

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Nelson, Jane (Sen.)

14 ACCOUNT # (Ethics Commission filers)
00020673

15 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	3,075.25
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	640,366.25
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	3,389.38
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4. TOTAL POLITICAL EXPENDITURES	\$	249,922.99
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,457,521.37
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OUTSTANDING LOAN TOTALS

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

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

Senator Jane Nelson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/99 Report: 3/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A&M PAC 6 Contributor address; City; State; Zip Code Austin, TX 78768-4609	7 Amount of contribution (\$) \$10,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00040279</u>) Abbott Laboratories Employee PAC Contributor address; City; State; Zip Code Abbott Park, IL 60064-3502	Amount of contribution (\$) \$1,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00536573</u>) AbbVie PAC Contributor address; City; State; Zip Code North Chicago, IL 60064-1802	Amount of contribution (\$) \$1,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abel, James Contributor address; City; State; Zip Code Flower Mound, TX 75028-8514	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00335570</u>) Acadian Ambulance PAC Contributor address; City; State; Zip Code Lafayette, LA 70509-8000	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/99 Report: 4/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 08/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Karen 6 Contributor address; City; State; Zip Code Lewisville, TX 75077-8666	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Neal Contributor address; City; State; Zip Code Eules, TX 76039-2223	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions) Adams, Lynch, Loftin & Smith			
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AGC-Texas Building Branch PAC Contributor address; City; State; Zip Code Austin, TX 78701-2475	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code Houston, TX 77027-7537	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 08/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allison, Joel Contributor address; City; State; Zip Code Dallas, TX 75231-2501	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions) Baylor Scott & White Health			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/99 Report: 5/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) American National Insurance Co EMPAC 6 Contributor address; City; State; Zip Code Galveston, TX 77550-7947	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) American Pharmacy, Inc. GPAC Contributor address; City; State; Zip Code Corpus Christi, TX 78401-0011	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00107615</u>) American Rental Association of TX Contributor address; City; State; Zip Code Moline, IL 61265-4179	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amicus ER LP Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrews, Paul Contributor address; City; State; Zip Code Aledo, TX 76008-2408	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) AFO Capital Ltd	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/99 Report: 6/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrews & Kurth Texas PAC 6 Contributor address; City; State; Zip Code Houston, TX 77002-2929	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) APAC TX PAC Contributor address; City; State; Zip Code Washington, DC 20001-2133	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Apartment Assoc of Greater Dallas PAC Contributor address; City; State; Zip Code Dallas, TX 75244-5896	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00340455</u>) Aqua America H2O PAC Contributor address; City; State; Zip Code Bryn Mawr, PA 19010-3402	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ATMOS Energy PAC Contributor address; City; State; Zip Code Dallas, TX 75240-2630	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/99 Report: 7/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 12/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Averitt, Kip 6 Contributor address; City; State; Zip Code Austin, TX 78701-1805	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Self	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aycox, Rod Contributor address; City; State; Zip Code Alpharetta, GA 30022-6285	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lone Star Title	
Date 11/07/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00279455</u>) AZ PAC/Zeneca Contributor address; City; State; Zip Code Wilmington, DE 19850-5438	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Jonathan Contributor address; City; State; Zip Code Lewisville, TX 75077-1837	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Mona Contributor address; City; State; Zip Code North Richland Hills, TX 76180-5360	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/99 Report: 8/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 12/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Lawrence 6 Contributor address; City; State; Zip Code Boerne, TX 78015-6510	7 Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CEO		10 Employer (See Instructions) Disability Services of the Southwest	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Mark Contributor address; City; State; Zip Code Fort Worth, TX 76116-1630	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker Botts Amicus Fund Contributor address; City; State; Zip Code Houston, TX 77002-4908	Amount of contribution (\$) \$2,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bakintas, Konstantine Contributor address; City; State; Zip Code Grapevine, TX 76051-7418	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ball, Lamar Contributor address; City; State; Zip Code Denton, TX 76205-8309	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/99 Report: 9/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/14/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00043489</u>) Bank of America State & Federal PAC 6 Contributor address; City; State; Zip Code Wilmington, DE 19884-0011	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnard, Brian Contributor address; City; State; Zip Code Fort Worth, TX 76102-3126	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrett, Stephen Contributor address; City; State; Zip Code Fort Worth, TX 76179-3284	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barton, David Contributor address; City; State; Zip Code Aledo, TX 76008-0397	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartos, Justin Contributor address; City; State; Zip Code North Richland Hills, TX 76180-8380	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/99 Report: 10/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 07/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bass, Edward 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-3131	7 Amount of contribution (\$) \$12,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Businessman		10 Employer (See Instructions) Bass Enterprises	
Date 10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bassel, Dabney Contributor address; City; State; Zip Code Fort Worth, TX 76102-3979	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bauman, Ron Contributor address; City; State; Zip Code Flower Mound, TX 75022-4454	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/08/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00117838</u>) Baxter Healthcare PAC Contributor address; City; State; Zip Code Washington, DC 20005-1416	Amount of contribution (\$) \$1,250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00281162</u>) Bayer Corp Committee Contributor address; City; State; Zip Code Pittsburgh, PA 15205-9707	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/99 Report: 11/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 12/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BEEF PAC 6 Contributor address; City; State; Zip Code Amarillo, TX 79106-4617	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beer Alliance of Texas Committee Contributor address; City; State; Zip Code Austin, TX 78701-2656	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bell Helicopter Textron Committee Contributor address; City; State; Zip Code Fort Worth, TX 76101-0482	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berry, Michael Contributor address; City; State; Zip Code Fort Worth, TX 76116-2025	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Hillwood	
Date 07/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betsy Price Campaign Contributor address; City; State; Zip Code Fort Worth, TX 76185-0066	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/99 Report: 12/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betsy Price Campaign 6 Contributor address; City; State; Zip Code Fort Worth, TX 76185-0066	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beyer, David Contributor address; City; State; Zip Code Fort Worth, TX 76107-3928	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self	
Date 08/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bigbie, Don Contributor address; City; State; Zip Code Grapevine, TX 76051-6265	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self	
Date 08/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blagg, Gary Contributor address; City; State; Zip Code Grapevine, TX 76051-3532	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BNSF Rail PAC Contributor address; City; State; Zip Code Fort Worth, TX 76161-0039	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/99 Report: 13/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 12/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Border Health PAC 6 Contributor address; City; State; Zip Code McAllen, TX 78504-3088	7 Amount of contribution (\$) \$25,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boswell, Thomas Contributor address; City; State; Zip Code Fort Worth, TX 76107-1724	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyle & Lowry LLP Contributor address; City; State; Zip Code Irving, TX 75062	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BP America PAC Contributor address; City; State; Zip Code Austin, TX 78701-2468	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Branaman, Tim Contributor address; City; State; Zip Code Richardson, TX 75080-3357	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/99 Report: 14/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brennan, Matt 6 Contributor address; City; State; Zip Code Keller, TX 76248-8700	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brimberry, Mike Contributor address; City; State; Zip Code Cedar Park, TX 78613-1623	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00035675</u>) Bristol-Myers Squibb Company PAC Contributor address; City; State; Zip Code Washington, DC 20004-2615	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Britton, Chris Contributor address; City; State; Zip Code Austin, TX 78701-5006	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Managing Director		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Caddo Associates	
Date 08/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buck, Carl Contributor address; City; State; Zip Code Lewisville, TX 75077-9100	Amount of contribution (\$) \$251.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/99 Report: 15/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buckingham, Dawn 6 Contributor address; City; State; Zip Code Lakeway, TX 78734-3463	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burnett, Quentin Contributor address; City; State; Zip Code Hurst, TX 76054-2063	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butt, Charles Contributor address; City; State; Zip Code San Antonio, TX 78204-1317	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) HEB Grocery	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calhoun, Kirk Contributor address; City; State; Zip Code Tyler, TX 75707-1675	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campaign Account for Zim Zimmerman Contributor address; City; State; Zip Code Fort Worth, TX 76107-5108	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/99 Report: 16/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Canada, Don 6 Contributor address; City; State; Zip Code Austin, TX 78701-2342	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Executive Director		10 Employer (See Instructions) Texas Podiatric Medical Association	
Date 09/26/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00384818</u>) Caremark RX Employees PAC Contributor address; City; State; Zip Code Washington, DC 20005-3336	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlucci, Joseph Contributor address; City; State; Zip Code Beverly, MA 01915-2256	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) American Renal Associates	
Date 08/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carson, Wayne Contributor address; City; State; Zip Code Fort Worth, TX 76102-5912	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casey, Daniel Contributor address; City; State; Zip Code Austin, TX 78723-3421	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Moak, Casey & Associates	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/99 Report: 17/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cash America PAC 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-2504	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Castle, Danette Contributor address; City; State; Zip Code Austin, TX 78759-8837	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Tx Council Of Community Center	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00148031</u>) Caterpillar Employees PAC Contributor address; City; State; Zip Code Peoria, IL 61629-0001	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CEC San Antonio ER Physicians PLLC Contributor address; City; State; Zip Code San Antonio, TX 78751	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00419911</u>) CenturyLink Inc. Employees PAC Contributor address; City; State; Zip Code Washington, DC 20001-4406	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 16/99 Report: 18/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 12/12/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00410589) Cerner Corporation 6 Contributor address; City; State; Zip Code Kansas City, MO 64117	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Champlin, Ryan Contributor address; City; State; Zip Code Colleyville, TX 76034-4531	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chapa, Orlando Contributor address; City; State; Zip Code Aledo, TX 76008-3682	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chase, Coby Contributor address; City; State; Zip Code Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chesapeake Energy for Texans PAC Contributor address; City; State; Zip Code Austin, TX 78701-2647	Amount of contribution (\$) \$4,500.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 17/99 Report: 19/174

2 FILER NAME Nelson, Jane (Sen.)

3 ACCOUNT # (Ethics Commission filers)

00020673

4 Date **5** Full name of contributor out-of-state PAC (ID# C00085316)
Cigna PAC

12/11/2014

6 Contributor address; City; State; Zip Code

Philadelphia, PA 19192-0001

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Cistola, David

11/07/2014

Contributor address; City; State; Zip Code

Fort Worth, TX 76109-4960

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(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# _____)
Clark, Robert

10/09/2014

Contributor address; City; State; Zip Code

Weatherford, TX 76087-9689

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(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# _____)
CLEAT PAC

12/12/2014

Contributor address; City; State; Zip Code

Austin, TX 78701-1644

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

(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# C00012468)
Coca-Cola Company PAC

12/10/2014

Contributor address; City; State; Zip Code

Atlanta, GA 30301-1734

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/99 Report: 20/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 08/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coffey, Debra 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-3809	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) VP Government Affairs		10 Employer (See Instructions) Smart Start, Inc.	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cole, Marion Contributor address; City; State; Zip Code Stephenville, TX 76401-1625	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coleman, Hugh Contributor address; City; State; Zip Code Denton, TX 76205-5487	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00248716</u>) Comcast Corp Committee Contributor address; City; State; Zip Code Philadelphia, PA 19103	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00142596</u>) Compass BancPAC Contributor address; City; State; Zip Code Birmingham, AL 35296-0001	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/99 Report: 21/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 08/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Complete Landsculpture 6 Contributor address; City; State; Zip Code Dallas, TX 75220	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conatser, Jerry Contributor address; City; State; Zip Code Fort Worth, TX 76132-4585	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Condon, Nancy Contributor address; City; State; Zip Code Denton, TX 76205-6916	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cook, Chuck Contributor address; City; State; Zip Code Flower Mound, TX 75022-8435	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooper, Kenneth Contributor address; City; State; Zip Code Dallas, TX 75254-8645	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) Cooper Institute	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 20/99 Report: 22/174

2 FILER NAME Nelson, Jane (Sen.)

3 ACCOUNT # (Ethics Commission filers)
00020673

4 Date
09/11/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Cooper, Kenneth

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
Dallas, TX 75254-8645

\$1,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
President/CEO

10 Employer (See Instructions)
Cooper Institute

Date
09/02/2014

Full name of contributor out-of-state PAC (ID# _____)
Copeland, Kay

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Denton, TX 76209-2232

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/07/2014

Full name of contributor out-of-state PAC (ID# C00366468)
Corrections Corporations of America

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Nashville, TN 37215-6105

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/18/2014

Full name of contributor out-of-state PAC (ID# _____)
Correll, Charles

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Argyle, TX 76226-9659

\$150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/28/2014

Full name of contributor out-of-state PAC (ID# _____)
Cox, Jim & Judy

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Fort Worth, TX 76109-2411

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 21/99 Report: 23/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 07/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crawford, R.L. Jr. 6 Contributor address; City; State; Zip Code Lewisville, TX 75077-7535	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cunningham, James Contributor address; City; State; Zip Code Fort Worth, TX 76110-1760	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Cook Childrens Medical Ctr.		
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cychol, Nancy Contributor address; City; State; Zip Code Southlake, TX 76092-9422	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Cook Children's Medical Center		
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00441204</u>) Daiichi Sankyo Employee PAC Contributor address; City; State; Zip Code Parsippany, NJ 07054	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dannenbaum, James Contributor address; City; State; Zip Code Houston, TX 77098-2004	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Dannenbaum Engineering Corp		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/99 Report: 24/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 08/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dashiell, Toni Anne 6 Contributor address; City; State; Zip Code Boerne, TX 78006-7919	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Delisi Communications PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00211318</u>) Deloitte Federal PAC Contributor address; City; State; Zip Code Washington, DC 20044-0365	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Demarzo, Al Contributor address; City; State; Zip Code Flower Mound, TX 75028-1730	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dembny, Christopher Contributor address; City; State; Zip Code Richardson, TX 75082-4086	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 23/99 Report: 25/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 08/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denny, Mary 6 Contributor address; City; State; Zip Code Austin, TX 78701-2144	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) retired			10 Employer (See Instructions) retired	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denny, Mary Contributor address; City; State; Zip Code Austin, TX 78701-2144	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) retired			Employer (See Instructions) retired	
Date 12/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00354753</u>) Devon Energy PAC Contributor address; City; State; Zip Code Oklahoma City, OK 73102-5010	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dill, Phoebe Contributor address; City; State; Zip Code Roanoke, TX 76262-9784	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dodd, John Contributor address; City; State; Zip Code Dallas, TX 75234-6606	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/99 Report: 26/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doke, Timothy 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-3805	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doran, Laird Contributor address; City; State; Zip Code Houston, TX 77027-5714	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Gulf States Toyota	
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, James Contributor address; City; State; Zip Code Houston, TX 77079-7007	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duvall, Duncan Contributor address; City; State; Zip Code Southlake, TX 76092-7237	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Earley, Robert Contributor address; City; State; Zip Code Fort Worth, TX 76107-3734	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/99 Report: 27/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 07/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eden, Terry 6 Contributor address; City; State; Zip Code Denton, TX 76210-3043	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eichorst, Fran Contributor address; City; State; Zip Code Dallas, TX 75214-3443	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00082792</u>) Eli Lilly & Company PAC Contributor address; City; State; Zip Code Indianapolis, IN 46285-0001	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elkins, Dick Contributor address; City; State; Zip Code Saginaw, TX 76179-1635	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self	
Date 09/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emery, Charles Contributor address; City; State; Zip Code Lewisville, TX 75077-1771	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/99 Report: 28/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EMPACT 6 Contributor address; City; State; Zip Code Austin, TX 78701-2634	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00219642</u>) Enterprise Holdings, Inc. PAC Contributor address; City; State; Zip Code Saint Louis, MO 63105-4204	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ER Physicians of Texas, PA Contributor address; City; State; Zip Code Plano, TX 75024	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erben & Yarbrough Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EYE-PAC Contributor address; City; State; Zip Code Austin, TX 78701-1667	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/99 Report: 29/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fairchild, Thomas 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4573	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Feather, Robert Contributor address; City; State; Zip Code Fort Worth, TX 76101-0349	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Cook Children's Health Foundation	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fenderson, Kevan Contributor address; City; State; Zip Code Highland Village, TX 75077-1811	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferchill, Pat Contributor address; City; State; Zip Code Fort Worth, TX 76107-2440	Amount of contribution (\$) \$75.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fertitta, Tilman Contributor address; City; State; Zip Code Houston, TX 77027-9505	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Landry's	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 28/99 Report: 30/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fierke, Jay 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2439	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fisher, Scott Contributor address; City; State; Zip Code Bedford, TX 76021-4648	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 08/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Floyd, Gary Contributor address; City; State; Zip Code Keller, TX 76262-9318	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/07/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00215046</u>) FMR LLC PAC Contributor address; City; State; Zip Code Boston, MA 02109	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Focused Advocacy PAC Contributor address; City; State; Zip Code Austin, TX 78701-2453	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fonville, Earl 6 Contributor address; City; State; Zip Code Colleyville, TX 76034-6322	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friends of Baylor Med Contributor address; City; State; Zip Code Houston, TX 77010-3095	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friends of Credit Unions PAC Contributor address; City; State; Zip Code Austin, TX 78717-0040	Amount of contribution (\$) \$2,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friends of TAMU Engineering Contributor address; City; State; Zip Code Houston, TX 77041	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friends of UNT Committee Contributor address; City; State; Zip Code Denton, TX 76201-4148	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 30/99 Report: 32/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 08/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friends of UTD 6 Contributor address; City; State; Zip Code Richardson, TX 75080-5203	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)				
Date 08/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Froelich, James Contributor address; City; State; Zip Code Bonham, TX 75418-2726	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)				
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FW Firefighters Comm. for Resp. Govt Contributor address; City; State; Zip Code Fort Worth, TX 76107-3345	Amount of contribution (\$) \$7,500.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)				
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabriel, Lee Contributor address; City; State; Zip Code Hurst, TX 76054-1912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)				
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gallagher, Joseph Contributor address; City; State; Zip Code Fort Worth, TX 76109-3415	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/99 Report: 33/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 08/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Galloway, Joel 6 Contributor address; City; State; Zip Code Plano, TX 75024-7467	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Property Tax Consultant		10 Employer (See Instructions) Meritax	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gardere Wynne Sewell LLP Contributor address; City; State; Zip Code Dallas, TX 75201-4757	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Bushell LLP Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Bushell LLP Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Fickes Campaign Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/99 Report: 34/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00199257</u>) GenenPAC 6 Contributor address; City; State; Zip Code South San Francisco, CA 94080-4990	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/12/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00407080</u>) Gentiva Health Services PAC Contributor address; City; State; Zip Code Overland Park, KS 66213-2704	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Giesecke, Martin Contributor address; City; State; Zip Code Dallas, TX 75214-3543	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center	
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Giesecke, Martin Contributor address; City; State; Zip Code Dallas, TX 75214-3543	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Giovenco, John Contributor address; City; State; Zip Code Roanoke, TX 76262-5008	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/99 Report: 35/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glendenning, Don 6 Contributor address; City; State; Zip Code Dallas, TX 75201-2748	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gober, Greg Contributor address; City; State; Zip Code Fort Worth, TX 76109-2624	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Good Government Fund Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129	Amount of contribution (\$) \$11,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodwill, Robert & Carolyn Contributor address; City; State; Zip Code Keller, TX 76248-8343	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graydon Group LLC Contributor address; City; State; Zip Code Austin, TX 78701-5007	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 34/99 Report: 36/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Green, Rufus 6 Contributor address; City; State; Zip Code Frisco, TX 75034-5937	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00266585) Greenberg Traurig PAC Contributor address; City; State; Zip Code Albany, NY 12207-2510	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gulf States Toyota Inc State PAC Contributor address; City; State; Zip Code Houston, TX 77077-2026	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hahn, Glen & Janet Contributor address; City; State; Zip Code Fort Worth, TX 76109-5514	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hahn, Glen & Janet Contributor address; City; State; Zip Code Fort Worth, TX 76109-5514	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hallam, Robert 6 Contributor address; City; State; Zip Code Dallas, TX 75235-6220	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Businessman			10 Employer (See Instructions) Ben E. Keith	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hamilton, Paul Contributor address; City; State; Zip Code Frisco, TX 75034-0044	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) psychiatrist			Employer (See Instructions) Self	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hand, J Contributor address; City; State; Zip Code Flower Mound, TX 75028-3501	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanna, Mark Contributor address; City; State; Zip Code Austin, TX 78701-2496	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) Self	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hannah, Kyle Contributor address; City; State; Zip Code Fort Worth, TX 76107-2621	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CFO			Employer (See Instructions) Community Living Concepts	

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2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 07/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanson, Mark 6 Contributor address; City; State; Zip Code Arlington, TX 76012-5669	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanson, Mark Contributor address; City; State; Zip Code Arlington, TX 76012-5669	Amount of contribution (\$) \$10.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harman, John Contributor address; City; State; Zip Code Haslet, TX 76052-5801	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Karen Contributor address; City; State; Zip Code Lakehills, TX 78063-4314	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Proton Mechanical Systems	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HCA Texas Good Government Fund Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/99 Report: 39/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/20/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00199711) Health Care Services Corporation Employees' PAC 6 Contributor address; City; State; Zip Code Chicago, IL 60601-5014	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 12/08/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00199711) Health Care Services Corporation Employees' PAC Contributor address; City; State; Zip Code Chicago, IL 60601-5014	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 12/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HeartPlace PAC Contributor address; City; State; Zip Code Dallas, TX 75248-1974	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilcher, Larry Contributor address; City; State; Zip Code Mansfield, TX 76063-6086	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, AI Contributor address; City; State; Zip Code Dallas, TX 75205-2786	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Businessman		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self Employed			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 38/99 Report: 40/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, Marcus 6 Contributor address; City; State; Zip Code Watauga, TX 76148-1349	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HillCo PAC Contributor address; City; State; Zip Code Austin, TX 78701-2458	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 08/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hine, Jim Contributor address; City; State; Zip Code New Braunfels, TX 78132-3555	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO			Employer (See Instructions) Public Policy Solutions	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holt, Mark Contributor address; City; State; Zip Code Lewisville, TX 75067-5705	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Physician			Employer (See Instructions) Self	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holtz, Keith Contributor address; City; State; Zip Code Southlake, TX 76092-7713	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Senior Vice President of Human Resources			Employer (See Instructions) Cook Children's Health Care System	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/99 Report: 41/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Home Therapy Advocates for Kids 6 Contributor address; City; State; Zip Code Dallas, TX 75380	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HOMEPAC of Texas Contributor address; City; State; Zip Code Austin, TX 78701-1957	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HOSPAC Contributor address; City; State; Zip Code Austin, TX 78701-2180	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Houston Police Officers' Union PAC Contributor address; City; State; Zip Code Houston, TX 77007-7730	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Nancy & Stanley Contributor address; City; State; Zip Code Poolville, TX 76487-4025	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/99 Report: 42/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hubli, Eric 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4450	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Medical Director		10 Employer (See Instructions) Cook Children's Medical Center	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huckabee, Christopher Contributor address; City; State; Zip Code Fort Worth, TX 76109-4940	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Huckabee, Inc.	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hughes, Dan Jr. Contributor address; City; State; Zip Code Beeville, TX 78104-0014	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Dan A. Hughes Company	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt, Woody Contributor address; City; State; Zip Code El Paso, TX 79913-0220	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Builder/Contractor		Employer (See Instructions) Hunt Companies Inc	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunter, Barcus Contributor address; City; State; Zip Code Fort Worth, TX 76107-1015	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/99 Report: 43/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Imler, Marysol 6 Contributor address; City; State; Zip Code Austin, TX 78752-3825	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Independent Bankers Association of Texas Contributor address; City; State; Zip Code Austin, TX 78701-1683	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Independent Insurance Agents of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78768-4487	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Irick, Joe Contributor address; City; State; Zip Code Lantana, TX 76226-7316	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Israel, Gordon Contributor address; City; State; Zip Code Austin, TX 78735-6447	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Draco Service Inc	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/99 Report: 44/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Rita 6 Contributor address; City; State; Zip Code Flower Mound, TX 75022-6489	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson Walker LLP PAC Contributor address; City; State; Zip Code Dallas, TX 75202-3748	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacobson, Myron Contributor address; City; State; Zip Code Fort Worth, TX 76102-6301	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jensen, Daniel Contributor address; City; State; Zip Code Fort Worth, TX 76109-1607	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Government Affairs		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) UNT HSC	
Date 09/11/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00010983) Johnson & Johnson PAC Contributor address; City; State; Zip Code New Brunswick, NJ 08933-0001	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/99 Report: 45/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jordan, Jungus 6 Contributor address; City; State; Zip Code Fort Worth, TX 76123-1956	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jump Jive & Wail Salon LLC Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Junior & Community College PAC Contributor address; City; State; Zip Code Austin, TX 78701-1618	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kamal, Syed Contributor address; City; State; Zip Code Tampa, FL 33647-2703	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) American Renal Associates	
Date 09/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keating, John Contributor address; City; State; Zip Code Frisco, TX 75034-2211	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44/99 Report: 46/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kerbow, Becky 6 Contributor address; City; State; Zip Code Lewisville, TX 75077-2106	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Khetan, Roger Contributor address; City; State; Zip Code Dallas, TX 75205-1905	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kickapoo Traditional Tribe of Texas Contributor address; City; State; Zip Code Eagle Pass, TX 78852-2005	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kimmel, Stephen Contributor address; City; State; Zip Code Fort Worth, TX 76102-3581	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Cook Children's Health Care System	
Date 09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Knapp, Tami Contributor address; City; State; Zip Code Flower Mound, TX 75022-6510	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 45/99 Report: 47/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 07/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Knox, Mckinley 6 Contributor address; City; State; Zip Code Joshua, TX 76058-5230	7 Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Administrator		10 Employer (See Instructions) Abode Treatment	
Date 08/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ku, Charles Contributor address; City; State; Zip Code Flower Mound, TX 75028-3501	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kypreos, Cindy Contributor address; City; State; Zip Code Fort Worth, TX 76132-4510	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lake Area Emergency Center LLC Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lancaster, David Contributor address; City; State; Zip Code Crowley, TX 76036-4507	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 46/99 Report: 48/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laughlin, Russell 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2617	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawrence, Bill Contributor address; City; State; Zip Code Lewisville, TX 75077-6496	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date 09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leahy, Larry Contributor address; City; State; Zip Code Yoakum, TX 77995-2130	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leal, Roland Contributor address; City; State; Zip Code Georgetown, TX 78628-1212	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed	
Date 08/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lebas, James Contributor address; City; State; Zip Code Austin, TX 78701-1689	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 47/99 Report: 49/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 12/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ledbetter, Luke 6 Contributor address; City; State; Zip Code Bedford, TX 76021-8222	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Senior VP of Program Underwriting		10 Employer (See Instructions) State National Companies	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lepak, Keith Contributor address; City; State; Zip Code Irving, TX 75038-6443	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Gary Contributor address; City; State; Zip Code Lantana, TX 76226-4344	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Gib Contributor address; City; State; Zip Code Austin, TX 78701-1613	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date 08/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Gib Contributor address; City; State; Zip Code Fort Worth, TX 76111-1225	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 48/99 Report: 50/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liberte, Carole 6 Contributor address; City; State; Zip Code Carrollton, TX 75007	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liberte, Carole Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Life Insurance PAC (LIPAC) Contributor address; City; State; Zip Code Austin, TX 78701-5002	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Life Insurance PAC (LIPAC) Contributor address; City; State; Zip Code Austin, TX 78701-5002	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lightner, Ida Contributor address; City; State; Zip Code Dallas, TX 75379-7647	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/99 Report: 51/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linden, Bruce 6 Contributor address; City; State; Zip Code Lewisville, TX 75077-6440	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code Austin, TX 78760-7428	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipscomb, Scott Contributor address; City; State; Zip Code Argyle, TX 76226-6105	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Livingston, Terrie Contributor address; City; State; Zip Code Fort Worth, TX 76116-9300	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lloyd Gosselink Rochelle & Townsend Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 50/99 Report: 52/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Locke Lord LLP 6 Contributor address; City; State; Zip Code Dallas, TX 75201-2748	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 11/07/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00303024) Lockheed Martin PAC Contributor address; City; State; Zip Code Arlington, VA 22202-4135	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longoria, Abel Contributor address; City; State; Zip Code Galveston, TX 77554-6329	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Vice President of FSEDs			Employer (See Instructions) Greater Houston Emergency Physicians	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Louden, Malcolm Contributor address; City; State; Zip Code Fort Worth, TX 76102-4732	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President			Employer (See Instructions) Walsh Holdings	
Date 09/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lovell, William Contributor address; City; State; Zip Code Dallas, TX 75254-8016	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 51/99 Report: 53/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luce, Thomas III 6 Contributor address; City; State; Zip Code Dallas, TX 75225-2042	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) CEO		10 Employer (See Instructions) Meadows Mental Health Policy Institute		
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LUMPAC Contributor address; City; State; Zip Code Austin, TX 78752-3849	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marple, Sandy Contributor address; City; State; Zip Code Dallas, TX 75225-1705	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Tom Contributor address; City; State; Zip Code Flower Mound, TX 75022-6710	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 08/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marvelli, Thomas Contributor address; City; State; Zip Code Fort Worth, TX 76133-3401	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self		

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/99 Report: 54/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Louise Garcia Campaign Fund 6 Contributor address; City; State; Zip Code Fort Worth, TX 76121-3362	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Masciarelli, Filippo & Alice Contributor address; City; State; Zip Code Denton, TX 76208-5747	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/26/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00558932</u>) Maxim Healthcare PAC Contributor address; City; State; Zip Code Washington, DC 20035-6412	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mayfield, Stacey Contributor address; City; State; Zip Code Denton, TX 76210-8783	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClung, Linda Contributor address; City; State; Zip Code Flower Mound, TX 75028-1674	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 53/99 Report: 55/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 07/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClure, Madeline 6 Contributor address; City; State; Zip Code Dallas, TX 75209-2405	7 Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions) Executive Director		10 Employer (See Instructions) Texprotects		
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClure, Weaver Contributor address; City; State; Zip Code Denton, TX 76205-8332	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClure, Weaver Contributor address; City; State; Zip Code Denton, TX 76205-8332	Amount of contribution (\$) \$10.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDonough, John Contributor address; City; State; Zip Code Andover, MA 01810-2812	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) American Renal Associates		
Date 12/11/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00225342</u>) McGuireWoods LLP Contributor address; City; State; Zip Code Richmond, VA 23219-4089	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 54/99 Report: 56/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McIver, Jean 6 Contributor address; City; State; Zip Code Frisco, TX 75034-3293	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00108035) McKesson Corporation Employees Political Fund Contributor address; City; State; Zip Code San Francisco, CA 94104-5255	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNair, Robert Sr. Contributor address; City; State; Zip Code Houston, TX 77054-1573	Amount of contribution (\$) \$7,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Chairman & CEO		Employer (See Instructions) The Houston Texans	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNey, John Contributor address; City; State; Zip Code Fort Worth, TX 76107-2523	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Cook Children's Health Care System	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meadows, Sidney & Theresa Contributor address; City; State; Zip Code Keller, TX 76262-9305	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 55/99 Report: 57/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 07/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meadows, William 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-1710	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Chairman		10 Employer (See Instructions) Hub International	
Date 12/04/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00469205) Mednax PAC Contributor address; City; State; Zip Code Sunrise, FL 33323-2843	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meier, Ann Contributor address; City; State; Zip Code Hurst, TX 76054-2802	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/15/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00097485) Merck Employees PAC Contributor address; City; State; Zip Code Washington, DC 20004-2601	Amount of contribution (\$) \$1,250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Merrifield, John Contributor address; City; State; Zip Code Fort Worth, TX 76116-4583	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 56/99 Report: 58/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Merrill, Rick 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-1720	7 Amount of contribution (\$) \$750.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Cook Childrens Medical Ctr.		
Date 11/06/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>CO0227546</u>) Microsoft Corporation Committee Contributor address; City; State; Zip Code Redmond, WA 98052-6301	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike Moncrief Campaign Contributor address; City; State; Zip Code Fort Worth, TX 76102-4915	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 08/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Terri Contributor address; City; State; Zip Code Frisco, TX 75033-7939	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Matthew Contributor address; City; State; Zip Code Keller, TX 76248-3651	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 57/99 Report: 59/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mohon, Monty 6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2956	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00430256) Molina Healthcare PAC Contributor address; City; State; Zip Code Long Beach, CA 90802-4317	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Matt Contributor address; City; State; Zip Code Richardson, TX 75082-4997	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moorman, Mark Contributor address; City; State; Zip Code Weatherford, TX 76086-4235	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morris, Joe Contributor address; City; State; Zip Code Austin, TX 78757-4429	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 58/99 Report: 60/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 07/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mulroy, Joseph 6 Contributor address; City; State; Zip Code Denton, TX 76205-8074	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mundt, Steve Contributor address; City; State; Zip Code Roanoke, TX 76262-5528	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NAIFA-TX PAC Contributor address; City; State; Zip Code Austin, TX 78704-1774	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nangrani, Amarkumar Contributor address; City; State; Zip Code Euless, TX 76040-7275	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) National Medical Professionals of Colorado Contributor address; City; State; Zip Code Lewisville, TX 75067-3801	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 59/99 Report: 61/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 11/07/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00034623) Nationwide Mutual Ins PAC 6 Contributor address; City; State; Zip Code Columbus, OH 43215-2226	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NCHA's Texas Events PAC Contributor address; City; State; Zip Code Fort Worth, TX 76107-1862	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nelson, Spence Contributor address; City; State; Zip Code Lewisville, TX 75077-3140	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nelson, W. B. Contributor address; City; State; Zip Code Arlington, TX 76016-2523	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Childrens Medical Ctr.	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newby, Brian Contributor address; City; State; Zip Code Fort Worth, TX 76102-5400	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 60/99 Report: 62/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NuStar PAC 6 Contributor address; City; State; Zip Code San Antonio, TX 78257-9518	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Neal Oil Properties Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oglesby, Tony Contributor address; City; State; Zip Code Benton, TN 37307-5620	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) SAVA SeniorCare	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oncor PAC Contributor address; City; State; Zip Code Dallas, TX 75202-1234	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oneacre, Lee Contributor address; City; State; Zip Code Flower Mound, TX 75028-1840	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 61/99 Report: 63/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 08/15/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00083857</u>) OXPAC 6 Contributor address; City; State; Zip Code Los Angeles, CA 90024-4200	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pape, Ann Contributor address; City; State; Zip Code Lewisville, TX 75067-3486	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker, Carl Contributor address; City; State; Zip Code Port Arthur, TX 77642-5513	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Parker Law Firm	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker, Gabriel Contributor address; City; State; Zip Code Ivanhoe, TX 75447-0035	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Homestead Vineyards & Winery, Inc.	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patt, Debra Contributor address; City; State; Zip Code Austin, TX 78703-1057	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Oncology	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 62/99 Report: 64/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pearland Emergency 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pediatric Dentists PAC Contributor address; City; State; Zip Code Austin, TX 78759-5227	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pedigo, Kevin Contributor address; City; State; Zip Code Fort Worth, TX 76132-4454	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peel, Claire Contributor address; City; State; Zip Code Fort Worth, TX 76107-3626	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perdue, Brandon, Fielder, Collins & Mott Contributor address; City; State; Zip Code Lubbock, TX 79408	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 63/99 Report: 65/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perot, Ross 6 Contributor address; City; State; Zip Code Plano, TX 75026-9014	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Businessman		10 Employer (See Instructions) The Perot Group	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Petersen, Chris Contributor address; City; State; Zip Code Fort Worth, TX 76135-5210	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Petsche, Bonnie Contributor address; City; State; Zip Code Fort Worth, TX 76109-2744	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00016683</u>) Pfizer PAC Contributor address; City; State; Zip Code New York, NY 10017-5703	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PharmPAC Contributor address; City; State; Zip Code Austin, TX 78746-5048	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 64/99 Report: 66/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phelps, William 6 Contributor address; City; State; Zip Code Dallas, TX 75254-7943	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Philpott, Anna Melissa Contributor address; City; State; Zip Code Fort Worth, TX 76107-3111	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Physicians 24 Hour ER LP Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Physicians ER LP Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pigman, Reed Contributor address; City; State; Zip Code Fort Worth, TX 76106-2782	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Jet	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 65/99 Report: 67/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 12/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pioneer Natural Resources PAC 6 Contributor address; City; State; Zip Code Irving, TX 75039-3789	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00025395) PNM Responsible Citizens Group Contributor address; City; State; Zip Code Albuquerque, NM 87158-0001	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Political Action Committee for Engineers Contributor address; City; State; Zip Code Austin, TX 78768-2145	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Potts, Donald Contributor address; City; State; Zip Code Dallas, TX 75220-2046	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PowerPAC Contributor address; City; State; Zip Code Dallas, TX 75201-3430	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 66/99 Report: 68/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pratt, Jack 6 Contributor address; City; State; Zip Code Dallas, TX 75240-6602	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Investments		10 Employer (See Instructions) Self	
Date 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prigoff, Morris Contributor address; City; State; Zip Code Dallas, TX 75224-3047	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Priority Emergency Room LLC Contributor address; City; State; Zip Code Katy, TX 77494	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Priority Emergency Room LLC Contributor address; City; State; Zip Code The Woodlands, TX 77834	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ragsdale, William Contributor address; City; State; Zip Code Flower Mound, TX 75022-6086	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Ragsdale Sheet Metal	

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The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 67/99 Report: 69/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 12/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAMPAC 6 Contributor address; City; State; Zip Code Dallas, TX 75221-0239	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 10/14/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00097568) Raytheon PAC Contributor address; City; State; Zip Code Arlington, VA 22209-3900	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Realini, Janet Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00344663) ResCare Advocacy Fund Contributor address; City; State; Zip Code Louisville, KY 40223	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 08/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reynolds, Debbie Contributor address; City; State; Zip Code Bedford, TX 76021-4522	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 68/99 Report: 70/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 08/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reynolds, Ernest (Skip) 6 Contributor address; City; State; Zip Code Colleyville, TX 76034-8689	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robison, Douglas Contributor address; City; State; Zip Code Denton, TX 76201-4202	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rockwood Medical Clinic Contributor address; City; State; Zip Code Fort Worth, TX 76164	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ron Simmons Campaign Contributor address; City; State; Zip Code Carrollton, TX 75011	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rue, Karen Contributor address; City; State; Zip Code Fort Worth, TX 76179-9115	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 69/99 Report: 71/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 08/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rumsey, Louis 6 Contributor address; City; State; Zip Code Carrollton, TX 75007-2764	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rural Friends of Electric Cooperatives Contributor address; City; State; Zip Code Austin, TX 78701-2167	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rush, Blayne Contributor address; City; State; Zip Code Frisco, TX 75034-8415	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Ambulatory Alliances	
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Texas PAC Contributor address; City; State; Zip Code Dallas, TX 75240-5050	Amount of contribution (\$) \$20,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rydman, John Contributor address; City; State; Zip Code Houston, TX 77007-7006	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) SPEC'S	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 70/99 Report: 72/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sam Houston Emergency Center LLC 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanders, Kevin Contributor address; City; State; Zip Code Argyle, TX 76226-3925	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00144345</u>) Sanofi US Services Inc. Employees PAC Contributor address; City; State; Zip Code Bridgewater, NJ 08807-1265	Amount of contribution (\$) \$2,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scarpelli, Geoffrey Contributor address; City; State; Zip Code Fort Worth, TX 76109-2731	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schmidt, Robert & Beth Ann Contributor address; City; State; Zip Code Arlington, TX 76006-2026	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 71/99 Report: 73/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schultz, Jennifer 6 Contributor address; City; State; Zip Code Sanger, TX 76266-3374	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwartz, Babe Contributor address; City; State; Zip Code Austin, TX 78701-2142	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SCOPE Contributor address; City; State; Zip Code Amarillo, TX 79105-1261	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Jordan Contributor address; City; State; Zip Code Fort Worth, TX 76116-0523	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Tim Contributor address; City; State; Zip Code Fort Worth, TX 76116-8173	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 72/99 Report: 74/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 08/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shanklin, Brody 6 Contributor address; City; State; Zip Code Corinth, TX 76210-3041	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shanklin, Brody Contributor address; City; State; Zip Code Corinth, TX 76210-3041	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shelton, James Contributor address; City; State; Zip Code Dallas, TX 75205-3127	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shipman, L.D. Contributor address; City; State; Zip Code Denton, TX 76205-8304	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shotts, Samuel Contributor address; City; State; Zip Code Flower Mound, TX 75028-7723	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Vista Ridge Driving School	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 73/99 Report: 75/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shotwell, Gwynne 6 Contributor address; City; State; Zip Code Rolling Hills Estates, CA 90274-4205	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President and COO		10 Employer (See Instructions) SpaceX	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simmons, Michael Contributor address; City; State; Zip Code Haslet, TX 76052-2825	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Cook Children's Home Health	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simmons, Ron Contributor address; City; State; Zip Code Carrollton, TX 75010-4241	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simpson, Danny Contributor address; City; State; Zip Code Roanoke, TX 76262-0291	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Texop Construction	
Date 09/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simpson, Danny Contributor address; City; State; Zip Code Roanoke, TX 76262-0291	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Texop Construction	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 74/99 Report: 76/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simpson Thomas, Luann 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182-8468	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Division Landman		10 Employer (See Instructions) XTO Energy	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simpson Thomas, Luann Contributor address; City; State; Zip Code North Richland Hills, TX 76182-8468	Amount of contribution (\$) \$10.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Division Landman		Employer (See Instructions) XTO Energy	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Singh, Meharvan Contributor address; City; State; Zip Code Benbrook, TX 76132-1038	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Bruton Contributor address; City; State; Zip Code Charlotte, NC 28218-0747	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Speedway Motorsports	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Jason Contributor address; City; State; Zip Code Dallas, TX 75201-7026	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 75/99 Report: 77/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 11/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Kent 6 Contributor address; City; State; Zip Code Fort Worth, TX 76112-1059	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith Protective Services Employee Fund Contributor address; City; State; Zip Code Addison, TX 75001-3705	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sosland, Steven Contributor address; City; State; Zip Code Fredericksburg, TX 78624-1932	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Southern, David Contributor address; City; State; Zip Code Granbury, TX 76048-2211	Amount of contribution (\$) \$1,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Southern Concepts	
Date 07/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spencer, Sharron Contributor address; City; State; Zip Code Grapevine, TX 76051-4241	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	

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The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 76/99 Report: 78/174	
2 FILER NAME Nelson, Jane (Sen.)			3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sperry, Bryan 6 Contributor address; City; State; Zip Code Austin, TX 78704-3201	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Childrens Hospital Assn Of Tx		
Date 08/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanfield, Jacquelyn Contributor address; City; State; Zip Code Flower Mound, TX 75028-3092	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steinberg, Lawrence Contributor address; City; State; Zip Code Dallas, TX 75240-6001	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stiles, Philip Contributor address; City; State; Zip Code Prosper, TX 75078-9563	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 08/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strauser, Robert Contributor address; City; State; Zip Code Austin, TX 78703-2102	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Robert W. Strauser Consulting		

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 77/99 Report: 79/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sullivan, Michael 6 Contributor address; City; State; Zip Code Lewisville, TX 75057-5032	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Non-Profit Management		10 Employer (See Instructions) Empower Texans	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sullivan, Michael Contributor address; City; State; Zip Code Lewisville, TX 75057-5032	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Non-Profit Management		Employer (See Instructions) Empower Texans	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Superior Health Plan Centene PAC Contributor address; City; State; Zip Code Austin, TX 78704-4407	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Superior Health Plan Centene PAC Contributor address; City; State; Zip Code Austin, TX 78704-4407	Amount of contribution (\$) \$3,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swegler, Erica Contributor address; City; State; Zip Code Keller, TX 76262-9346	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 78/99 Report: 80/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 12/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TAMFT Family Committee 6 Contributor address; City; State; Zip Code Austin, TX 78701-9009	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
11 Date 11/04/2014	12 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Robert 13 Contributor address; City; State; Zip Code Frisco, TX 75034-4066	14 Amount of contribution (\$) \$250.00	15 In-kind contribution description (if applicable)
16 Principal occupation / Job title (See Instructions)		17 Employer (See Instructions)	
18 Date 07/18/2014	19 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teague, Jim 20 Contributor address; City; State; Zip Code Fort Worth, TX 76147-1376	21 Amount of contribution (\$) \$250.00	22 In-kind contribution description (if applicable)
23 Principal occupation / Job title (See Instructions)		24 Employer (See Instructions)	
25 Date 08/18/2014	26 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tejml, Sue 27 Contributor address; City; State; Zip Code Argyle, TX 76226-4526	28 Amount of contribution (\$) \$250.00	29 In-kind contribution description (if applicable)
30 Principal occupation / Job title (See Instructions)		31 Employer (See Instructions)	
32 Date 08/04/2014	33 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tenet Healthcare Committee 34 Contributor address; City; State; Zip Code Dallas, TX 75202-2703	35 Amount of contribution (\$) \$1,000.00	36 In-kind contribution description (if applicable)
37 Principal occupation / Job title (See Instructions)		38 Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 79/99 Report: 81/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEX HY-PAC 6 Contributor address; City; State; Zip Code Arlington, TX 76016-4132	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tex-Pipe PAC Contributor address; City; State; Zip Code Austin, TX 78701-1726	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Education Reform PAC Contributor address; City; State; Zip Code Austin, TX 78768-4606	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Committee Contributor address; City; State; Zip Code Austin, TX 78701-2175	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Tommy Williams Contributor address; City; State; Zip Code The Woodlands, TX 77381-3193	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 80/99 Report: 82/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Academy of Family Physicians 6 Contributor address; City; State; Zip Code Austin, TX 78727-6207	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 12/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Alliance Oil & Gas PAC 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76301-2613	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Apartment Association 6 Contributor address; City; State; Zip Code Austin, TX 78701-1951	7 Amount of contribution (\$) \$7,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Association of Property Tax Professionals PAC 6 Contributor address; City; State; Zip Code Helotes, TX 78023-3185	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Cigar Merchants PAC 6 Contributor address; City; State; Zip Code Highland Village, TX 75077-1817	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 81/99 Report: 83/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas College of Emergency Physicians PAC 6 Contributor address; City; State; Zip Code Austin, TX 78746-6932	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Cornerstone Credit Union League PAC 6 Contributor address; City; State; Zip Code Dallas, TX 75265-5147	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas CRNA PAC 6 Contributor address; City; State; Zip Code Austin, TX 78704-6961	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 12/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Dairymen PAC 6 Contributor address; City; State; Zip Code Austin, TX 78711-3182	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Deer Association PAC 6 Contributor address; City; State; Zip Code San Antonio, TX 78216-4662	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 82/99 Report: 84/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Farm Bureau AGFUND 6 Contributor address; City; State; Zip Code Waco, TX 76702-2689	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 12/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Film & Television PAC 6 Contributor address; City; State; Zip Code Austin, TX 78704-5191	7 Amount of contribution (\$) \$3,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Food & Fuel Association PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701-1671	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 12/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Library PAC 6 Contributor address; City; State; Zip Code Edna, TX 77957	7 Amount of contribution (\$) \$1,250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Our Texas PAC 6 Contributor address; City; State; Zip Code Austin, TX 78767-0426	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 83/99 Report: 85/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Poultry PAC 6 Contributor address; City; State; Zip Code Round Rock, TX 78681-5030	7 Amount of contribution (\$) \$750.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Retailers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701-1612	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Society of CPAs Contributor address; City; State; Zip Code Dallas, TX 75254-7408	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Society of CPAs-Dallas Chapter Contributor address; City; State; Zip Code Dallas, TX 75251-1536	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Tech Alumni & Friends Contributor address; City; State; Zip Code Georgetown, TX 78626-6305	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 84/99 Report: 86/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 12/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Wildlife Association PAC 6 Contributor address; City; State; Zip Code San Antonio, TX 78247-3133	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXPAC Contributor address; City; State; Zip Code Austin, TX 78701-1670	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXPAC Contributor address; City; State; Zip Code Austin, TX 78701-1670	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00074096</u>) The Dow Chemical Company Contributor address; City; State; Zip Code Midland, MI 48674-1500	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/26/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00382150</u>) The GEO Group PAC Contributor address; City; State; Zip Code Boca Raton, FL 33487-8242	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 85/99 Report: 87/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 07/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Hon. J.D. Johnson 6 Contributor address; City; State; Zip Code Fort Worth, TX 76136-0021	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Real Estate Council Community Leadership Counsel Contributor address; City; State; Zip Code Dallas, TX 75240-2667	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The US Oncology Network PAC Contributor address; City; State; Zip Code The Woodlands, TX 77380-1975	Amount of contribution (\$) \$4,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tigue, Ginny Contributor address; City; State; Zip Code Colleyville, TX 76034-4513	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tinsley, Michael Contributor address; City; State; Zip Code Forestburg, TX 76239-3197	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 86/99 Report: 88/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 11/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tips, Charles 6 Contributor address; City; State; Zip Code Flower Mound, TX 75022-6812	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TMPA PAC 6 Contributor address; City; State; Zip Code Austin, TX 78768-2294	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tomerlin Family Partnership 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 12/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TravelPAC 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746-5463	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis, William 6 Contributor address; City; State; Zip Code Argyle, TX 76226-4521	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 87/99 Report: 89/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC 6 Contributor address; City; State; Zip Code Austin, TX 78768-2246	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC Contributor address; City; State; Zip Code Austin, TX 78768-2246	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC Contributor address; City; State; Zip Code Austin, TX 78768-2246	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trevino, Chris Contributor address; City; State; Zip Code Fort Worth, TX 76114-1786	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tubb, Larry Contributor address; City; State; Zip Code Fort Worth, TX 76132-3080	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Cook Children's Health Care System	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 88/99 Report: 90/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 07/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turner, Robert 6 Contributor address; City; State; Zip Code Voss, TX 76888	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Self Employed	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turner, Robert Contributor address; City; State; Zip Code Voss, TX 76888	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Academy of Nutrition & Dietetics Contributor address; City; State; Zip Code Dallas, TX 75243-1166	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TX Aggregates & Concrete Assn. Contributor address; City; State; Zip Code Austin, TX 78701-2432	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Ambulatory Surgery Center Society PAC Contributor address; City; State; Zip Code Austin, TX 78701-1665	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 89/99 Report: 91/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 11/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Architects Committee 6 Contributor address; City; State; Zip Code Austin, TX 78702-2754	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Assn Health Underwriters Contributor address; City; State; Zip Code Duncanville, TX 75137	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TX Automobile Dealers Association Contributor address; City; State; Zip Code Austin, TX 78701-2181	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TX Cancer PAC Contributor address; City; State; Zip Code Houston, TX 77006-5116	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx DENPAC Contributor address; City; State; Zip Code Austin, TX 78704-3644	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 90/99 Report: 92/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 11/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Friends of Time Warner Cable 6 Contributor address; City; State; Zip Code Austin, TX 78701-2468	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TX Home Care & Hospice PAC Contributor address; City; State; Zip Code Austin, TX 78731-1633	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703-4775	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703-4775	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Licensed Child Care Association PAC Contributor address; City; State; Zip Code Austin, TX 78735-6256	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Occupational Therapy Assoc. Comm. 6 Contributor address; City; State; Zip Code Austin, TX 78723-1085	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Optometric Assoc. PAC Contributor address; City; State; Zip Code Austin, TX 78701-2020	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Osteopathic Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701-1634	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Physical Therapy Association PAC Contributor address; City; State; Zip Code Austin, TX 78701-2606	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Restaurant Association PAC Contributor address; City; State; Zip Code Austin, TX 78767-1429	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx RN/APRN Committee 6 Contributor address; City; State; Zip Code Austin, TX 78759-8396	7 Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Society of Anesthesiologists PAC Contributor address; City; State; Zip Code Austin, TX 78701-1665	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tx Society Professional Surveyors Contributor address; City; State; Zip Code Austin, TX 78746-6922	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TX State Farm Agents PAC Contributor address; City; State; Zip Code Austin, TX 78767-1002	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) U.S. Anesthesia Partners of Texas, P.A. Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of contribution (\$) \$3,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 09/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ugochukwu, Sunny 6 Contributor address; City; State; Zip Code Lewisville, TX 75067-7414	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/01/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00010470) Union Pacific Corporate Fund for Effective Government Contributor address; City; State; Zip Code Washington, DC 20005-3960	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) United Surgical Partners PAC Contributor address; City; State; Zip Code Addison, TX 75001-6491	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00064766) UPSPAC Contributor address; City; State; Zip Code Atlanta, GA 30328-3474	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valero Committee Contributor address; City; State; Zip Code San Antonio, TX 78269-6000	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 12/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Verizon Good Government Club- TX 6 Contributor address; City; State; Zip Code Austin, TX 78701-2557	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vicki Truitt Campaign Contributor address; City; State; Zip Code Keller, TX 76244-0886	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vicki Truitt Campaign Contributor address; City; State; Zip Code Keller, TX 76244-0886	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00093054</u>) Wal-PAC Contributor address; City; State; Zip Code Bentonville, AR 72716-6209	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>see memo</u>) Waller Lansden PAC Contributor address; City; State; Zip Code Nashville, TN 37219-1791	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 95/99 Report: 97/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 12/08/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>see memo</u>) Waller Lansden PAC 6 Contributor address; City; State; Zip Code Nashville, TN 37219-1791	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walsh, Gary Contributor address; City; State; Zip Code Dallas, TX 75205-1663	Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Washington, Tom Contributor address; City; State; Zip Code Carrollton, TX 75007-1417	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watkins, Robert Contributor address; City; State; Zip Code Dallas, TX 75225-1706	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Cook Childrens Health Plans	
Date 09/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watson, Vickie Contributor address; City; State; Zip Code Denton, TX 76201-9074	Amount of contribution (\$) \$75.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 96/99 Report: 98/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Webb, James 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-5317	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Director		10 Employer (See Instructions) McDonald Sanders, P.C.	
Date 10/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Webster Surgical Specialty Hospital PAC Contributor address; City; State; Zip Code Webster, TX 77598	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77055-7310	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Weekley Homes	
Date 08/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Welch, Terrence Contributor address; City; State; Zip Code Dallas, TX 75230-1972	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/09/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00390575) WellCare PAC Contributor address; City; State; Zip Code Tampa, FL 33634-1143	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/09/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00197228</u>) Wellpoint WellPAC 6 Contributor address; City; State; Zip Code Indianapolis, IN 46204	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Welsh, Dinah Contributor address; City; State; Zip Code Austin, TX 78746-5551	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Texas EMS, Trauma & Acute Care Foundation	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Douglas Contributor address; City; State; Zip Code Fort Worth, TX 76123-1815	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wholesale Beer Distributors of Tx Cmte Contributor address; City; State; Zip Code Austin, TX 78701-2434	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Widmer, Bob Contributor address; City; State; Zip Code Argyle, TX 76226-2950	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 07/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilder, Tom 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-3021	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Mansel Contributor address; City; State; Zip Code Lewisville, TX 75077-2430	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Michael Contributor address; City; State; Zip Code Fort Worth, TX 76107-1705	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) UNTHSC	
Date 08/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Willis, Roy Contributor address; City; State; Zip Code Fort Worth, TX 76179-2724	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Peggy Contributor address; City; State; Zip Code Cedar Hill, TX 75104-5615	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 99/99 Report: 101/174	
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673	
4 Date 10/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Winstead PC PAC 6 Contributor address; City; State; Zip Code Dallas, TX 75201-1743	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wright Spivy, LaNeil Contributor address; City; State; Zip Code Dallas, TX 75360-0235	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yoder, Katherine Contributor address; City; State; Zip Code Dallas, TX 75206-6479	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yorio, Thomas Contributor address; City; State; Zip Code Burleson, TX 76028-2334	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Provost		Employer (See Instructions) UNT HSC	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zachry Co. PAC Contributor address; City; State; Zip Code San Antonio, TX 78265-3240	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 1/58 Report: 102/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 11/13/2014	5 Payee name 34th Street Cafe				
6 Amount (\$) \$669.81	7 Payee address City; State; Zip Code 1005 W. 34th Street Austin, TX 78705-2008				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for Sunset hearing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/03/2014	Payee name American Airlines				
Amount (\$) \$436.70	Payee address City; State; Zip Code PO Box 182112 Columbus, OH 43218-2112				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> travel for officeholder meeting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/08/2014	Payee name American Airlines				
Amount (\$) \$4,245.69	Payee address City; State; Zip Code PO Box 182112 Columbus, OH 43218-2112				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/> (See travel info on Schedule T)		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/08/2014	Payee name American Airlines				
Amount (\$) \$4,245.69	Payee address City; State; Zip Code PO Box 182112 Columbus, OH 43218-2112				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/> (See travel info on Schedule T)		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 2/58 Report: 103/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 12/10/2014	5 Payee name American Cancer Society				
6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 3301 W Freeway Fort Worth, TX 76107-5709				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event sponsorship		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/04/2014	Payee name American Express				
Amount (\$) \$1,016.85	Payee address City; State; Zip Code PO Box 650448 Dallas, TX 75265-0448				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gift cards for staff		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/10/2014	Payee name American Express				
Amount (\$) \$19,562.85	Payee address City; State; Zip Code PO Box 650448 Dallas, TX 75265-0448				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gift cards for staff		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/03/2014	Payee name American Legislative Exchange Council				
Amount (\$) \$500.00	Payee address City; State; Zip Code 1101 Vermont Ave NW Washington, DC 20005-3521				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> conference registration		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 3/58 Report: 104/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 07/16/2014		5 Payee name Aristotle			
6 Amount (\$) \$1,950.00		7 Payee address City; State; Zip Code 205 Pennsylvania Ave SE Washington, DC 20003-1164			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> technology services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/16/2014		Payee name Aristotle			
Amount (\$) \$1,950.00		Payee address City; State; Zip Code 205 Pennsylvania Ave SE Washington, DC 20003-1164			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> technology services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/03/2014		Payee name AT&T			
Amount (\$) \$1,272.22		Payee address City; State; Zip Code PO Box 630047 Dallas, TX 75263-0047			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/11/2014		Payee name AT&T			
Amount (\$) \$438.64		Payee address City; State; Zip Code PO Box 630047 Dallas, TX 75263-0047			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/58 Report: 105/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 08/11/2014		5 Payee name AT&T			
6 Amount (\$) \$1,064.71		7 Payee address City; State; Zip Code PO Box 630047 Dallas, TX 75263-0047			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/11/2014		Payee name AT&T			
Amount (\$) \$686.71		Payee address City; State; Zip Code PO Box 630047 Dallas, TX 75263-0047			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/23/2014		Payee name AT&T			
Amount (\$) \$432.99		Payee address City; State; Zip Code PO Box 630047 Dallas, TX 75263-0047			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/11/2014		Payee name AT&T			
Amount (\$) \$297.09		Payee address City; State; Zip Code PO Box 630047 Dallas, TX 75263-0047			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising 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 PAGE # Schedule: 5/58 Report: 106/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 11/11/2014		5 Payee name AT&T			
6 Amount (\$) \$441.21		7 Payee address City; State; Zip Code PO Box 630047 Dallas, TX 75263-0047			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/11/2014		Payee name AT&T			
Amount (\$) \$258.92		Payee address City; State; Zip Code PO Box 630047 Dallas, TX 75263-0047			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/03/2014		Payee name AT&T Mobility			
Amount (\$) \$30.64		Payee address City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/13/2014		Payee name AT&T Mobility			
Amount (\$) \$30.64		Payee address City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/58 Report: 107/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 07/23/2014	5 Payee name AT&T Mobility				
6 Amount (\$) \$140.22	7 Payee address City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/03/2014	Payee name AT&T Mobility				
Amount (\$) \$597.73	Payee address City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/12/2014	Payee name AT&T Mobility				
Amount (\$) \$30.64	Payee address City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/11/2014	Payee name AT&T Mobility				
Amount (\$) \$30.64	Payee address City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/58 Report: 108/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/11/2014	5 Payee name AT&T Mobility				
6 Amount (\$) \$30.64	7 Payee address City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/23/2014	Payee name AT&T Mobility				
Amount (\$) \$136.31	Payee address City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/10/2014	Payee name AT&T Mobility				
Amount (\$) \$30.64	Payee address City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/23/2014	Payee name AT&T Mobility				
Amount (\$) \$141.48	Payee address City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 8/58 Report: 109/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 12/23/2014	5 Payee name AT&T Mobility				
6 Amount (\$) \$141.48	7 Payee address City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/15/2014	Payee name AT&T Retail Store				
Amount (\$) \$53.62	Payee address City; State; Zip Code 12021 Dallas Parkway #500 Frisco, TX 75033-3601				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> technology equipment		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/25/2014	Payee name AT&T Retail Store				
Amount (\$) \$115.49	Payee address City; State; Zip Code 12021 Dallas Parkway #500 Frisco, TX 75033-3601				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> technology equipment		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/04/2014	Payee name Austin Club				
Amount (\$) \$113.64	Payee address City; State; Zip Code 110 E 9th St Austin, TX 78701-2426				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for officeholder meeting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 9/58 Report: 110/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/01/2014	5 Payee name Austin Land & Cattle				
6 Amount (\$) \$246.25	7 Payee address City; State; Zip Code 1205 N Lamar Blvd Austin, TX 78703-4130				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for staff		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/24/2014	Payee name Avis Rent A Car				
Amount (\$) \$267.23	Payee address City; State; Zip Code 884 W Mokuea Pl Kahului Maui Island, HI 96753				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		Description (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/> (See travel info on Schedule T)		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/30/2014	Payee name Balloons To You				
Amount (\$) \$410.50	Payee address City; State; Zip Code 2152 Chenault Dr Carrollton, TX 75006-5921				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> decorations		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/07/2014	Payee name Best Buy				
Amount (\$) \$1,139.75	Payee address City; State; Zip Code 1201 Barbara Jordan Boulevard Austin, TX 78723-3083				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> computer equipment		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising 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 PAGE # Schedule: 10/58 Report: 111/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 11/08/2014		5 Payee name Best Buy			
6 Amount (\$) \$324.73		7 Payee address City; State; Zip Code 1201 Barbara Jordan Boulevard Austin, TX 78723-3083			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office equipment <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/12/2014		Payee name Bethesda Health Clinic			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code 409 W. Ferguson Tyler, TX 75702-5632			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/22/2014		Payee name Big Frog Custom T-Shirts			
Amount (\$) \$21.37		Payee address City; State; Zip Code 3120 Justin Road Highland Village, TX 75077-7035			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> promotional items <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/29/2014		Payee name Big Frog Custom T-Shirts			
Amount (\$) \$488.00		Payee address City; State; Zip Code 3120 Justin Road Highland Village, TX 75077-7035			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> promotional items <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 11/58 Report: 112/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/07/2014		5 Payee name Big Frog Custom T-Shirts			
6 Amount (\$) \$488.42		7 Payee address City; State; Zip Code 3120 Justin Road Highland Village, TX 75077-7035			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> promotional items	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
4 Date 07/03/2014		5 Payee name Bird Cafe			
6 Amount (\$) \$112.18		7 Payee address City; State; Zip Code 155 East 4th Street Fort Worth, TX 76102-4005			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for staff	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
4 Date 10/02/2014		5 Payee name Bravo Productions Entertainment			
6 Amount (\$) \$3,500.00		7 Payee address City; State; Zip Code P.O. Box 670625 Dallas, TX 75367-0625			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> entertainment	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
4 Date 12/05/2014		5 Payee name Carrabba's			
6 Amount (\$) \$347.29		7 Payee address City; State; Zip Code 1701 Cross Roads Dr Grapevine, TX 76051-8600			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> lunch with superintendents	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising 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 PAGE # Schedule: 12/58 Report: 113/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 08/10/2014	5 Payee name CASA of Denton County				
6 Amount (\$) \$2,500.00	7 Payee address City; State; Zip Code 614 N Bell Ave Denton, TX 76209-4276				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event sponsorship		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/03/2014	Payee name Central Market				
Amount (\$) \$581.80	Payee address City; State; Zip Code 4001 N Lamar Blvd Austin, TX 78756-3733				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for Sunset hearing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/10/2014	Payee name Central Market				
Amount (\$) \$309.19	Payee address City; State; Zip Code 4001 N Lamar Blvd Austin, TX 78756-3733				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for Sunset hearing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/15/2014	Payee name Chase Bank				
Amount (\$) \$32.48	Payee address City; State; Zip Code PO Box 260180 Baton Rouge, LA 70826-0180				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> payroll services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 13/58 Report: 114/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 08/15/2014		5 Payee name Chase Bank			
6 Amount (\$) \$32.48		7 Payee address City; State; Zip Code PO Box 260180 Baton Rouge, LA 70826-0180			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> payroll services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/15/2014		Payee name Chase Bank			
Amount (\$) \$32.48		Payee address City; State; Zip Code PO Box 260180 Baton Rouge, LA 70826-0180			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> payroll services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/15/2014		Payee name Chase Bank			
Amount (\$) \$32.48		Payee address City; State; Zip Code PO Box 260180 Baton Rouge, LA 70826-0180			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> payroll services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/28/2014		Payee name Chase Bank			
Amount (\$) \$2.00		Payee address City; State; Zip Code PO Box 260180 Baton Rouge, LA 70826-0180			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> service fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 14/58 Report: 115/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 12/19/2014		5 Payee name Chase Bank			
6 Amount (\$) \$12.00		7 Payee address City; State; Zip Code PO Box 260180 Baton Rouge, LA 70826-0180			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> service fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/17/2014		Payee name Circle R Ranch			
Amount (\$) \$6,754.80		Payee address City; State; Zip Code 5901 Cross Timbers Rd Flower Mound, TX 75022-3142			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> site rental <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/12/2014		Payee name Cloud 9 Charities			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code 1651 Justin Rd Flower Mound, TX 75028-4323			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/05/2014		Payee name Costco Wholesale			
Amount (\$) \$13.75		Payee address City; State; Zip Code 4301 W William Cannon Dr Austin, TX 78749-1473			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising 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 PAGE # Schedule: 15/58 Report: 116/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 09/05/2014		5 Payee name Costco Wholesale			
6 Amount (\$) \$994.97		7 Payee address City; State; Zip Code 4301 W William Cannon Dr Austin, TX 78749-1473			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office equipment and supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/03/2014		Payee name Costco Wholesale			
Amount (\$) \$122.49		Payee address City; State; Zip Code 4301 W William Cannon Dr Austin, TX 78749-1473			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/08/2014		Payee name Costco Wholesale			
Amount (\$) \$33.31		Payee address City; State; Zip Code 4301 W William Cannon Dr Austin, TX 78749-1473			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/03/2014		Payee name Dallas Morning News			
Amount (\$) \$20.92		Payee address City; State; Zip Code PO Box 655237 Dallas, TX 75265-5237			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> subscription <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 16/58 Report: 117/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 07/03/2014		5 Payee name Dallas Morning News			
6 Amount (\$) \$20.92		7 Payee address City; State; Zip Code PO Box 655237 Dallas, TX 75265-5237			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> subscription <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/22/2014		Payee name Dallas Morning News			
Amount (\$) \$20.92		Payee address City; State; Zip Code PO Box 655237 Dallas, TX 75265-5237			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> subscription <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/19/2014		Payee name Dallas Morning News			
Amount (\$) \$20.92		Payee address City; State; Zip Code PO Box 655237 Dallas, TX 75265-5237			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> subscription <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/16/2014		Payee name Dallas Morning News			
Amount (\$) \$20.92		Payee address City; State; Zip Code PO Box 655237 Dallas, TX 75265-5237			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> subscription <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 17/58 Report: 118/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/14/2014	5 Payee name Dallas Morning News				
6 Amount (\$) \$20.92	7 Payee address City; State; Zip Code PO Box 655237 Dallas, TX 75265-5237				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> subscription		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/11/2014	Payee name Dallas Morning News				
Amount (\$) \$20.92	Payee address City; State; Zip Code PO Box 655237 Dallas, TX 75265-5237				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> subscription		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/27/2014	Payee name Denton County Republican Party				
Amount (\$) \$29.00	Payee address City; State; Zip Code P.O. Box 187 Denton, TX 76202-0187				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event registration		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/20/2014	Payee name Denton County Republican Party				
Amount (\$) \$15,000.00	Payee address City; State; Zip Code P.O. Box 187 Denton, TX 76202-0187				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contribution		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 18/58 Report: 119/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/11/2014		5 Payee name DFW Hilton Hotel			
6 Amount (\$) \$2,905.81		7 Payee address City; State; Zip Code 1800 State Highway 26 Grapevine, TX 76051-2044			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff lodging <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/15/2014		Payee name Fletcher, Kevin			
Amount (\$) \$240.00		Payee address City; State; Zip Code 2802 Jefferson St Austin, TX 78703-1809			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff mileage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/18/2014		Payee name Fletcher, Kevin			
Amount (\$) \$50.00		Payee address City; State; Zip Code 2802 Jefferson St Austin, TX 78703-1809			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff mileage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/03/2014		Payee name Flower Mound Chamber			
Amount (\$) \$175.00		Payee address City; State; Zip Code 700 Parker Sq Suite 100 Flower Mound, TX 75028-7448			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> membership <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 19/58 Report: 120/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 09/23/2014	5 Payee name Fort Worth Chamber of Commerce				
6 Amount (\$) \$40.00	7 Payee address City; State; Zip Code 777 Taylor Street Suite 900 Fort Worth, TX 76102				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event registration		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/25/2014	Payee name Fort Worth Chamber of Commerce				
Amount (\$) \$58.00	Payee address City; State; Zip Code 777 Taylor Street Suite 900 Fort Worth, TX 76102				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event registration		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/11/2014	Payee name Fort Worth Chamber of Commerce				
Amount (\$) \$60.00	Payee address City; State; Zip Code 777 Taylor Street Suite 900 Fort Worth, TX 76102				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event registration		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/22/2014	Payee name Frisco Printing & Graphics Center				
Amount (\$) \$4,811.44	Payee address City; State; Zip Code 8585 John Wesley Dr Frisco, TX 75034-5687				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 20/58 Report: 121/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/06/2014	5 Payee name Frisco Printing & Graphics Center				
6 Amount (\$) \$984.30	7 Payee address City; State; Zip Code 8585 John Wesley Dr Frisco, TX 75034-5687				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/17/2014	Payee name Frisco Printing & Graphics Center				
Amount (\$) \$5,284.77	Payee address City; State; Zip Code 8585 John Wesley Dr Frisco, TX 75034-5687				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/25/2014	Payee name GCC Project Owner, LLC				
Amount (\$) \$100.00	Payee address City; State; Zip Code 5924 Royal Ln Dallas, TX 75230-3863				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Grapevine lease		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/22/2014	Payee name GCC Project Owner, LLC				
Amount (\$) \$100.00	Payee address City; State; Zip Code 5924 Royal Ln Dallas, TX 75230-3863				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Grapevine lease		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 21/58 Report: 122/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 09/24/2014	5 Payee name GCC Project Owner, LLC				
6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code 5924 Royal Ln Dallas, TX 75230-3863				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Grapevine lease		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/24/2014	Payee name GCC Project Owner, LLC				
Amount (\$) \$100.00	Payee address City; State; Zip Code 5924 Royal Ln Dallas, TX 75230-3863				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Grapevine lease		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/21/2014	Payee name GCC Project Owner, LLC				
Amount (\$) \$100.00	Payee address City; State; Zip Code 5924 Royal Ln Dallas, TX 75230-3863				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Grapevine lease		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/23/2014	Payee name GCC Project Owner, LLC				
Amount (\$) \$100.00	Payee address City; State; Zip Code 5924 Royal Ln Dallas, TX 75230-3863				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Grapevine lease		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 22/58 Report: 123/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/06/2014		5 Payee name Gilt			
6 Amount (\$) \$494.95		7 Payee address City; State; Zip Code 2 Park Avenue, 4th Floor New York, NY 10016-5602			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gifts for senators <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/03/2014		Payee name GRACE Restaurant			
Amount (\$) \$422.89		Payee address City; State; Zip Code Carter Burgess Plaza 777 Main Street Fort Worth, TX 76102-5304			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/18/2014		Payee name Grapevine Colleyville Education Foundation			
Amount (\$) \$500.00		Payee address City; State; Zip Code PO Box 292 Grapevine, TX 76099-0292			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/19/2014		Payee name Grapevine Convention & Visitors Center			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code 1 Liberty Park Plz Grapevine, TX 76051-5374			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 23/58 Report: 124/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 09/07/2014		5 Payee name Grapevine Convention & Visitors Center			
6 Amount (\$) \$3,000.00		7 Payee address City; State; Zip Code 1 Liberty Park Plz Grapevine, TX 76051-5374			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/01/2014		Payee name Grapevine Storage			
Amount (\$) \$61.00		Payee address City; State; Zip Code 3517 William D Tate Ave Grapevine, TX 76051-7101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> storage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/25/2014		Payee name Grapevine Storage			
Amount (\$) \$61.00		Payee address City; State; Zip Code 3517 William D Tate Ave Grapevine, TX 76051-7101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> storage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/01/2014		Payee name Grapevine Storage			
Amount (\$) \$61.00		Payee address City; State; Zip Code 3517 William D Tate Ave Grapevine, TX 76051-7101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> storage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 24/58 Report: 125/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/01/2014		5 Payee name Grapevine Storage			
6 Amount (\$) \$61.00		7 Payee address City; State; Zip Code 3517 William D Tate Ave Grapevine, TX 76051-7101			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> storage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/01/2014		Payee name Grapevine Storage			
Amount (\$) \$61.00		Payee address City; State; Zip Code 3517 William D Tate Ave Grapevine, TX 76051-7101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> storage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/01/2014		Payee name Grapevine Storage			
Amount (\$) \$61.00		Payee address City; State; Zip Code 3517 William D Tate Ave Grapevine, TX 76051-7101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> storage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/13/2014		Payee name Hagen, Julie			
Amount (\$) \$212.00		Payee address City; State; Zip Code 1200 Barton Hills Dr Apt 118 Austin, TX 78704-1901			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff mileage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 25/58 Report: 126/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 07/01/2014		5 Payee name Hambrick, Brooke			
6 Amount (\$) \$1,500.00		7 Payee address City; State; Zip Code 10041 Cross Bend Cir Frisco, TX 75033-4711			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/14/2014		Payee name Hambrick, Brooke			
Amount (\$) \$94.00		Payee address City; State; Zip Code 10041 Cross Bend Cir Frisco, TX 75033-4711			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff mileage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/01/2014		Payee name Hambrick, Brooke			
Amount (\$) \$1,500.00		Payee address City; State; Zip Code 10041 Cross Bend Cir Frisco, TX 75033-4711			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/01/2014		Payee name Hambrick, Brooke			
Amount (\$) \$1,500.00		Payee address City; State; Zip Code 10041 Cross Bend Cir Frisco, TX 75033-4711			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 26/58 Report: 127/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/01/2014	5 Payee name Hambrick, Brooke				
6 Amount (\$) \$1,500.00	7 Payee address City; State; Zip Code 10041 Cross Bend Cir Frisco, TX 75033-4711				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/20/2014	Payee name Hambrick, Brooke				
Amount (\$) \$5,000.00	Payee address City; State; Zip Code 10041 Cross Bend Cir Frisco, TX 75033-4711				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/31/2014	Payee name Hambrick, Brooke				
Amount (\$) \$1,500.00	Payee address City; State; Zip Code 10041 Cross Bend Cir Frisco, TX 75033-4711				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/01/2014	Payee name Hambrick, Brooke				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 10041 Cross Bend Cir Frisco, TX 75033-4711				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> salary		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 27/58 Report: 128/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/13/2014	5 Payee name Hanson, Megan				
6 Amount (\$) \$212.00	7 Payee address City; State; Zip Code 2605 Enfield Rd Apt 107 Austin, TX 78703-3769				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff mileage		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/04/2014	Payee name HEB Grocery				
Amount (\$) \$39.98	Payee address City; State; Zip Code 5808 Burnet Road Austin, TX 78756-1100				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/13/2014	Payee name HEB Grocery				
Amount (\$) \$63.33	Payee address City; State; Zip Code 5808 Burnet Road Austin, TX 78756-1100				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/12/2014	Payee name Heroes of Denton County				
Amount (\$) \$1,500.00	Payee address City; State; Zip Code 1278 Justin Rd Lewisville, TX 75077-2200				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event sponsorship		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 28/58 Report: 129/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 09/25/2014		5 Payee name Heroes of Denton County			
6 Amount (\$) \$200.00		7 Payee address City; State; Zip Code 1278 Justin Rd Lewisville, TX 75077-2200			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/16/2014		Payee name Herzog, Amy			
Amount (\$) \$212.00		Payee address City; State; Zip Code 7212 Mitra Drive Austin, TX 78739-1974			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff mileage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/03/2014		Payee name Hilton Anatole			
Amount (\$) \$207.47		Payee address City; State; Zip Code 2201 N Stemmons Fwy Dallas, TX 75207-2801			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff lodging <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/12/2014		Payee name Hobby Lobby			
Amount (\$) \$129.90		Payee address City; State; Zip Code 4040 S Lamar Blvd Austin, TX 78704-7903			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office furnishings <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising 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 PAGE # Schedule: 29/58 Report: 130/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/27/2014		5 Payee name Hobby Lobby			
6 Amount (\$) \$22.95		7 Payee address City; State; Zip Code 4040 S Lamar Blvd Austin, TX 78704-7903			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/30/2014		Payee name Hobby Lobby			
Amount (\$) \$10.81		Payee address City; State; Zip Code 4040 S Lamar Blvd Austin, TX 78704-7903			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/16/2014		Payee name Home Goods			
Amount (\$) \$543.55		Payee address City; State; Zip Code 5400 Brodie Lane Suite 600 Sunset Valley, TX 78745-2526			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office furnishings <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/30/2014		Payee name Hyatt Regency Lost Pines			
Amount (\$) \$58.85		Payee address City; State; Zip Code 575 Hyatt Lost Pines Rd Cedar Creek, TX 78612-4136			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for officeholder meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising 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 PAGE # Schedule: 30/58 Report: 131/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 11/11/2014		5 Payee name Hyatt Regency Lost Pines			
6 Amount (\$) \$518.88		7 Payee address City; State; Zip Code 575 Hyatt Lost Pines Rd Cedar Creek, TX 78612-4136			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> lodging for officeholder meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
4 Date 08/09/2014		5 Payee name Ikea			
6 Amount (\$) \$38.00		7 Payee address City; State; Zip Code 1 Ikea Way Round Rock, TX 78665-2665			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office furnishings	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
4 Date 09/20/2014		5 Payee name Ikea			
6 Amount (\$) \$120.59		7 Payee address City; State; Zip Code 1 Ikea Way Round Rock, TX 78665-2665			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office furnishings	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
4 Date 08/01/2014		5 Payee name Internal Revenue Service			
6 Amount (\$) \$368.78		7 Payee address City; State; Zip Code 1100 Commerce St Dallas, TX 75242-1001			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> taxes	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 31/58 Report: 132/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 09/23/2014		5 Payee name Internal Revenue Service			
6 Amount (\$) \$368.78		7 Payee address City; State; Zip Code 1100 Commerce St Dallas, TX 75242-1001			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> taxes <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/26/2014		Payee name Internal Revenue Service			
Amount (\$) \$368.79		Payee address City; State; Zip Code 1100 Commerce St Dallas, TX 75242-1001			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> taxes <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/31/2014		Payee name Internal Revenue Service			
Amount (\$) \$737.56		Payee address City; State; Zip Code 1100 Commerce St Dallas, TX 75242-1001			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> taxes <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/02/2014		Payee name Jason's Deli			
Amount (\$) \$81.04		Payee address City; State; Zip Code 1270 William D Tate Ave #100 Grapevine, TX 76051-4098			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 32/58 Report: 133/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 07/07/2014		5 Payee name Jason's Deli			
6 Amount (\$) \$46.52		7 Payee address City; State; Zip Code 1270 William D Tate Ave #100 Grapevine, TX 76051-4098			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/31/2014		Payee name Jason's Deli			
Amount (\$) \$12.21		Payee address City; State; Zip Code 1270 William D Tate Ave #100 Grapevine, TX 76051-4098			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meal for staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/23/2014		Payee name Jimmy Johns			
Amount (\$) \$79.96		Payee address City; State; Zip Code 816 Congress Avenue Suite I Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/01/2014		Payee name Jimmy Johns			
Amount (\$) \$21.63		Payee address City; State; Zip Code 816 Congress Avenue Suite I Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 33/58 Report: 134/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 09/03/2014		5 Payee name Konni Burton for Texas State Senate			
6 Amount (\$) \$1,000.00		7 Payee address City; State; Zip Code P.O. Box 1246 Colleyville, TX 76034-1246			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contribution <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/24/2014		Payee name Konni Burton for Texas State Senate			
Amount (\$) \$15,000.00		Payee address City; State; Zip Code P.O. Box 1246 Colleyville, TX 76034-1246			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contribution <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/09/2014		Payee name Kowboy Kal			
Amount (\$) \$500.00		Payee address City; State; Zip Code c/o Lagniappe Productions 120 East Hill Street Keller, TX 76248			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> entertainment <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/26/2014		Payee name Lewisville ISD Education Foundation			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code PO Box 643 Lewisville, TX 75067-0643			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising 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 PAGE # Schedule: 34/58 Report: 135/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 08/10/2014		5 Payee name Lone Star Imprints			
6 Amount (\$) \$1,860.58		7 Payee address City; State; Zip Code 530 Bedford Road Suite 220 Bedford, TX 76022-6556			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> promotional items	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/14/2014		Payee name Michaels Store			
Amount (\$) \$2.69		Payee address City; State; Zip Code 5601 Brodie Lane Suite 200 Sunset Valley, TX 78745-2539			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/11/2014		Payee name Michaels Store			
Amount (\$) \$132.44		Payee address City; State; Zip Code 5601 Brodie Lane Suite 200 Sunset Valley, TX 78745-2539			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office furnishings	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/17/2014		Payee name Michaels Store			
Amount (\$) \$103.15		Payee address City; State; Zip Code 5601 Brodie Lane Suite 200 Sunset Valley, TX 78745-2539			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office furnishings	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising 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 PAGE # Schedule: 35/58 Report: 136/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/20/2014		5 Payee name National Travel Systems			
6 Amount (\$) \$423.99		7 Payee address City; State; Zip Code 6502 Slide Rd Lubbock, TX 79424-1329			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> travel for officeholder meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/16/2014		Payee name Nelson, David			
Amount (\$) \$212.00		Payee address City; State; Zip Code 3008 Pinecrest Dr Austin, TX 78757-2018			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff mileage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/20/2014		Payee name Nelson, David			
Amount (\$) \$10,000.00		Payee address City; State; Zip Code 3008 Pinecrest Dr Austin, TX 78757-2018			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> professional services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/01/2014		Payee name Nelson, Jane			
Amount (\$) \$126.55		Payee address City; State; Zip Code P.O. Box 608 Grapevine, TX 76099			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> mileage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 36/58 Report: 137/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/21/2014		5 Payee name North Texas Print Solutions			
6 Amount (\$) \$148.75		7 Payee address City; State; Zip Code 2077 Switzer Road Sanger, TX 76266-3506			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
4 Date 08/10/2014		5 Payee name Northwest ISD Education Foundation			
6 Amount (\$) \$900.00		7 Payee address City; State; Zip Code PO Box 77070 Fort Worth, TX 76177-0070			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event sponsorship	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
4 Date 08/03/2014		5 Payee name Office Depot			
6 Amount (\$) \$252.20		7 Payee address City; State; Zip Code 1317 W State Highway 114 Grapevine, TX 76051-8616			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
4 Date 09/17/2014		5 Payee name Office Depot			
6 Amount (\$) \$94.16		7 Payee address City; State; Zip Code 1317 W State Highway 114 Grapevine, TX 76051-8616			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising 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 PAGE # Schedule: 37/58 Report: 138/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/07/2014		5 Payee name Office Depot			
6 Amount (\$) \$64.94		7 Payee address City; State; Zip Code 1317 W State Highway 114 Grapevine, TX 76051-8616			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/07/2014		Payee name Office Depot			
Amount (\$) \$742.75		Payee address City; State; Zip Code 1317 W State Highway 114 Grapevine, TX 76051-8616			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/25/2014		Payee name Office Depot			
Amount (\$) \$55.92		Payee address City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757-1108			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/02/2014		Payee name Office Depot			
Amount (\$) \$62.91		Payee address City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757-1108			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 38/58 Report: 139/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 11/09/2014		5 Payee name Office Depot			
6 Amount (\$) \$877.09		7 Payee address City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757-1108			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/17/2014		Payee name Office Depot			
Amount (\$) \$68.37		Payee address City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757-1108			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/10/2014		Payee name Omega Printing			
Amount (\$) \$1,702.39		Payee address City; State; Zip Code 2906 Story Rd W Irving, TX 75038-3511			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/03/2014		Payee name Omega Printing			
Amount (\$) \$341.45		Payee address City; State; Zip Code 2906 Story Rd W Irving, TX 75038-3511			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 39/58 Report: 140/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/30/2014	5 Payee name Omni Barton Creek Resort				
6 Amount (\$) \$3,952.80	7 Payee address City; State; Zip Code 8212 Barton Club Drive Austin, TX 78735-1406				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff retreat		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/03/2014	Payee name Omni Hotel Fort Worth				
Amount (\$) \$761.53	Payee address City; State; Zip Code 1300 Houston St Fort Worth, TX 76102-6556				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> lodging for convention		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/03/2014	Payee name Omni Hotel Fort Worth				
Amount (\$) \$774.62	Payee address City; State; Zip Code 1300 Houston St Fort Worth, TX 76102-6556				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff lodging for convention		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/10/2014	Payee name Omni Hotel Fort Worth				
Amount (\$) \$11.00	Payee address City; State; Zip Code 1300 Houston St Fort Worth, TX 76102-6556				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff parking		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 40/58 Report: 141/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 07/18/2014		5 Payee name Ozarka			
6 Amount (\$) \$30.43		7 Payee address City; State; Zip Code PO Box 856680 Louisville, KY 40285-6680			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/19/2014		Payee name Ozarka			
Amount (\$) \$103.50		Payee address City; State; Zip Code PO Box 856680 Louisville, KY 40285-6680			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/20/2014		Payee name Ozarka			
Amount (\$) \$78.92		Payee address City; State; Zip Code PO Box 856680 Louisville, KY 40285-6680			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/21/2014		Payee name Ozarka			
Amount (\$) \$164.85		Payee address City; State; Zip Code PO Box 856680 Louisville, KY 40285-6680			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 41/58 Report: 142/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 11/20/2014		5 Payee name Ozarka			
6 Amount (\$) \$128.26		7 Payee address City; State; Zip Code PO Box 856680 Louisville, KY 40285-6680			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/11/2014		Payee name P.F. Changs			
Amount (\$) \$61.02		Payee address City; State; Zip Code 201 San Jacinto Blvd Austin, TX 78701-4027			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/09/2014		Payee name P.F. Changs			
Amount (\$) \$68.78		Payee address City; State; Zip Code 201 San Jacinto Blvd Austin, TX 78701-4027			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/30/2014		Payee name Paypal			
Amount (\$) \$191.50		Payee address City; State; Zip Code PO Box 45950 Omaha, NE 68145-0950			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fees for credit card transactions <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 42/58 Report: 143/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 08/30/2014		5 Payee name Paypal			
6 Amount (\$) \$233.02		7 Payee address City; State; Zip Code PO Box 45950 Omaha, NE 68145-0950			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fees for credit card transactions <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/30/2014		Payee name Paypal			
Amount (\$) \$328.15		Payee address City; State; Zip Code PO Box 45950 Omaha, NE 68145-0950			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fees for credit card transactions <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/30/2014		Payee name Paypal			
Amount (\$) \$311.09		Payee address City; State; Zip Code PO Box 45950 Omaha, NE 68145-0950			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fees for credit card transactions <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/30/2014		Payee name Paypal			
Amount (\$) \$7.55		Payee address City; State; Zip Code PO Box 45950 Omaha, NE 68145-0950			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fees for credit card transactions <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 43/58 Report: 144/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 09/23/2014	5 Payee name Perry's Steakhouse & Grille				
6 Amount (\$) \$1,121.62	7 Payee address City; State; Zip Code 114 W. 7th Street Austin, TX 78701-3000				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/15/2014	Payee name Postmaster				
Amount (\$) \$116.00	Payee address City; State; Zip Code 1251 William D Tate Ave Grapevine, TX 76051-4000				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> box rental <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/03/2014	Payee name Prosmart Mailing Solutions				
Amount (\$) \$2,083.35	Payee address City; State; Zip Code 719 Wainwright St Denton, TX 76201-6170				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> mailing service <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/18/2014	Payee name Republican Party of Texas				
Amount (\$) \$10,000.00	Payee address City; State; Zip Code 1108 Lavaca St. Ste. 500 Austin, TX 78701-2125				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contribution - Candidate Resource Committee 2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 44/58 Report: 145/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 08/26/2014	5 Payee name Republican Party of Texas				
6 Amount (\$) \$5,000.00	7 Payee address City; State; Zip Code 1108 Lavaca St. Ste. 500 Austin, TX 78701-2125				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contribution - Victory 2014		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/14/2014	Payee name Rice, Elizabeth				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 3601 Travis Country Cir Austin, TX 78735-6106				
9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> professional services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/05/2014	Payee name Sam's Club Warehouse				
Amount (\$) \$57.96	Payee address City; State; Zip Code 9700 N Capital of Texas Hwy Austin, TX 78759-5819				
10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/07/2014	Payee name Sam's Club Warehouse				
Amount (\$) \$22.64	Payee address City; State; Zip Code 9700 N Capital of Texas Hwy Austin, TX 78759-5819				
11 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 45/58 Report: 146/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 09/06/2014		5 Payee name Sam's Club Warehouse			
6 Amount (\$) \$87.65		7 Payee address City; State; Zip Code 9700 N Capital of Texas Hwy Austin, TX 78759-5819			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/09/2014		Payee name Sam's Club Warehouse			
Amount (\$) \$124.52		Payee address City; State; Zip Code 9700 N Capital of Texas Hwy Austin, TX 78759-5819			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/09/2014		Payee name Sanders, Cassie			
Amount (\$) \$250.00		Payee address City; State; Zip Code 3824 Shorecrest Dr Dallas, TX 75209-1613			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> professional services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/17/2014		Payee name Scully and Scully			
Amount (\$) \$1,390.00		Payee address City; State; Zip Code 504 Park Avenue New York, NY 10022-2298			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office furnishings <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 46/58 Report: 147/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 11/25/2014		5 Payee name Scully and Scully			
6 Amount (\$) \$195.00		7 Payee address City; State; Zip Code 504 Park Avenue New York, NY 10022-2298			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office furnishings <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/25/2014		Payee name Senate Ladies Club			
Amount (\$) \$50.00		Payee address City; State; Zip Code PO Box 12068 Austin, TX 78711-2068			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> membership dues <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/10/2014		Payee name Senate Ladies Club			
Amount (\$) \$300.00		Payee address City; State; Zip Code PO Box 12068 Austin, TX 78711-2068			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event registration <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/21/2014		Payee name Senate Republican Caucus			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code PO Box 12068 Austin, TX 78711-2068			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> member dues <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 47/58 Report: 148/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 12/10/2014		5 Payee name SIM Auxiliary Inc			
6 Amount (\$) \$1,000.00		7 Payee address City; State; Zip Code P.O. Box 271756 Flower Mound, TX 75027-1756			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/10/2014		Payee name SIM Auxiliary Inc			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code P.O. Box 271756 Flower Mound, TX 75027-1756			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> membership <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/25/2014		Payee name Smith, Peggy			
Amount (\$) \$2,600.00		Payee address City; State; Zip Code 14 Greenway Plz Unit 18M Houston, TX 77046-1426			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Austin lease <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/22/2014		Payee name Smith, Peggy			
Amount (\$) \$2,600.00		Payee address City; State; Zip Code 14 Greenway Plz Unit 18M Houston, TX 77046-1426			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Austin lease <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 48/58 Report: 149/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 09/24/2014	5 Payee name Smith, Peggy				
6 Amount (\$) \$2,600.00	7 Payee address City; State; Zip Code 14 Greenway Plz Unit 18M Houston, TX 77046-1426				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Austin lease		
			<input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/24/2014	Payee name Smith, Peggy				
Amount (\$) \$2,600.00	Payee address City; State; Zip Code 14 Greenway Plz Unit 18M Houston, TX 77046-1426				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Austin lease		
			<input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/21/2014	Payee name Smith, Peggy				
Amount (\$) \$2,600.00	Payee address City; State; Zip Code 14 Greenway Plz Unit 18M Houston, TX 77046-1426				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Austin lease		
			<input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/23/2014	Payee name Smith, Peggy				
Amount (\$) \$2,600.00	Payee address City; State; Zip Code 14 Greenway Plz Unit 18M Houston, TX 77046-1426				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Austin lease		
			<input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising 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 PAGE # Schedule: 49/58 Report: 150/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 12/10/2014		5 Payee name Spaeth Communications, Inc.			
6 Amount (\$) \$5,000.00		7 Payee address City; State; Zip Code 8150 N. Central Expwy Suite 1410 Dallas, TX 75206-1879			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff development <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/09/2014		Payee name St. Regis Houston			
Amount (\$) \$466.73		Payee address City; State; Zip Code 1919 Briar Oaks Lane Houston, TX 77027-3408			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> lodging for officeholder meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/16/2014		Payee name Strzelec, Susan			
Amount (\$) \$212.00		Payee address City; State; Zip Code 6810 Deatonhill Drive #1200 Austin, TX 78745-4702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff mileage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/22/2014		Payee name Sullivan's Steakhouse			
Amount (\$) \$197.62		Payee address City; State; Zip Code 300 Colorado St Austin, TX 78701-3925			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for officeholder meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 50/58 Report: 151/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 10/27/2014		5 Payee name TDCJ			
6 Amount (\$) \$178.61		7 Payee address City; State; Zip Code PO Box 4013 Huntsville, TX 77342-4013			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> item for charitable auction <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/16/2014		Payee name Texans for Dan Patrick			
Amount (\$) \$25,000.00		Payee address City; State; Zip Code P.O. Box 685085 Austin, TX 78768-5085			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contribution <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/03/2014		Payee name Texas Capitol Gift Shop			
Amount (\$) \$982.40		Payee address City; State; Zip Code 1201 San Jacinto Austin, TX 78701-0000			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> items for charitable auctions <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/04/2014		Payee name Texas Capitol Gift Shop			
Amount (\$) \$121.79		Payee address City; State; Zip Code 1201 San Jacinto Austin, TX 78701-0000			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> items for charitable auctions <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising 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 PAGE # Schedule: 51/58 Report: 152/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 09/10/2014	5 Payee name Texas Capitol Gift Shop				
6 Amount (\$) \$405.94	7 Payee address City; State; Zip Code 1201 San Jacinto Austin, TX 78701-0000				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> items for charitable auctions		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/01/2014	Payee name Texas Capitol Gift Shop				
Amount (\$) \$1,344.47	Payee address City; State; Zip Code 1201 San Jacinto Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> items for charitable auctions		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/01/2014	Payee name Texas Capitol Gift Shop				
Amount (\$) \$31.18	Payee address City; State; Zip Code 1201 San Jacinto Austin, TX 78701-0000				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gift for constituent		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/09/2014	Payee name Texas Capitol Gift Shop				
Amount (\$) \$433.00	Payee address City; State; Zip Code 1201 San Jacinto Austin, TX 78701-0000				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> items for charitable auctions		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 52/58 Report: 153/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 07/17/2014		5 Payee name Texas Senate			
6 Amount (\$) \$1,067.50		7 Payee address City; State; Zip Code PO Box 12068 Austin, TX 78711-2068			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/01/2014		Payee name Texas Senate			
Amount (\$) \$61.00		Payee address City; State; Zip Code PO Box 12068 Austin, TX 78711-2068			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/20/2014		Payee name Texas Senate			
Amount (\$) \$45.00		Payee address City; State; Zip Code PO Box 12068 Austin, TX 78711-2068			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Senate Charity Fund <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/08/2014		Payee name Texas Senate			
Amount (\$) \$54.00		Payee address City; State; Zip Code PO Box 12068 Austin, TX 78711-2068			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Senate Charity Fund <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 53/58 Report: 154/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 12/17/2014		5 Payee name Texas Senate			
6 Amount (\$) \$950.00		7 Payee address City; State; Zip Code PO Box 12068 Austin, TX 78711-2068			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Senate members lounge fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/04/2014		Payee name Texas State History Museum			
Amount (\$) \$550.00		Payee address City; State; Zip Code 1800 Congress Ave Austin, TX 78701-1342			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> membership fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/13/2014		Payee name Thomas Repographics			
Amount (\$) \$42.22		Payee address City; State; Zip Code 304 E 3rd Street Austin, TX 78701-4036			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> signage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/08/2014		Payee name Thomas Repographics			
Amount (\$) \$69.55		Payee address City; State; Zip Code 304 E 3rd Street Austin, TX 78701-4036			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> signage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 54/58 Report: 155/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 07/28/2014		5 Payee name Time Warner Cable			
6 Amount (\$) \$154.77		7 Payee address City; State; Zip Code PO Box 85100 Austin, TX 78708-5100			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> utilities <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/28/2014		Payee name Time Warner Cable			
Amount (\$) \$154.77		Payee address City; State; Zip Code PO Box 85100 Austin, TX 78708-5100			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> utilities <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/28/2014		Payee name Time Warner Cable			
Amount (\$) \$154.77		Payee address City; State; Zip Code PO Box 85100 Austin, TX 78708-5100			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> utilities <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/28/2014		Payee name Time Warner Cable			
Amount (\$) \$154.77		Payee address City; State; Zip Code PO Box 85100 Austin, TX 78708-5100			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> utilities <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising 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 PAGE # Schedule: 55/58 Report: 156/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 11/28/2014		5 Payee name Time Warner Cable			
6 Amount (\$) \$154.77		7 Payee address City; State; Zip Code PO Box 85100 Austin, TX 78708-5100			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> utilities <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/28/2014		Payee name Time Warner Cable			
Amount (\$) \$154.77		Payee address City; State; Zip Code PO Box 85100 Austin, TX 78708-5100			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> utilities <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/16/2014		Payee name Vaughn, Brady			
Amount (\$) \$212.00		Payee address City; State; Zip Code 2801 Cornish Circle Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> staff mileage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/10/2014		Payee name Verizon			
Amount (\$) \$204.86		Payee address City; State; Zip Code PO Box 920041 Dallas, TX 75392-0041			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 56/58 Report: 157/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 08/11/2014	5 Payee name Verizon				
6 Amount (\$) \$204.43	7 Payee address City; State; Zip Code PO Box 920041 Dallas, TX 75392-0041				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/09/2014	Payee name Verizon				
Amount (\$) \$204.39	Payee address City; State; Zip Code PO Box 920041 Dallas, TX 75392-0041				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/10/2014	Payee name Verizon				
Amount (\$) \$204.25	Payee address City; State; Zip Code PO Box 920041 Dallas, TX 75392-0041				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/10/2014	Payee name Verizon				
Amount (\$) \$204.52	Payee address City; State; Zip Code PO Box 920041 Dallas, TX 75392-0041				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising 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 PAGE # Schedule: 57/58 Report: 158/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 12/10/2014		5 Payee name Verizon			
6 Amount (\$) \$204.37		7 Payee address City; State; Zip Code PO Box 920041 Dallas, TX 75392-0041			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/18/2014		Payee name VictoryStore.com			
Amount (\$) \$403.85		Payee address City; State; Zip Code 5200 SW 30th Street Davenport, IA 52802-3039			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> yard signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/24/2014		Payee name W Austin Hotel			
Amount (\$) \$695.90		Payee address City; State; Zip Code 200 Lavaca St Austin, TX 78701-3928			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meals for officeholder meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/18/2014		Payee name Walmart			
Amount (\$) \$112.32		Payee address City; State; Zip Code 1601 W State Highway 114 Grapevine, TX 76051-8651			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 58/58 Report: 159/174		2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (TEC filers) 00020673	
4 Date 07/21/2014		5 Payee name Waterway Adventures Grapevine			
6 Amount (\$) \$320.48		7 Payee address City; State; Zip Code 2500 Fairway Drive Grapevine, TX 76051			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ladies of Liberty Republican Women's Club event registration <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/12/2014		Payee name Westlake Academy Foundation			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code 2600 JT Ottinger Road Westlake, TX 76262-8012			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/09/2014		Payee name Yeargain, Lynn			
Amount (\$) \$310.50		Payee address City; State; Zip Code 121 Harmony Lane Lake Dallas, TX 75065			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> volunteer mileage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/10/2014		Payee name Youth And Family Counseling			
Amount (\$) \$500.00		Payee address City; State; Zip Code 105 Kathryn Drive Bldg 3A Lewisville, TX 75067-4216			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/12 Report: 160/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 07/31/2014	5 Name of person from whom amount is received Fidelity Investments 6 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	8 Amount (\$) \$294.30
7 Purpose for which amount is received cash dividend received		
Date 07/31/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	Amount (\$) \$294.30
Purpose for which amount is received reinvested cash income		
Date 07/31/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	Amount (\$) \$324.21
Purpose for which amount is received cash dividend received		
Date 07/31/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	Amount (\$) \$324.21
Purpose for which amount is received reinvested cash income		

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/12 Report: 161/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 07/31/2014	5 Name of person from whom amount is received Fidelity Investments 6 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	8 Amount (\$) \$500.96
7 Purpose for which amount is received cash dividend received		
Date 07/31/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	Amount (\$) \$500.96
Purpose for which amount is received reinvested cash income		
Date 08/29/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	Amount (\$) \$308.16
Purpose for which amount is received cash dividend received		
Date 08/29/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	Amount (\$) \$308.16
Purpose for which amount is received reinvested cash income		

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/12 Report: 162/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Name of person from whom amount is received Fidelity Investments	8 Amount (\$)
08/29/2014 6 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	\$329.78
7 Purpose for which amount is received cash dividend received		
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$)
08/29/2014 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	\$329.78
Purpose for which amount is received reinvested cash income		
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$)
08/29/2014 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	\$497.08
Purpose for which amount is received cash dividend received		
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$)
08/29/2014 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	\$49,708.00
Purpose for which amount is received reinvested cash income		

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/12 Report: 163/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Name of person from whom amount is received Fidelity Investments	8 Amount (\$)
09/30/2014	6 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	\$466.12
7 Purpose for which amount is received cash dividend received		
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$)
09/30/2014	Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	\$466.12
Purpose for which amount is received reinvested cash income		
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$)
09/30/2014	Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	\$336.78
Purpose for which amount is received reinvested cash income		
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$)
09/30/2014	Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	\$336.78
Purpose for which amount is received cash dividend received		

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/12 Report: 164/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Name of person from whom amount is received Fidelity Investments	8 Amount (\$) \$300.47
09/30/2014	6 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	
	7 Purpose for which amount is received reinvested cash income	
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$300.47
09/30/2014	Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received	
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$479.84
10/31/2014	Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	
	Purpose for which amount is received reinvested cash income	
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$479.84
10/31/2014	Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received	

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/12 Report: 165/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Name of person from whom amount is received Fidelity Investments	8 Amount (\$) \$326.98
10/31/2014	6 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	
	7 Purpose for which amount is received reinvested cash income	
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$326.98
10/31/2014	Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received	
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$315.25
10/31/2014	Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	
	Purpose for which amount is received reinvested cash income	
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$315.25
10/31/2014	Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received	

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/12 Report: 166/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 11/28/2014	5 Name of person from whom amount is received Fidelity Investments 6 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 7 Purpose for which amount is received reinvested cash income	8 Amount (\$) \$419.77
Date 11/28/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 Purpose for which amount is received cash dividend received	Amount (\$) \$419.77
Date 11/28/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 Purpose for which amount is received reinvested cash income	Amount (\$) \$289.18
Date 11/28/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 Purpose for which amount is received cash dividend received	Amount (\$) \$289.18

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/12 Report: 167/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Name of person from whom amount is received Fidelity Investments	8 Amount (\$) \$315.01
11/28/2014	6 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	
	7 Purpose for which amount is received cash dividend received	
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$315.01
11/28/2014	Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	
	Purpose for which amount is received reinvested cash income	
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$419.57
12/05/2014	Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	
	Purpose for which amount is received reinvested cash income	
Date	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$230.76
12/05/2014	Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421	
	Purpose for which amount is received long-term capital gain	

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/12 Report: 168/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 12/05/2014	5 Name of person from whom amount is received Fidelity Investments 6 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 7 Purpose for which amount is received short-term capital gain	8 Amount (\$) \$188.81
Date 12/12/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 Purpose for which amount is received long-term capital gain	Amount (\$) \$1,796.53
Date 12/12/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 Purpose for which amount is received short-term capital gain	Amount (\$) \$613.45
Date 12/12/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 Purpose for which amount is received reinvested cash income	Amount (\$) \$2,409.98

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/12 Report: 169/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 12/31/2014	5 Name of person from whom amount is received Fidelity Investments 6 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 7 Purpose for which amount is received reinvested cash income	8 Amount (\$) \$470.23
Date 12/31/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 Purpose for which amount is received cash dividend received	Amount (\$) \$470.23
Date 12/31/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 Purpose for which amount is received reinvested cash income	Amount (\$) \$329.61
Date 12/31/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 Purpose for which amount is received cash dividend received	Amount (\$) \$329.61

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/12 Report: 170/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 12/31/2014	5 Name of person from whom amount is received Fidelity Investments 6 Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 7 Purpose for which amount is received cash dividend received	8 Amount (\$) \$326.65
Date 12/31/2014	Name of person from whom amount is received Fidelity Investments Address of person from whom amount is received; City; State; Zip Code 1576 E Southlake Blvd Southlake, TX 76092-6421 Purpose for which amount is received reinvested cash income	Amount (\$) \$326.65
Date 07/01/2014	Name of person from whom amount is received Wells Fargo Bank Address of person from whom amount is received; City; State; Zip Code 1400 S Main Street Grapevine, TX 76051-5548 Purpose for which amount is received interest	Amount (\$) \$261.48
Date 08/01/2014	Name of person from whom amount is received Wells Fargo Bank Address of person from whom amount is received; City; State; Zip Code 1400 S Main Street Grapevine, TX 76051-5548 Purpose for which amount is received interest	Amount (\$) \$270.84

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/12 Report: 171/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 09/02/2014	5 Name of person from whom amount is received Wells Fargo Bank 6 Address of person from whom amount is received; City; State; Zip Code 1400 S Main Street Grapevine, TX 76051-5548	8 Amount (\$) \$271.49
7 Purpose for which amount is received interest		
Date 10/01/2014	Name of person from whom amount is received Wells Fargo Bank Address of person from whom amount is received; City; State; Zip Code 1400 S Main Street Grapevine, TX 76051-5548	Amount (\$) \$263.37
Purpose for which amount is received interest		
Date 11/03/2014	Name of person from whom amount is received Wells Fargo Bank Address of person from whom amount is received; City; State; Zip Code 1400 S Main Street Grapevine, TX 76051-5548	Amount (\$) \$272.80
Purpose for which amount is received interest		
Date 12/01/2014	Name of person from whom amount is received Wells Fargo Bank Address of person from whom amount is received; City; State; Zip Code 1400 S Main Street Grapevine, TX 76051-5548	Amount (\$) \$264.63
Purpose for which amount is received interest		

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The I NSTRUCTION G UIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 172/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee American Airlines		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel 11/16/2014 11/20/2014	7 Name of person(s) traveling Nelson, Jane (Sen.)	
	8 Departure city or name of departure location DFW Airport	
	9 Destination city or name of destination location Kahului Maui Airport	
10 Means of transportation air	11 Purpose of travel (including name of conference, seminar, or other event) Attend Independent Voter Project Conference	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee American Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel 11/16/2014 11/20/2014	Name of person(s) traveling Nelson, Michael (Mr.)	
	Departure city or name of departure location DFW Airport	
	Destination city or name of destination location Kahului Maui Airport	
Means of transportation air	Purpose of travel (including name of conference, seminar, or other event) Assist with duties at Independent Voter Project Conference	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Avis Rent A Car		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel 11/16/2014 11/20/2014	Name of person(s) traveling Nelson, Jane (Sen.)	
	Departure city or name of departure location Kahului Maui Airport	
	Destination city or name of destination location Wailuku	
Means of transportation Car	Purpose of travel (including name of conference, seminar, or other event) Car expense for Independent Voter Project Conference	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The I NSTRUCTION G UIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 173/174
2 FILER NAME Nelson, Jane (Sen.)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Avis Rent A Car		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel 11/16/2014 11/20/2014	7 Name of person(s) traveling Nelson, Michael (Mr.)	
8 Departure city or name of departure location Kahului Maui Airport		
9 Destination city or name of destination location Wailuku		
10 Means of transportation Car	11 Purpose of travel (including name of conference, seminar, or other event) Car expense for Independent Voter Project Conference	

Information entered by filer as a memo

Schedule A1

Waller Lansden PAC is an out-of-state PAC registered with the Tennessee Registry of Election Finance, located at 511 Union Street, Suite 2700, Nashville, TN 37219. Waller Lansden PAC receives contributions from the Waller law firm, which is also located at the PAC's registered address of 511 Union Street, Suite 2700, Nashville, TN 37219.\n