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: 28

OFFICE USE ONLY

Date Received: '19 APR 8 AM 9:56 LMQ

Date Hand-delivered or Date Postmarked:

Receipt #: Amount $:

Date Processed:

Date Imaged:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs. FIRST: Anne MI: K

NICKNAME: LAST: Duffy SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 2311 Erica Kaitlin 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 Nelson 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 / 1 / 19 THROUGH Month / Day / Year: 3 / 31 / 19

11 ELECTION

ELECTION DATE: Month / Day / Year: 5 / 4 / 19

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

12 OFFICE

OFFICE HELD (if any): City Council Pl 3

13 OFFICE SOUGHT (if known): (same)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Anne 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ 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)	$ 4118
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 7501.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 9191.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

LEANN M. QUINN
My Notary ID # 11692430
Expires July 30, 2019

AFFIX NOTARY STAMP / SEAL ABOVE

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.

A Duffy

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Anne Duffy, this the 8th day of April, 20 19, to certify which, witness my hand and seal of office.

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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

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

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4108
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 10
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. ☐ SCHEDULE E: LOANS	$
5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 7343.67
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 158.13
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	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 13

2 FILER NAME: Anne K. Duffy

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
1/2/19	Sheron Weschler 6 Contributor address; City; State; Zip Code 4306 Logan Ridge Dr Cedar Park, TX 78613	$500.00

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

9 Employer (See Instructions): None

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
1/5/19	Mark Poorenstein Contributor address; City; State; Zip Code 804 Canyon Springs Dr Cedar Park, TX 78613	$200.00

Principal occupation / Job title (See Instructions): Managing Principal

Employer (See Instructions): HDR

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
1/4/19	Hafff Associates - State PAC Contributor address; City; State; Zip Code 1201 N Bowser Rd Richardson, TX 75081	$250

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
1/17/19	Julie Bates Contributor address; City; State; Zip Code 1813 Fall Creek Dr Cedar Park, TX 78613	$500.00

Principal occupation / Job title (See Instructions): Bartender

Employer (See Instructions): Highland Lanes

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 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 ($)
1/29/19	Luis Zerrigon 21609 Beechnut Trace Cedar Park, TX 78613	$10.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Retired	N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/31/19	Kim Gillas 729 Nelson Ranch Rd. Cedar Park, TX 78613	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SAHM	None

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/31/19	Gloria Dhalakia 12304 James Ryan Way Austin, TX 78700	$500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Director	Hanger Foundation

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/8/19	Stan Springer LP 1607 Churchill Cv. Cedar Park, TX 78613	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	Williamson County

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 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 ($)
2/2/19	Constance Roberts 1202 Boven Cove Cedar Park, TX 78613	$100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Contractor	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/7/19	Kamal Khouri 14815 Avery Ranch Blvd #1402 Austin, TX 78717	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/11/19	K.T. Musselman 13355 N 183, Apt. 1133 Austin, TX	$75.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Justice of the Peace	Williamson County

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/1/19	Renny Hellickson 12017 Portabella Dr. Austin, TX 78732	$500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Insurance Adjuster	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 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 ($)
2/19/19	Rodaer Ericsson 2312 Giddens Dr Cedar Park, TX 78613	$25.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/15/19	Scott Vetter 217 Lollipop Ln. Cedar Park, TX 78613	$500.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/15/19	Hiten Patel 2119 Howell Mountain Dr Cedar Park, TX 78613	$1500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Financial Consultant	Bulefire Consulting

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/23/19	Omar Kadir 19169 Alvarado Round Rock, TX 78664	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CPA	None

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 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 ($)
2/23/19	☐ out-of-state PAC (ID#:_____) Terry Cook 3116 Goldenoak Circle Round Rock, TX 78681	$100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
County Commissioner	Williamson County

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/24/19	☐ out-of-state PAC (ID#:_____) Mandy Granado 115 S Lakeline Blvd. Cedar Park, TX 78613	$500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/24/19	☐ out-of-state PAC (ID#:_____) Mandy Potts 1707 Buttercup Creek Blvd Cedar Park TX 78613	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Realtor	Self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/24/19	☐ out-of-state PAC (ID#:_____) David Hay 2411 Erica Kathleen CP 78613	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sales	Sunloop

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 Duffy

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
2/24/19	Ulrike Kennedy 6 Contributor address; City; State; Zip Code 15024 Azalea Dr Cedar Park, TX 78613	$50.00

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

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
2/24/19	Sheron Weschler Contributor address; City; State; Zip Code 4306 Logan Ridge Dr. Cedar Park, TX 78613	$100.00

Principal occupation / Job title (See Instructions): Contractor

Employer (See Instructions): None

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
2/24/19	Melissa Balsam Contributor address; City; State; Zip Code 1800 Irish Ln Cedar Park, TX 78613	$20.00

Principal occupation / Job title (See Instructions): N/A

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
2/24/19	Jeff Vincent Contributor address; City; State; Zip Code 2411 Erica Kathlin Ln Cedar Park, TX 78613	$25.00

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

Employer (See Instructions): Conduent

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: Anne 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 ($)
2/24/19	☐ out-of-state PAC (ID#:) Michelle LaRose 1410 Colorado Bend Cedar Park, TX 78613	$50.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Business Owner	Self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/24/19	☐ out-of-state PAC (ID#:) Elva Castillo 200 Lollipop Ln Cedar Park, TX 78613	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Appraiser	Sharp Appraisers, LLC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/24/19	☐ out-of-state PAC (ID#:) Shannon Wiseman 2810 Blue Ridge Dr Cedar Park, TX 78613	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Stylist	Self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/24/19	☐ out-of-state PAC (ID#:) Mitch Fuller 1510 Big Thicket Cedar Park, TX 78613	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Cor. Consultant	J.L. Powers & Assoc.

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 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 ($)
2/24/19	Mollie Francis 3115 Paseo De Charros Leander, TX 78641	$50.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/24/19	Christina Creekmur Leander, TX	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/24/19	Bill Ray 2415 Spanish Oak Dr Round Rock, TX 78681	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/26/19	Rikelle Elliott 101 Whitechapel Ct. Cedar Park, TX 78613	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SAHM	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 Duffy

3 Filer ID (Ethics Commission Filers):

4 Date: 2/27/19

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

6 Contributor address; City; State; Zip Code: 720 Nelson Ranch Rd, Cedar Park, TX 78613

7 Amount of contribution ($): $25.00

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

9 Employer (See Instructions):

Date: 2/28/19

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

Contributor address; City; State; Zip Code: 2609 Beechnut Drive, Cedar Park, TX 78613

Amount of contribution ($): $10.00

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date: 3/1/19

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

Contributor address; City; State; Zip Code: 300 Apache Dr, Cedar Park, TX 78613

Amount of contribution ($): $133.00

Principal occupation / Job title (See Instructions): Business Owner

Employer (See Instructions): Self

Date: 3/3/19

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

Contributor address; City; State; Zip Code: 1607 Churchill Cv, Cedar Park, TX 78613

Amount of contribution ($): $50.00

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions): Williamson County

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 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 ($)
3/4/19	Kristen M. Joy 2497 Emily Cv. Cedar Park, TX 78613	$25.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Cultural Resource Mgr	Texas Adjutant Gen. Off.

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/7/19	Mike Fischer 1904 Libelia Dr. Cedar Park, TX 78613	$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dev. DPS Engineer	Blackboard

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/6/19	Teri Shapiro	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/12/19	Sarah & Jim Penniman-Morin 2810 Lambria Dr. Cedar Park, TX 78613	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Deputy Dir. for Global Supply Chain	Catholic Relief Services

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 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 ($)
3/13/19	Georganne Duron 3413 Tall Cedars Rd Cedar Park, TX 78613	$500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Business Owner	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/14/19	Stuart Pitts 1327 Mesquite Rd Cedar Park, TX 78613	$100.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/14/19	Margaret Walsh 17531 Klamath Falls Dr Round Rock, TX 78681	$125.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
None	N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/27/19	Barbara McKnight 12510 Shasta Lane Austin, TX 78729	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

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 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 ($)
3/12/19	Pam McNally ☐ out-of-state PAC (ID#:)	1104 Forest Trail, Cedar Park, TX 78613	$20.00

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

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/24/19	Ginger Goodin ☐ out-of-state PAC (ID#:)	1207 Rawley Dr. Cedar Park, TX 78613	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/26/19	Louis Bedor ☐ out-of-state PAC (ID#:)	2515 Nightshade Drive Cedar Park, TX 78613	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/27/19	Jodi Ray ☐ out-of-state PAC (ID#:)	25002 Preserve Trl Cedar Park, TX 78613	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SAHM	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 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 ($)
3/29/19	☐ out-of-state PAC (ID#:_____) Luis Zerrigon	2609 Beechnut Trace, Cedar Park, TX 78613	$10.00

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

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/31/19	☐ out-of-state PAC (ID#:_____) Anil Prabhakar	2500 1 Great Ln, Cedar Park, TX 78613	$30.00

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

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)
	☐ out-of-state PAC (ID#:_____)		

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

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)
	☐ out-of-state PAC (ID#:_____)		

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

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: 1
2 FILER NAME Anne Duffy	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
2/15/19	Molly Poncy **7** Contributor address; City; State; Zip Code 11008 Shallow Water Rd Austin TX 78717	$10	Nametags
		☐ Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Finance Director	**11** Employer (FOR NON-JUDICIAL) (See Instructions) TCSAAL
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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code	☐ 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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
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 F4: 1	2 FILER NAME Anne Duffy	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$

5 Date 3/1/19	6 Payee name Facebook
7 Amount ($) $80	8 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Anne Duffy; Office sought: City Council P13; Office held:

Date 3/31/19	Payee name Facebook
Amount ($) $78.13	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising 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: 10	2 FILER NAME Anne Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 1/7/19	5 Payee name WIX.COM	
6 Amount ($) $14.99	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 Expense	(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 P/3

Date 1/14/19	Payee name Jotform	
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 P/3

Date 1/16/19	Payee name City of Cedar Park	
Amount ($) $500.00	Payee address; City; State; Zip Code 450 Cypress Creek Road Cedar Park TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fee	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 P/3

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 Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/19	5 Payee name Wix.com	
6 Amount ($) $20.00	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 2/11/19	Payee name Vistaprint	
Amount ($) $52.37	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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 2/20/19	Payee name Angie Jordan - AJ Photography	
Amount ($) $100.00	Payee address; City; State; Zip Code 2534 Pecan Creek Dr. Leander, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Photography	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 Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 2/13/19	5 Payee name A1 Signs	
6 Amount ($) 500.00	7 Payee address; City; State; Zip Code 109 N Bell Blvd. Cedar Park TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 2/20/19	Payee name Name-Cheap.Com	
Amount ($) $22.12	Payee address; City; State; Zip Code Los Angeles, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising 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 2/20/19	Payee name Name-Cheap.Com	
Amount ($) $44.24	Payee address; City; State; Zip Code Los Angeles, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising 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

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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: Anne Duffy	3 Filer ID (Ethics Commission Filers)
4 Date: 2/12/19	5 Payee name: A1 Signs	
6 Amount ($): 500.00	7 Payee address; City; State; Zip Code: 109 N Bell Blvd Cedar Park TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(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: 2/13/19	Payee name: WIX.COM	
Amount ($): $27.90	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 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: 2/14/19	Payee name: A1 Signs	
Amount ($): $2,007.30	Payee address; City; State; Zip Code: 109 N Bell Blvd Cedar Park TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising 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

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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 Anne Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 2/27/19	5 Payee name A1 Signs	
6 Amount ($) $265.21	7 Payee address; City; State; Zip Code 189 N Bell Blvd Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense	(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 City Council P13 / Office held

Date 2/28/19	Payee name Print Place	
Amount ($) $457.80	Payee address; City; State; Zip Code 1780 Avenue H East Arlington, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. 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 2/28/19	Payee name Richard Balsam	
Amount ($) $180.00	Payee address; City; State; Zip Code 1800 Ivas Ln Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense - Design work	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 Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/19	5 Payee name Walgreens	
6 Amount ($) $13.80	7 Payee address; City; State; Zip Code 1505 W Whitestone Blvd Cedar Park TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(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 3/13/19	Payee name Bobby Vera	
Amount ($) $100.00	Payee address; City; State; Zip Code 818 Craters of the Moon Blvd Pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign Removal & Placement-Adv.	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 3/5/19	Payee name Lester Birdsong	
Amount ($) 1,125.00	Payee address; City; State; Zip Code 135 Millennial Way Bastrop TX 78602	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign Placement & Prep-Adv.	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 Duffy	3 Filer ID (Ethics Commission Filers)
4 Date: 2/25/19	5 Payee name: Party City	
6 Amount ($): $20.57	7 Payee address; City; State; Zip Code: 11100 Research Blvd Austin TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Event Expense	(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: 2/27/19	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 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: 2/27/19	Payee name: TX VAN	
Amount ($): $145.00	Payee address; City; State; Zip Code: 1106 Lavaca St., Suite 100 Austin TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Data Management	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 Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 2/25/19	5 Payee name WalMart	
6 Amount ($) $74.42	7 Payee address; City; State; Zip Code 201 Walton Way Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(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 2/25/19	Payee name Whitestone Brewery	
Amount ($) $158.00	Payee address; City; State; Zip Code 601 E Whitestone Blvd. Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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 2/25/19	Payee name Vans Damn Good	
Amount ($) $287.50	Payee address; City; State; Zip Code 601 E Whitestone Blvd. Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev. 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 Duffy	3 Filer ID (Ethics Commission Filers)
4 Date: 3/17/19	5 Payee name: Kevin Lane	
6 Amount ($): $123 75	7 Payee address; City; State; Zip Code: 8223 Amasia Cove Austin, TX 78729	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Salaries/Wages/Contract Labor	(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: 3/21/19	Payee name: PrintPlace	
Amount ($): 499 02	Payee address; City; State; Zip Code: 1100 Avenue H East Arlington, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Adv. 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: 3/27/19	Payee name: WIX.COM	
Amount ($): $300 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): Adv. 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 Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/19	5 Payee name PayPal	
6 Amount ($) $1.75	7 Payee address; City; State; Zip Code 2211 North First St San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 3/31/19	Payee name Domainwall	
Amount ($) 20.93	Payee address; City; State; Zip Code PO Box 301267 Austin, TX	
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

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

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