.28.16</i>		Candidate / Officeholder name <i>Stripe, Inc.</i>			
Amount (\$) <i>6.20</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Payment Transfer fee</i>		<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					
Date <i>09.29.16</i>		Candidate / Officeholder name <i>Stripe, Inc.</i>			
Amount (\$) <i>6.20</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Payment Transfer fee</i>		<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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>09.29.16</i>	5 Payee name <i>Stripe, Inc.</i>
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6 Amount (\$) <i>6.20</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>09.29.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>6.20</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10.06.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>3.25</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10.06.16</i>	5 Payee name <i>Stripe, Inc.</i>
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6 Amount (\$) <i>3.25</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10.12.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>3.25</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10.12.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>3.25</i>	Payee address; City; State; Zip Code
----------------------------	--------------------------------------

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Daucedo</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 Date <i>10-25-16</i>	5 Payee name <i>Stripe Inc.</i>
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6 Amount (\$) <i>15.05</i>	7 Payee address; City, State, Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-25-16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>29.80</i>	Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-25-16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>44.85</i>	Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10.26.16</i>	5 Payee name <i>Stripe, Inc.</i>
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6 Amount (\$) <i>29.80</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>David Saucedo</i>	Office sought	Office held
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Date <i>10.26.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>6.20</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>David Saucedo</i>	Office sought	Office held
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Date <i>10.26.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>6.20</i>	Payee address; City; State; Zip Code
----------------------------	--------------------------------------

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10-26-16</i>	5 Payee name <i>Stripe Inc.</i>
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6 Amount (\$) <i>6.20</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-26-16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>3.25</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-26-16</i>	Payee name <i>Stripe Inc.</i>
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Amount (\$) <i>15.05</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10.26.16</i>	5 Payee name <i>Stripe, Inc.</i>
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6 Amount (\$) <i>3.25</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Payment Transfer fee</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <i>10.26.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>6.20</i>	Payee address; City; State; Zip Code
----------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Payment Transfer fee</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10.26.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>76.15</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Payment Transfer fee</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10-31-16</i>	5 Payee name <i>Stripe, Inc.</i>
----------------------------------	--

6 Amount (\$) <i>3.25</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-31-16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>3.25</i>	Payee address; City; State; Zip Code
----------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-03-16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>6.20</i>	Payee address; City; State; Zip Code
----------------------------	--------------------------------------

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Dauceo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11-03-16</i>	5 Payee name <i>Stripe, Inc.</i>
---------------------------	-------------------------------------

6 Amount (\$) <i>6.20</i>	7 Payee address; City; State; Zip Code
------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-07-16</i>	Payee name <i>Strip, Inc.</i>
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Amount (\$) <i>1.78</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>11-07-16</i>	Payee name <i>Stripe Inc.</i>
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Amount (\$) <i>1.78</i>	Payee address; City; State; Zip Code
----------------------------	--------------------------------------

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Pauco</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11-15-16</i>	5 Payee name <i>Stripe, Inc.</i>
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6 Amount (\$) <i>6.20</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-15-16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>6.20</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-15-16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>6.20</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11.15.16</i>	5 Payee name <i>Stripe Inc.</i>
----------------------------------	---

6 Amount (\$) <i>6.20</i>	7 Payee address; City; State; Zip Code
-------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11.15.16</i>	Payee name <i>Stripe Inc.</i>
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Amount (\$) <i>24.80</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11.17.16</i>	Payee name <i>Stripe Inc.</i>
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Amount (\$) <i>1.78</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 Date <i>11.17.16</i>	5 Payee name <i>Stripe, Inc.</i>
---------------------------	-------------------------------------

6 Amount (\$) <i>1.78</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11.21.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>6.20</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11.21.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>6.20</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-24-16</i>	5 Payee name <i>Stripe, Inc.</i>	
6 Amount (\$) <i>29.80</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>11-24-16</i>	Payee name <i>Stripe, Inc.</i>	
Amount (\$) <i>29.80</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>12-05-16</i>	Payee name <i>Stripe, Inc.</i>	
Amount (\$) <i>3.25</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-05-16</i>	5 Payee name <i>Stripe Inc.</i>	
6 Amount (\$) <i>6.20</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Payment Transfer fee</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12-03-16</i>	Payee name <i>Stripe, Inc.</i>	
Amount (\$) <i>3.25</i>	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
	<i>Payment Transfer fee</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12-07-16</i>	Payee name <i>Stripe, Inc.</i>	
Amount (\$) <i>59.30</i>	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
	<i>Payment Transfer fee</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-06-16</i>	5 Payee name <i>Stripe Inc.</i>	
6 Amount (\$) <i>3.25</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>12-07-16</i>	Payee name <i>Stripe Inc.</i>	
Amount (\$) <i>3.25</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>12-07-16</i>	Payee name <i>Stripe Inc.</i>	
Amount (\$) <i>59.30</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-07-16</i>	5 Payee name <i>Stripe, Inc.</i>	
6 Amount (\$) <i>121.85</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>12-15-16</i>	Payee name <i>Stripe, Inc.</i>	
Amount (\$) <i>15.05</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>12-15-16</i>	Payee name <i>Stripe, Inc.</i>	
Amount (\$) <i>29.86</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Paucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-18-16</i>	5 Payee name <i>Stripe, Inc.</i>
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6 Amount (\$) <i>6.20</i>	7 Payee address; City, State, Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Payment Transfer fee</i>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-18-16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>3.25</i>	Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Payment Transfer fee</i>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-15-16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>44.85</i>	Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Payment Transfer fee</i>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-18-16</i>	5 Payee name <i>Stripe Inc.</i>
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6 Amount (\$) <i>6.20</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Payment transfer fee</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <i>12-18-16</i>	Payee name <i>Stripe Inc.</i>
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Amount (\$) <i>6.20</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Payment transfer fee</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-19-16</i>	Payee name <i>Stripe Inc.</i>
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Amount (\$) <i>59.30</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Payment transfer fee</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Pauvedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-19-16</i>	5 Payee name <i>Stripe Inc.</i>
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6 Amount (\$) <i>6.²⁰</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-20-16</i>	Payee name <i>Stripe Inc.</i>
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Amount (\$) <i>6.²⁰</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-18-16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$) <i>21.⁸⁵</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>David Rauceo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-19-16</i>		5 Payee name <i>Stripe Inc.</i>			
6 Amount (\$) <i>65.50</i>		7 Payee address; City, State, Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date <i>12-20-16</i>		Payee name <i>Stripe Inc.</i>			
Amount (\$) <i>6.20</i>		Payee address; City, State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date <i>12-26-16</i>		Payee name <i>Stripe Inc.</i>			
Amount (\$) <i>15.05</i>		Payee address; City, State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>		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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	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:	2 FILER NAME <i>David Faucedo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-26-14</i>	5 Payee name <i>Stripe, Inc.</i>	
6 Amount (\$) <i>15.05</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Payment Transfer fee</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12-27-16</i>	Payee name <i>Stripe, Inc.</i>	
Amount (\$) <i>29.88</i>	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
	<i>Payment Transfer fee</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12-28-16</i>	Payee name <i>Stripe, Inc.</i>	
Amount (\$) <i>12.10</i>	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
	<i>Payment Transfer fee</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | 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:		2 FILER NAME <i>David Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12.26.14</i>		5 Payee name <i>Stripe, Inc.</i>			
6 Amount (\$) <i>30.¹⁰</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<i>Payment Transfer fee</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	
Date <i>12.27.14</i>		Payee name <i>Stripe, Inc.</i>			
Amount (\$) <i>29.⁸⁶</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Payment Transfer fee</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12.29.14</i>		Payee name <i>Stripe, Inc.</i>			
Amount (\$) <i>59.³⁰</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Payment Transfer fee</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12.28.16</i>	5 Payee name <i>Stripe, Inc.</i>
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6 Amount (\$) <i>12.¹⁰</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>David Saucedo</i>	Office sought	Office held
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Date <i>12.29.16</i>	Payee name <i>Stripe, Inc.</i>
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Payment Transfer fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9.13.16</i>	Payee name <i>Carlos Lowrey</i>
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Amount (\$) <i>14.⁹⁴</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Cases of water</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9.13.16</i>	5 Payee name <i>Christopher Ferris</i>
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6 Amount (\$) <i>500.⁰⁰</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Music & microphone set-up</i>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9.15.16</i>	Payee name <i>Brandon Juan Peña</i>
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Amount (\$) <i>1,800.⁰⁰</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Marketing Consultant</i>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10.01.16</i>	Payee name <i>Octavio Corral</i>
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Amount (\$) <i>10,000.⁰⁰</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Website Design / Retainer / Technology Services /</i>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1:	2 FILER NAME <i>David Daucedo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10.15.16</i>	5 Payee name <i>Brandon Ivan Peña</i>	
6 Amount (\$) <i>1,800.-</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>marketing consultant</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <i>11.01.16</i>	Payee name <i>Hector Ruiz</i>	
Amount (\$) <i>800.-</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Rent</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1:	2 FILER NAME <i>David Saucedo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11.15.16</i>	5 Payee name <i>Brandon Ivan Yena</i>	
6 Amount (\$) <i>1,800.-</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Marketing Consultant</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11.28.16</i>	Payee name <i>Gerardo Vallas</i>	
Amount (\$) <i>125.-</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food for Fundraisers</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12.01.16</i>	Payee name <i>Alejo Ruiz</i>	
Amount (\$) <i>800.-</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Rent</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Dauedo</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>12-15-16</i>	5 Payee name <i>Phil Peineda</i>				
6 Amount (\$) <i>30.-</i>	7 Payee address; City; State; Zip Code <i>Food for Fundraiser</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>12-20-16</i>	Payee name <i>Gilbert Jorgenson</i>				
Amount (\$) <i>500.-</i>	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			
	<i>Marketing Services</i>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>12-31-16</i>	Payee name <i>Salomon Chavarria</i>				
Amount (\$) <i>2,500.-</i>	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			
	<i>Consultant media</i>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Daucedo</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <i>Ben Assiola</i>	
6 Amount (\$) <i>1,500.-</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>media</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	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
	9 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>2</i>	2 FILER NAME <i>David Sarrado</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09/09/16</i>	5 Payee name <i>Coyote Strategies</i>	
6 Amount (\$) <i>1,500.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Logo Design / Website</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>09/06/16</i>	Payee name <i>Name.com</i>	
Amount (\$) <i>66.98</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Website Domain Registration</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>09/14/16</i>	Payee name <i>Castro</i>	
Amount (\$) <i>35.56</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Checks</i>	(b) 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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>2</i>	2 FILER NAME <i>David Sarcos</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/31/16</i>	5 Payee name <i>Craft and Social</i>	
6 Amount (\$) <i>35.01</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Team Lunch</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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

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AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

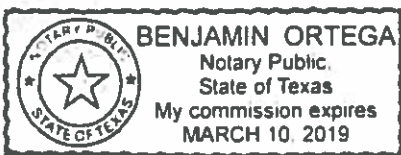
An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	2017 JAN 17
Date Hand-delivered or Date Postmarked	CITY CLERK DEPT.
Date Processed	PM 2:26
Date Imaged	

Filer name David Saucedo	Account #
------------------------------------	-----------

1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Campaign Finance Report report due on 1/17/17. I understand that this affidavit is required to be filed with *each* campaign finance report for which I am claiming an exemption from electronic filing.



 Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by David Saucedo this the 17th day of January

2017, to certify which, witness my hand and seal of office.

 _____ <small>Signature of officer administering oath</small>	<u>Benjamin Ortega</u> _____ <small>Print name of officer administering oath</small>	<u>Notary Public</u> _____ <small>Title of officer administering oath</small>
---	--	---

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**