CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 13

OFFICE USE ONLY

Date Received

'18 JUL 16 PM 4:41

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Ms | FIRST: ANNE | MI: K

NICKNAME | LAST: DUFFY | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 2314 Erica Kathlin Ln | APT / SUITE #: | CITY: Cedar Park | STATE: TX | ZIP CODE: 78613

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) | PHONE NUMBER: 736-4867 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs. | FIRST: Heidi | MI

NICKNAME | LAST: Houdek | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 1872 N Lakeview Ranch Loop | APT / SUITE #: | CITY: Cedar Park | STATE: TX | ZIP CODE: 78613

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 750-8401 | EXTENSION

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☑ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 1 / 8 / 18 THROUGH Month / Day / Year: 7 / 15 / 18

11 ELECTION

ELECTION DATE: Month / Day / Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Cedar Park City Council, Place 3

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Anneck. Duffy	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1054.16
2. ☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3. ☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. ☐	SCHEDULE E: LOANS	$
5. ☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 342.03
6. ☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7. ☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8. ☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9. ☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10. ☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11. ☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12. ☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Anne K. Duffy

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
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	$ 1054.16
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 342.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 989.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
LEANN M. QUINN
My Notary ID # 11692430
Expires July 30, 2019

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 Anne Duffy, this the 16th day of July, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	LeAnn M. Quinn	City Sec

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: Annek. Duffy

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
5/10/18	Chris Mauer 1002 Birddog Ln Cedar Park, TX 78613	20.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
CoPED Teaching Assist.	LISD

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
5/10/18	Jan Pelosi 10020 Valona Dr Austin, TX 78717	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Wm Cty/Lines Health District	Public Health Admin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
5/10/18	Mary Beth Foster Cedar Park, TX 78613	20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Tutor	Growing English Tutoring & Langs.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
5/10/18	Brooke Jacobs 2712 Minaus Dr. Cedar Park, TX 78613	32.08

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Content Analyst	Bazaarvoice

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: Anne K. Duffy

3 Filer ID (Ethics Commission Filers):

4 Date: 5/31/18

5 Full name of contributor: Ariana Delbar ☐ out-of-state PAC (ID#:)

6 Contributor address; City; State; Zip Code: 103 CR 180, Unit 22, Leander, TX 78641

7 Amount of contribution ($): 500.00

8 Principal occupation / Job title (See Instructions): Office & HR Manager

9 Employer (See Instructions): Metadot

Date: 5/31/18

Full name of contributor: Melissa Cryns ☐ out-of-state PAC (ID#:)

Contributor address; City; State; Zip Code: 2519 Farleigh Ln, Cedar Park, TX 78613

Amount of contribution ($): 25.00

Principal occupation / Job title (See Instructions): Recruiter

Employer (See Instructions): Self-Employed

Date: 5/31/18

Full name of contributor: Chris Cavalli ☐ out-of-state PAC (ID#:)

Contributor address; City; State; Zip Code: 3300 Mossy Grove Ct, Cedar Park, TX 78613

Amount of contribution ($): 25.00

Principal occupation / Job title (See Instructions): Professor

Employer (See Instructions): ACC

Date: 5/31/18

Full name of contributor: Eileen Bonds ☐ out-of-state PAC (ID#:)

Contributor address; City; State; Zip Code: 5731 67th St, Lubbock, TX 79424

Amount of contribution ($): 60.00

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions): N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: Anne K. Duffy

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
5/9/18	Patrick Walz 3815 Campfire Dr. Cedar Park, TX 78613	32.08

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Engineer	AECOM

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
5/9/18	Lauren Walz 3815 Campfire Dr. Cedar Park, TX 78613	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	Sun Power Corporation

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
5/9/18	Qurratulain Thakur Cedar Park, TX 78613	15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP	Chemtos

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
5/9/18	Coandy Bourton 1709 Bluebell Dr. Cedar Park, TX 78613	20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Pet Sitter	Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: Anne K. Duffy

3 Filer ID (Ethics Commission Filers):

4 Date: 5/10/18

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

6 Contributor address; City; State; Zip Code: 3300 Mossy Grove Ct. Cedar Park, TX 78613

7 Amount of contribution ($): 50.00

8 Principal occupation / Job title (See Instructions): Professor

9 Employer (See Instructions): ACC

Date: 5/10/18

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

Contributor address; City; State; Zip Code: 4306 Logan Ridge Dr. Cedar Park, TX 78613

Amount of contribution ($): 25.00

Principal occupation / Job title (See Instructions): Self

Employer (See Instructions): Self

Date: 5/10/18

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

Contributor address; City; State; Zip Code: Cedar Park, TX 78613

Amount of contribution ($): 30.00

Principal occupation / Job title (See Instructions): Self-Employed

Employer (See Instructions): Rafa & Assoc., LLC

Date: 5/31/18

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

Contributor address; City; State; Zip Code: 2808 Welton Cliff Dr. Cedar Park, TX 78613

Amount of contribution ($): 50.00

Principal occupation / Job title (See Instructions): Project Mgr

Employer (See Instructions): Zenoss

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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
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 Anne Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 1/8/18	5 Payee name WIX.COM, Inc.	
6 Amount ($) 4.99	7 Payee address; City; State; Zip Code PO Box 40190 San Francisco, CA 94140	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought / Office held City Council, D13

Date 6/28	Payee name WIX.COM, Inc.	
Amount ($) 30.00	Payee address; City; State; Zip Code PO Box 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought / Office held City Council, D13

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: Anne K. Duffy	3 Filer ID (Ethics Commission Filers)
4 Date: 1/29/18	5 Payee name: WIX.COM, Inc.	
6 Amount ($): 30.00	7 Payee address; City; State; Zip Code: PO Box 40190 San Francisco, CA 94140	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expenses	(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Anne Duffy	Office sought: Office held: City Council D13

Date: 2/6/18	Payee name: WIX.COM, Inc.	
Amount ($): 4.99	Payee address; City; State; Zip Code: PO Box 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expenses	Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Anne Duffy	Office sought: Office held: City Council D13

Date: 2/27/18	Payee name: WIX.COM	
Amount ($): 30.00	Payee address; City; State; Zip Code: PO Box 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expenses	Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Anne Duffy	Office sought: Office held: City Council D13

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: Anne K. Butler	3 Filer ID (Ethics Commission Filers)
4 Date: 3/6/18	5 Payee name: WIX.COM, Inc.	
6 Amount ($): 4 99	7 Payee address; City; State; Zip Code: PO BOX 40190 San Francisco, CA 94140	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expenses	(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Anne Butler	Office sought: Office held: City Council D13

Date: 3/27/18	Payee name: WIX.COM, Inc.	
Amount ($): 30 00	Payee address; City; State; Zip Code: PO BOX 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expenses	Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Anne Butler	Office sought: Office held: City Council D13

Date: 4/6/18	Payee name: WIX.COM	
Amount ($): 4 99	Payee address; City; State; Zip Code: PO BOX 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expenses	Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Anne Butler	Office sought: Office held: City Council D13

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: Anne K Dufty	3 Filer ID (Ethics Commission Filers)
4 Date: 4/27/18	5 Payee name: Wix.com	
6 Amount ($): 30.00	7 Payee address; City; State; Zip Code: PO Box 40190 San Francisco, CA 94140	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expenses	(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Anne Dufty	Office sought: Office held: City Council, P13

Date: 5/7/18	Payee name: Wix.com	
Amount ($): 4.99	Payee address; City; State; Zip Code: PO Box 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expenses	Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Anne Dufty	Office sought: Office held: City Council P13

Date: 5/14/18	Payee name: Jotform Inc.	
Amount ($): 34.36	Payee address; City; State; Zip Code: 1700 Montgomery St San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Solicitation/Fundraising Expense	Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Anne Dufty	Office sought: Office held: City Council, P13

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Anne K. Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 5/29/18	5 Payee name WIX.COM	
6 Amount ($) 78.00	7 Payee address; City; State; Zip Code PO BOX 40190 San Francisco, CA 94140	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought / Office held City Council, P13

Date 6/6/18	Payee name WIX.COM	
Amount ($) 4.99	Payee address; City; State; Zip Code PO BOX 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought / Office held City Council, P13

Date 6/12/18	Payee name Jotform Inc.	
Amount ($) 39.00	Payee address; City; State; Zip Code 1700 Montgomery St San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought / Office held City Council, P13

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: Anne K. Duffy
3 Filer ID (Ethics Commission Filers):

4 Date: 7/6/18
5 Payee name: WIX.COM, Inc.
6 Amount ($): 4.99
7 Payee address; City; State; Zip Code: PO BOX 40190 San Francisco, CA 94140

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Advertising Expenses
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Anne Duffy
Office sought:
Office held: City Council, P13

Date: 7/12/18
Payee name: Jotform INC.
Amount ($): 39.00
Payee address; City; State; Zip Code: 1700 Montgomery St San Francisco, CA 94111

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Solicitation/Fundraising Expense
Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Anne Duffy
Office sought:
Office held: City Council, P13

Date: 5/10/18
Payee name: PayPal
Amount ($): 14.74
Payee address; City; State; Zip Code: 2211 North First Street San Jose, CA 95131

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Fees
Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Anne Duffy
Office sought:
Office held: City Council, P13

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED