# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

			- OVER C	
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages i	filed: <b>30</b>
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFIC	E USE ONLY
NAME	Ms Anne NICKNAME LAST Sung	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PU BOX 27625	STATE; ZIP CODE	Date Hand-delivered	i 30CT28 11
change of address	Houston, TX 77227			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (832) 598-6878	EXTENSION	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Mr Charles	MI	Date Imaged	
	NICKNAME LAST  Tom Behrman	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;  5419 Sanford Rd.  Houston, TX 77096	CITY; STATE:	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713 ) 339-9420	EXTENSION		
9 REPORT TYPE	January 15 30th day before election  July 15 Sth day before election	Runoff  Exceeded \$500 limit	15th day after treasurer appropriate (discellulated on Final report (discellulated on Final r	pointment
10 PERIOD COVERED	Month Dey Year 9 / 27 / 2013 THROUGH	Month Day 10 / 26 /	Year / 2013	
11 ELECTION	Month Dey Year ELECTION TYPE  11 / 5 / 2013	Runoff X	General	Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) HISD Board of Educat	lon Trustee - D	District 7
	GO TO PAG	GE 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACC	OUNT # (Ethics Commission Filers)
	ne Sung		10 7.00	Octor & (cause commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CAMBIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITL HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT TO ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION	HE CANDIDATE'S O	P OFFICEROL DEP'S PROVIDED FORE A.
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
s .	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER S, LOANS, OR GUARANTEES OF LOANS), UNLESS IT		\$ 1048.89
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 24067.71
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 11.90
	4. TOTAL	POLITICAL EXPENDITURES		\$ 23455.68
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 16013.69		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A	S OF THE	\$ 100
18 AFFIDAVIT	······································			
			des all informat	that the accompanying report ion required to be reported by
			Sung	
		Signature o	of Candidate or	Officeholder
AFFIX NOTARY STAMI	P / SEAL ABOVE			
Sworn to and subs	scribed before			this the
day	of U.	, 20 10 , to certify which, with	ess my han	d and seal of office.
Signature of officer admir	nistering oath	Printed name of officer and the state of the	ANDRA SANCH	apperficer administering oath
Signature of Dimer admit	netering catri		COMMISSION EN	7

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: 14
2 FILER NAME	nno Suna		3 ACCOUNT # (E	Ethics Commission Filers)
9/27/13	5 Full name of contributor) out-of-state PAC (ID#_  Christy  6 Contributor address; City; State; Zip Code	Tran	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
, , , -	Outmoutor address, City, State, Zip Code	·	50.00	   
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
		10 Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (1D#_ Chris and Li Master	<u> </u>	Amount of contribution (\$)	tn-kind contribution description (if applicable)
9/27/13	Contributor address; City; State; Zip Code		100,00	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Torong Serrip and Service Serv
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/27/13	Samia Tayed Contributor address; City: State; Zip Code		60.00	
· .			(If trave! outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1 1	Amin Checwalla		00111112222	
2/2/13	Contributor address; City: State: Zip Code		100.00	1
	• •		(If travel outside i	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/27/13	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	50.00	
•	•		(if travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
			<u> </u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOANS	,

### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: 14
2 FILER NAME	Hnne Sune		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/27/13	6 Contributor address; City; State; Zip Code		100,00	   
9 Principal occur				of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/27/13	Contributor address; City; State; ZipCode		100.00	 
			(If travel outside o	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/27/13	Contributor address: City: State: Zip Code		106	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of	In-kind contribution
1 1	y Dear College better the transport	ylag	contribution (\$)	description (If applicable)
00/2006/33	Contributor address; City; State; Zip Code		WO BLA	   
			(If travel outside	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/30/13	Contributor address; City; State; Zip Code		50.00	; 
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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Texas Etrics Col	immission P.O. Box 12070 Austin	n, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989	
POLITI OTHER	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A				
The	e instruction Guide explains how to complete	this form.	1 Total pages Sched	dule A:  4	
2 FILER NAME	Manne Sure		3 ACCOUNT # (Ethi	ics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC(		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
CV36/12	6 Contributor address: City: State: Zip C	ode	00000		
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		Texas, complete Schedule T)	
Date	Full name of contributor   out-of-state PAC(		Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/3/13	Contributor address; City; State; Zip C	ode	1000		
Principal occup	pation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)	
Date	Full name of contributor   out-of-state PAC(  Srikesh Sn'ichanan  Contributor address; City; State; Zip Co		Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/3/13	Contributor address: City; State; Zip Co	ode	100.00	Towns and the Cabadula Ti	
Principal occup	pation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)	
Date	Full name of contributor out-or-state PAC() Howard Fider attor	- of Tradre	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/3/13	Contributor ac ress; City; State; Zip Co	ode	50000		
Principal occur	pation / Job title (See Instructions)	Employer (See	·	Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC(I		Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/3/13			50.00	Texas, complete Schedule T)	
Principal occup	pation / 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 foradditional reporting requirements.					

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 14
2 FILER NAME	Anne Surg		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_  13 CHine and Martin 5)  6 Contributor address; City; State; Zip Code	ezel.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/3/13	6 Contributor address; City; State; Zip Code		200.00	!  - 
			(If travel outside of	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See i		
Date	Full name of contributor		Amount of	In-kind contribution
	Susan Lovel		contribution (\$)	description (if applicable)
10/3/13	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · ·	100.00	
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Principal occup	pation / Job title (See Instructions)	Employer (See !		f Texas, complete Schedule T)
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Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
	Ann McCoy		contribution (\$)	description (if applicable)
10/3/13	Contributor address; City; State; Zip Code		5000	
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Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/3/13	Contributor address; City; State; Zip Code		250.00	
			(if travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable)
	Victor Tone		contribution (\$)	description (ii applicable)
12/2/	Contributor address; City; State; Zip Code		Ea ~	
10/3/13			20,00	
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Principal costs	sation / Joh title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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POLITI OTHER	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS	(012)403-3800	SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: 14
2 FILER NAME	Anne Sury		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	pation / Job title (See Instructions)	10 Employer (See I	(if travel outside	l   
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)
10/3/13	Contributor address; City; State; Zip Code		5000	N.
Principal occur	eation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
Date	Full name of contributor  out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/6/13	Contributor address; City; State; Zip Code	1 .	00.00E	 
				of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor   out-of-state PAC (ID#:	M 54	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/9/13			(If travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
10 9 13	Contributor address; City; State; Zip Code		7500	] 1
			(If travel outside	l of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
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	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS	(6.12) 100 0000	SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 14
2 FILER NAME	Anne Suna		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/10/13	6 Contributor address; City; State; Zip Code	·	250.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T) :
Date	Full name of contributor out-of-state PAC (ID#_	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/10/13	Contributor address; City; State; Zip Code		5000	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/12/13	Contributor address: Cho. State; Zip Code	[	50,00	
		, l .	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_  Vincent Sunders)  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/17/13	Solidization additions. Sity, State, Exp south		90.00	Tring complete Sabadida To
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (10#_ Frank + Cathy Montapme	ry	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/13/13	Contributor address; City; State; Zip Code	, , , , , , , , ,	5000,00	   
Principal occu	pation / Job title (See Instructions)	Employer (See I		I of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

POLITICAL	CONTRIBUTIONS
	N PLEDGES OR LOANS

### SCHEDULE A

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Sch	nedule A: 14
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
<u> </u>	pe Sury			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
, ,	6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
10/13/13	6 Contributor address; City; State; Zip Code	. , , , , , , ,	L	]
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				1
9 Principal occup	pation / Job title (See Instructions) 10	Employer (See In		of Texas, complete Schedule T)
· <u>·</u>				
Date	Full name of contributor		Amount of	In-kind contribution
	Juliet Stipecho		contribution (\$)	description (if applicable)
10/13/13	Contributor address; City; State; Zip Code		150,00	
(1/2/12				
	·		1	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
	,		,	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Susan Riley		CONTRIBUTION (4)	description (ii applicable)
10/13/13	Contributor address; City; State; Zip Code			
, , , , , ,	,		100,00	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	<del></del>	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Barbara Kaplan			
101315	Contributor address: Citv: State; Zip Code		50,00	
' 1			50,00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See II		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
احاحد	Chini Lee Stretturisur			! 
10/13/13	Contributor address; City; State; Zip Code		5000	! 
,	·		· —	i
				of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	N.
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P.O. Box 12070

POLITI	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	SCHEDULE <b>A</b>	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 14	
2 FILER NAME	Anne Sun	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description (If applicable)	
9 Principal occup	pation / Job title (See Instructions) 10 Employer	(If travel outside of Texas, complete Schedule T) (See Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#	) Amount of In-kind contribution contribution (\$) description (if applicable)	
10/13/13	·	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#	) Amount of In-kind contribution contribution (\$) description (if applicable)	
10/14/13	Contributor address. Only, Grates, 210 Code	(If travel outside of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions) Employer	(See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of In-kind contribution contribution (\$) description (if applicable)	
0/14/13	Condition address One Chart, 2000 00	4000.00	
Principal occup	pation / Job title (See Instructions) Employer	(If travel outside of Texas, complete Schedule T) (See Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)	
10/15/13	Contributor address; City; State; Zip Code	5000	
Principal occup	pation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.			

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Anne Sung		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_  Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1011713			500.00	 
	1		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_  Sandra Placock		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/20/13	Contributor address; City: State; Zip Code		100.00	
	•		(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor   out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/21/13	Contributor address; City; State; Zip Code		50,00	
			(If travel outside	of Texas, complete Schedule T)
Principal occur	eation / Job title (See Instructions)	Employer (See I		or rexas, complete defletate ry
Time par occup	and it is the food instruction.			
Date	Full name of contributor   out-of-state PAC (ID#_  Deveth Phillips		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/22/13	Contributor address; City: State; Zip Code		50,00	 
			(If travel outside	I of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of	In-kind contribution
Date	Lida Keenc		contribution (\$)	description (if applicable)
10/21/13	Contributor address; City; State; Zip Code		50,00	<del> </del>
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Principal occup	pation / Job title (See Instructions)	Employer (See	<u> </u>	of Texas, complete Schedule T)
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

www.ethics.state.tx.us

		Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
POLITI	CAL CONTRIBUTIONS R THAN PLEDGES OR	S LOANS		SCHEDULE A
	Instruction Guide explains how to com	nplete this form.	1 Total pages Sche	edule A: 14
2 FILER NAME	Anne Sung		3 ACCOUNT # (Ett	hics Commission Filers)
4 Date	5 Full name of contributorout-of-stat	ite PAC (ID#:	7 Amount of	8 In-kind contribution
	CO C	D Plumber Local		description (if applicable)
10/1/13	6 Contributor address; City; State;	Zip Code	500,00	
9 Principal occur			····	f Texas, complète Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	ite PAC (ID#:)	Amount of	In-kind contribution
	marion mit	tcheh	contribution (\$)	description (if applicable)
10/10/13	Contributor address; City; State;		50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor 🛘 out-of-sta	rte PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/18/13	Contributor address; City; State;	Zlp Code	00 001	
·		•	## Secure suitaide et	To the complete Calculato
Principal occur	pation / Job title (See Instructions)	Employer (See I	<u> </u>	f Texas, complete Schedule T)
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Date	Full name of contributor	ite PAC (ID#:	Amount of	In-kind contribution
	TO CONTRACTOR OF THE STREET	XO>	contribution (\$)	description (if applicable)
motions	Contributor address; City; State:	Zip Code	ļ l	
Cathodres			£2000 2000	
	• •		<del></del>	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-sta	ite PAC (iD#:)	Amount of	In-kind contribution
f 1	Mark Kerrissun	· · · · · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable)
10/11/13	Contributor address; City; State;	Zip Code	20.00	
	· · · · · · · · · · · · · · · · · · ·		/If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	<del></del>	10000
If c	ATTACH ADDITIONAL ( contributor is out-of-state PAC, please	COPIES OF THIS SCHEDULE		requirements.
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POLITICAL	CONTRIBUTIONS
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### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	Anne Sung		3 ACCOUNT# (E	thics Commission Filers)
4 Date			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	•		(If travel outside o	t  Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/20/13	Contributor address; City; State; Zip Code		100	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#_ Rozina Damani		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/27/13	Contributor address; City; State;		50	
			(if travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See			nstructions)	
Date	Full name of contributor   out-of-state PAC(ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/15/13	Contributor address; City; State; Zip Code		250.0	<b>!</b> 
				of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor   out-of-state PAC (ID#_  Samiat   Camal   Khali		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/13	Contributor address; City; State; Zip Code		1000.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	

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### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME	Anne Sung		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Kozina Domani		contribution (\$)	description (if applicable)
9/27/13	6 Contributor address; City; State; Zip Code		135,00	and drinks
			(If travel outside of Texas, complete Schedule T)	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor		Amount of	In-kind contribution
1.1	1-tous-ton-Federationa	FTeachers	contribution (\$)	description (if applicable)
10/5/13	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	C0.08	Printing
		i		AT-
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/12/13	Contributor address; City: State: Zip Code	. , ,	81,50	Food and Marketing
			(If travel outside	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
واصاما	Susan and Brian R	iley		
10/13/13	Contributor address; City: State: 7'n Code		233.53	Food and
				Food and   Beverage
	· ·			of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable)
	Tom and Kathy Be	hrman	contribution (\$)	description (if applicable)
10/13/13	Contributor address; City; State; Zip Code		326.33	1 Postage
			(If travel outside	of Texas, complete Schedule T).
Principal occur	pation / Job title (See Instructions)	Employer (See	<u> </u>	
·				

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Revised 04/19/2013

POLITICAL C	ONTRIBUTIONS
	PLEDGES OR LOANS

P.O. Box 12070

### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME	Home duny		3 ACCOUNT#(E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10/17/13	6 Contributor address; City; State; Zip Code		37.89	Food	
			(if travel outside o	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#_	Teachers	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/17/13	Contributor address; City; State; Zip Code		35.80	drinks	
	·		/If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		rickas, complete occiedate ()	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (If applicable)	
	Tomand Kathy Be	hrman	Contribution (4)	Printin	
10/20/13	Contributor address; City; State Code	,	233.87	Postage	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor   out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/20/13	Contributor address; City; State; Zip Code		200	Food	
	* <del>*</del> * *				
		Employer (See	····	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#_	of Teacher	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/26/13	Contributor address; City: State: Zip Code		75.00	Printing	
	,		(if travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		

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POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOANS	3

### SCHEDULE A

		4,		
The	Instruction Guide explains how to complete this	form,	1 Total pages Schedule A:	
2 FILER NAME	Anne Sury		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/26/13	6 Contributor address; City; State; Zip Code		84.95	Paper pushca
			(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/26/13	Contributor address; City; State; Zip Code		40.00	Food and Water
	•		(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(10 <b>/2</b> 00)	Contributor address; City; State; Zip Code		Ø	 
:			(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		· · · · · · · · · · · · · · · · · · ·
·				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable)
	Cerillian N4 Partners		contribution (\$)	
10/10/2013	Contributor address; City; State; Zip Code		2404	mailer
			2000	design
			as a second second	of Toyon, complete Schodule T
Deineinal coour	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Principal occup	Sallott 7 Job (title (Jee Histractions)	<b>2</b> /// <b>3</b> // (222		
Date	Full name of contributor out-of-state PAC (ID#_  Cer. Ilron NH Partners	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/24/2013	Contributor address; City; State; Zip Code	. , ,	1000	moiler duign
				1
	111 (0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Employer (See		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
···				

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## Date In-kind description Amount of Full name/of pledgor ut-of-state PAC (ID#:\_ pledge (\$) (if applicable) Pledgor address; City; State; Zlp Code (If travel outside of Texas, complete Schedule T) 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. www.ethics.state.tx.us Revised 04/19/2013

Texas Ethics Comm	nission P.O. Box 12070	Austin, Texas 78711-2070 (512)	(TDD 1-800-735-2989
LOANS			SCHEDULE E
The	e Instruction Guide explains how to	complete this form.	1 Total pages Schedule E:
2 FILER NAME	Ame Sung		3 ACCOUNT # (Ethics Commission Filers)
4 TOT/	AL OF UNITEMIZED LOANS:	<del>+</del> + + + +	⇒ \$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	) 9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State	te; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	fion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor	N/A	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	y; State: Zip Code	
20 Principal Occupati	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	Out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City: State	te; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were	deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	; State; Zip Code	
Principal Occupation	ion (See Instructions)	Employer (See Instructions)	
· If lend		COPIES OF THIS SCHEDULE AS NEE instruction guide for additional rep	

### SCHEDULE F

Advertising Expense	EXPENDITURE CATEGO	RIES FOR BOX 8(a	1)
Accounting/Banking	GITI/Awards/Memorials Expense Salaries/Wa	ges/Contract Labor	Loan Repayment/Reimbursement
Consulting Expense		Fundraising Expense	Transportation Equipment & Related Expense
Event Expense	Delline Fores		Contributions/Donations Made Ry
Fees			Candidate/Officeholder/Political Committee
	The Instruction Guide explains ho	head/Rental Expense	OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	ow to complete this it	
7			3 ACCOUNT # (Ethics Commission Filers
4 Date	Anne Sung		
	5 Payee name		
10/10/13	Cerillion N4 Partners		
6 Amount (\$) 12669	7 Payee address; City: State; Zip Coo 500 Union St. Ste. 406 Seattle, WA 98101	de	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule	(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising Expense	Political adve	ortising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/o	Candidate / Officeholder name OH	Office sough	ht Office held
Date	Payee name		***************************************
10/16/13	Cerillion N4 Partners		
Amount (\$)	Payee address; City; State; Zip Coo	le	
<b>\</b> -7	500 Union St. Ste. 406		
7491			
7431 	Seattle, WA 98101		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Political	advertising
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	
Date	Payee name		
10/16/13	Brandalyn Patton		
Amount (\$)	Payee address; City; State; Zip Cod	8	
1000	1601 S. Shepherd #53		
1000	Houston, TX 77019		
DUDDOCE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF			
EXPENDITURE	Salaries/Wages/Contract Labor		labor for campaign services
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht Office held
Date	Payee name		
10/21/13	Office Max (reimburse Brandaly)	Patton for pure	chase)
Amount (\$)	Payee address; City; State; Zip Cod		
15.68	1576 West Gray Houston, TX 77019		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing expense	paper	
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sough	nt Office held
,			NEEDED
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#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense

Polling Expense **Printing Expense**  Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees Office Overhead/Rental Expense OTHER (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Anne Sung 4 Date 5 Payee name 10/22/13 Fed Ex (reimburse Brandalyn Patton for purchase) 6 Amount (\$) 7 Payee address: City; State; Zip Code 2200 Southwest Fwy 36.88 Houston, TX 77098 (a) Category (See categories listed at the top of this schedule) **PURPOSE** 8 (b) Description (If travel outside of Texas, complete Schedule T) Printing Expense **EXPENDITURE** Political advertising Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/23/13 Copy.com Amount (\$) Payee address: City: State: Zip Code 1201 F Westheimer 439.22 Houston, TX 77006 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Political advertising **EXPENDITURE** Printing Expense Candidate / Officeholder name Office sought Office held Complete **QNLY** if direct expenditure to benefit C/OH Payee name 10/26/13 Office Depot (reimburse Brandalyn Patton for purchase) Amount (\$) City; State; Zip Code Payee address; 3443 Kirby 15.14 Houston, TX 77098 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Printing Expense Political advertising Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/26/13 Domino's Pizza (reimburse Brandalyn Patton for purchase) Amount (\$) City; State; Zip Code Pavee address: 3731 W Alabama St Houston, TX 77098 23.73 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Food expense pizza **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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### SCHEDULE F

A discount of the	EXPENDITURE CATE	GORIES FOR BOX 8/2	1)
Advertising Expense	Gift/Awards/Memorials Expense Salarie	s/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicita	tion/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel	In District	Contributions/Donations Made By
Event Expense Fees		olling Expense Travel Out Of District	
rees	Printing Expense Office (	Overhead/Rental Expense	Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Į.	The instruction Guide explain		nem
1 Total pages Schedule F:	2 FILER NAME	The second secon	
7			3 ACCOUNT # (Ethics Commission Filers)
	Anne Sung		
4 Date	5 Payee name		
10/26/13	Prondo Conoba-		
6 Amount (\$)	Brenda Sanchez	<u> </u>	
C Allount (\$)	7 Payee address; City; State; Zip	Code	
	5900 Bissonnet. #2108 St.		
660	Houston, TX 77081		
8 PURPOSE OF	(a) Category (See categories listed at the top of this sch	edule) (b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Salaries/Wages/Contract Lat	oor Contrac	t labor for campaign services
9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held
expenditure to benefit C/0	OH .	J <b>vug</b>	5.1100
Date	Payee name		
10/26/13	Luis Garcia		•
Amount (\$)	Payee address; City; State; Zip	Code	
270	44000		
270	11906 Eastex Fwy		
	Houston, TX 77039		
PURPOSE	Category (See categories fisted at the top of this sche	edula) Description	(If travel outside of Texas, complete Schedule T)
OF			(11 11 64 61 Octobre Or 16 vas' Coltibrate Stillsdale 1)
EXPENDITURE	Salaries/Wages/Contract La	bor Contrac	ct labor for campaign services
Complete ONLY If direct	Candidate / Officeholder name	Office sough	
expenditure to benefit C/O		Onice sough	Office rigid
Date	Payee name		
9/28/13	·		
3/20/13	PayPal PayPal		
Amount (\$)	Payee address; Clty; State; Zip	Code	
1.03	2211 N First St.		İ
1.00	San Jose, CA 95131		
Dilboor		dula) Danasintina	(If traval autoids of Toyne, complete Calculate Th
PURPOSE OF	Category (See categories listed at the top of this sche	aule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Accounting/Panking	£	
	Accounting/Banking	fee	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/O	Н		
Date	Payer		
	Payee name		
9/30/13	PayPal		
Amount (\$)	Payee address; City; State; Zip	Code	
- ,	2211 N First St.	<del>-</del>	ļ
1.75			
1.75	San Jose, CA 95131		
PURPOSE	Category (See categories listed at the top of this sche	dule) Description	(If travel outside of Texas, complete Schedule T)
OF EVENDITURE		4	
EXPENDITURE	Accounting/Banking	fee	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/O	חר		
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#### SCHEDULE F

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorlals Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel in District Contributions/Donations Made By Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) <u>Anne Suna</u> 4 Date 5 Payee name 10/03/13 PayPal 6 Amount (\$) 7 Payee address: City; State; Zip Code 2211 N First St. 1.75 San Jose, CA 95131 **PURPOSE** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE fee Accounting/Banking Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/05/13 PayPal Amount (\$) Payee address; City; State; Zip Code 2211 N First St. 1.03 San Jose, CA 95131 PURPOSE Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) Accounting/Banking **EXPENDITURE** fee Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Payee name 10/06/13 **PayPal** Amount (\$) Payee address; City; State; Zip Code 2211 N First St. 1.03 San Jose, CA 95131 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Accounting/Banking fee Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Date Payee name 10/09/13 PavPal Amount (\$) Pavee address: City; State; Zip Code 2211 N First St. San Jose, CA 95131 2.48 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE EXPENDITURE** fee Accounting/Banking

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Office sought

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office held

### SCHEDULE F

			····			
	EXPENDITURE CA	ATEGORIES	FOR BOX 8(a)			
Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement					
Accounting/Banking	Legal Services So	dicitation/Fundra		Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense Tr	Travel in District		Contributions/Donations Made By		
Event Expense	Politing Expense Tra	avel Out Of Dis	trict	Candidate/Officeholder/Political Committee		
Fees	Printing Expense Of	ffice Overhead/F	Rental Expense	OTHER (enter a category not listed above)		
	The Instruction Guide ex	plains how to	complete this for			
1 Total pages Schedule F:	2 FILER NAME	-				
7				3 ACCOUNT # (Ethics Commission Filers		
4 Date	Anne Sung					
	5 Payee name			· · · · · · · · · · · · · · · · · · ·		
10/10/13	PayPal PayPal					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
4 75	2211 N First St.					
1.75 San Jose, CA 95131						
8 PURPOSE	(a) Category (See categories listed at the top of th	vie schodulo)	(b) Description	Visional autoida di Tayan, anggalata Cabada (s. 73		
OF	(b) Descri		(b) Description (	ription (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Accounting/Banking		fee			
9 Complete ONLY if direct			Office sought Office held			
expenditure to benefit C/0			Onice sought	. Office neid		
Date	Payee name					
<i>10/13/13</i>						
	PayPal					
Amount (\$)	Payee address; City; State;	Zip Code				
	2211 N First St.					
4.65	San Jose, CA 95131					
	Can 0030, 0A 30101			·		
PURPOSE	Category (See categories listed at the top of the	is schedule)	Description (	If travel outside of Texas, complete Schedule T)		
OF	Accounting/Banking					
EXPENDITURE	Accounting/Banking		fee			
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held		
expenditure to benefit C/C	OH .					
Date	Payee name					
10/14/13	PayPal PayPal			<u> </u>		
Amount (\$)	Payee address; City; State;	Zip Code				
	0044 N.E 104	,				
116.30	2211 N First St.					
110.50	San Jose, CA 95131					
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PURPOSE OF	Category (See categories listed at the top of thi					
EXPENDITURE	Accounting/Banking		fee			
	Candidate / Officeholder name		Office sought	Office held		
Complete ONLY if direct			Cilica sought	omoe noid		
expenditure to benefit C/C	/II					
Date	Payee name					
10/14/13	PayPal					
Amount (\$)	Payee address; City; State; Zip Code					
1.03	2211 N First St.					
1.03	San Jose, CA 95131					
PURPOSE	Category (See categories listed at the top of the	is schedule)	Description (	(If travel outside of Texas, complete Schedule T)		
OF	1		_			
EXPENDITURE	Accounting/Banking		fee			
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held		
expenditure to benefit C/			_			
	ATTACH ADDITIONAL COPI	ES OF THIS	SCHEDULE AS N	MEEDED		
·				Revised 04/19/20		

### SCHEDULE F

1	EXPENDITURE CATEGO	RIFS FOR BOY 9/2	1			
Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement					
Accounting/Banking		Fundraising Expense	Loan Repayment/Reimbursement			
Consulting Expense	Food/Beverage Expense Travel In D		Transportation Equipment & Related Expense			
Event Expense	D - W - E		Contributions/Donations Made By Candidate/Officeholder/Political Committee			
Fees	Deletion Events					
1	The Instruction Guide explains h		OTHER (enter a category not listed above)			
1 Total pages Schedule F:		ow to complete this to	orm.			
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)			
7	Anne Suna					
4 Date	5 Payee name					
10/14/13						
	PayPal PayPal					
6 Amount (\$)	7 Payee address; City; State; Zlp Code					
1	·					
2211 N First St.						
29.30	San Jose, CA 95131					
8 PURPOSE	(a) Category (See categories listed at the top of this schedule	(h) Description	When the delta of Tarranton Administra			
OF	(b) De		Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	Accounting/Banking	fee				
C Complete Children						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	nt Office held			
expendence to belieff C/C	חכ					
Date	David and a second					
	Payee name					
10/15/13	PavPal					
Amount (\$)	Payee address; City; State; Zip Co					
.,,		<b></b>				
0.59	2211 N First St.					
	San Jose, CA 95131	·				
PURPOSE	Category (See categories listed at the top of this schedule	) Description	(If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Accounting/Ponking					
CAFENDITORE	Accounting/Banking	fee				
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held			
expenditure to benefit C/C	PH .		i			
Date	Payee name					
10/15/13	PayPal					
Amount (\$)		· · · · · · · · · · · · · · · · · · ·				
Allount (4)	Payee address; City; State; Zip Code					
1.75	2211 N First St.					
1.75	1.75					
	San Jose, CA 95131					
PURPOSE	Category (See categories listed at the top of this schedule	Description	(If travel outside of Texas, complete Schedule T)			
OF						
EXPENDITURE	Accounting/Banking	fee				
Complete ONLY If direct	Candidate / Officeholder name	Office sough	office held			
expenditure to benefit C/O		oto coug.				
	•					
Date	Payee name					
10/20/13	•					
10/20/13	PayPal PayPal					
Amount (\$)	Payee address; City; State; Zip Code					
	2211 N First St.					
3.20	•					
0.20	San Jose, CA 95131					
BUBBOSE	Category (See enterprise listed at the text of this categories)	Description	(If travel outside of Texas, complete Schedule T)			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(it traval prizade or fexes' combiners 2cuedrie 1)			
EXPENDITURE	Accounting / Dowlet-	fee	ĺ			
	Accounting/Banking					
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t Office held			
expenditure to benefit C/C	ЭН					
	ATTACH ADDITIONAL CODIES OF	IIIC COUEDIN E + C	NEEDED			
	ATTACH ADDITIONAL COPIES OF T	nio Schedule AS	NEEDED			

#### SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Menio Park, CA 94025

Advertising Expense

Candidate / Officeholder name

Category (See categories listed at the top of this schedule)

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Anne Sung 4 Date 5 Payee name 10/21/13 PayPal 6 Amount (\$) 7 Payee address: City; State; Zip Code 2211 N First St. 1.75 San Jose, CA 95131 (a) Category (See categories listed at the top of this schedule) PURPOSE (b) Description (If travel outside of Texas, complete Schedule T) EXPENDITURE fee Accounting/Banking Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Date Payee name 10/22/13 PavPal Amount (\$) Payee address; City; State; Zip Code 2211 N First St. 1.75 San Jose, CA 95131 Category (See categories listed at the top of this schedule) PURPOSE Description (If travel outside of Texas, complete Schedule T) **EXPENDITURE** Accounting/Banking fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 10/21/13 Facebook Amount (\$) Payee address; City; State; Zip Code 1601 Willow Rd. 25.24 Menio Park, CA 94025 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Political advertising Advertising Expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/23/13 Facebook Amount (\$) Payee address: City; State; Zip Code 1601 Willow Rd.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office held

Description (If travel outside of Texas, complete Schedule T)

Political advertising

Office sought

50.16

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee Fees **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Anne Suna 4 Date 5 Payee name 9/27/13 Big Woodrows 6 Amount (\$) 7 Payee address; City; State; Zip Code 24.97 3111 Chimney Rock Rd. Reimbursement from political contributions Houston, TX 77056 (a) Category (See categories listed at the top of this schedule) **PURPOSE** (b) Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Food/Beverage Expense Food Date Payee name 10/03/13 Julia's Bistro Amount (\$) Payee address; City: State; Zip Code 522.62 3722 Main St. Reimbursement from x political contributions Houston, TX 77002 intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** Food/Beverage Expense Food Date Payee name 10/3/2013 Data Ecology LLC Amount (\$) Payee address; City; State; Zip Code 29 16 Dudley St. Reimbursement from X Fitchburg, MA 01420 political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** Advertising expense website Date Payee name Amount (\$) City; State; Zip Code Payee address: Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED