

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Tracie	OFFICE USE ONLY <b>RECEIVED</b> Date Received <b>APR 28 2017</b> Per <i>[Signature]</i>	
	NICKNAME LAST SUFFIX Storie		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1701 Lime Rock Dr Round Rock, TX 78681	Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>CHARLOTTE</b>	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX <b>BARBINI</b> <b>A.</b>		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1700 WEST CREEK LOOP ROUND ROCK TX 78681</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE <b>512</b>	PHONE NUMBER <b>633-8050</b>	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>03/28/2017    04/26/2017</b>		
10 ELECTION	ELECTION DATE Month Day Year <b>05/06/2017</b>		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Round Rock City Council Place 4	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**  
2 of 15

13 C / OH NAME Storie, Tracie 14 Filer ID \_\_\_\_\_

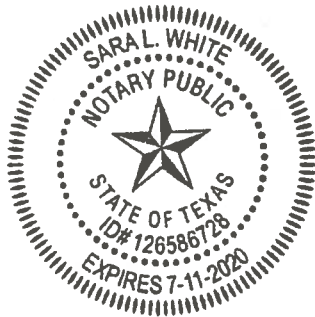
15 NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

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

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

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,421.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,880.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,704.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	200.00

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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tracie Storie, this the 28<sup>th</sup> day of APRIL, 20 17, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering

SARA L. WHITE  
Printed name of officer administering

Notary Public  
Title of officer administering oath

**SUBTOTALS - C/OH**

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

3 of 15

**18 FILER NAME**

Storie, Tracie

**19 Filer ID**

**20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,167.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 254.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,624.48
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 37.40
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 218.97
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.16

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 1/6 Rpt: 4/15.

2 FILER NAME  
Storie, Tracie

3 Filer ID

4 Date  
04/20/2017

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Annie's List

7 Amount of Contribution (\$) \$750.00

6 Contributor address; City; State; Zip Code  
PO Box 303277  
  
Austin, TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/14/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ausley, Robbie

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code  
3707 Laurel Ledge Ln  
  
Austin, TX 78731

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
N/A

Date  
04/10/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Brummett, Katherine

Amount of Contribution (\$) \$25.00

Contributor address; City; State; Zip Code  
531 Columbia St  
  
Houston, TX 77007

Principal occupation / Job title (See Instructions)  
Recruiter

Employer (See Instructions)  
Self-Employed

Date  
03/31/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bucy, John

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code  
6633 East Hwy 290  
Suite 104  
Austin, TX 78717

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
TCSAAL, LLC

Date  
03/30/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Conklin, Blane

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code  
905 E Liberty St  
  
Round Rock, TX 78664

Principal occupation / Job title (See Instructions)  
Sr Systems Analyst

Employer (See Instructions)  
UT System Admin

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/15
<b>2</b> FILER NAME Storie, Tracie		<b>3</b> Filer ID
<b>4</b> Date 04/17/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conroy, Judith	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code 509 E. Main St  Round Rock, TX 78664	
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Self-Employed
Date 04/06/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Terry	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3116 GoldenOak Cir  Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Williamson County Commissioner, Pct 1		Employer (See Instructions) Elected Official
Date 04/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickson, Linda	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1802 Lime Rock Dr  Round Rock, TX 78681	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eikner, Karen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 9815 Copper Creek Dr #11112 Austin, TX 78729	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilby, Kimberly	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 720 Nelson Ranch Rd  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/15
<b>2</b> FILER NAME Storie, Tracie		<b>3</b> Filer ID
<b>4</b> Date 04/19/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heath, Amy <b>6</b> Contributor address; City; State; Zip Code 1968 Regency Ln  Round Rock, TX 78665	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Graduate Student		<b>9</b> Employer (See Instructions) JHU
Date 04/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hislop, Martha Contributor address; City; State; Zip Code 552 Eastview Dr  Georgetown, TX 78626	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions) Edible Arrangements
Date 04/21/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Sydney Contributor address; City; State; Zip Code 2701 Vaquera Ct  Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Harte Hanks
Date 04/02/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommel, Michael Contributor address; City; State; Zip Code 407 W Majestic Oak Ln  Georgetown, TX 78633	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Video Game Developer		Employer (See Instructions) Hamumu Games, Inc.
Date 04/10/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hummel, Julia Contributor address; City; State; Zip Code 1806 Goodson Ct  Round Rock, TX 78664	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Compliance Specialist		Employer (See Instructions) State of Texas

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/15
<b>2</b> FILER NAME Storie, Tracie		<b>3</b> Filer ID
<b>4</b> Date 04/15/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefts, Heather	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code 1202 Willowbrook Dr  Cedar Park, TX 78613	
<b>8</b> Principal occupation / Job title (See Instructions) Swim Instructor		<b>9</b> Employer (See Instructions) Self-Employed
Date 03/29/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jenny	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1012 Gaston Ave  Austin, TX 78703	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A
Date 04/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, J. Woodfin	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 2025 Simond Ave #B Austin, TX 78723	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Alexander Dubose Jefferson & Townsend LLP
Date 03/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konig, Irene	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 11206 Bending Bough Trl  Austin, TX 78758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Christine	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 160 Mercury Cv  Leander, TX 78641	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/15
<b>2</b> FILER NAME Storie, Tracie		<b>3</b> Filer ID
<b>4</b> Date 03/28/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Lisa  <b>6</b> Contributor address; City; State; Zip Code 135 Nelson St  Brooklyn, NY 11231	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/03/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selman, Susan  Contributor address; City; State; Zip Code PO Box 2574  Round Rock, TX 78680	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheets, Nelda  Contributor address; City; State; Zip Code 1700 Deepwood Dr  Round Rock, TX 78681	Amount of Contribution (\$)  \$22.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauber, James  Contributor address; City; State; Zip Code 305 Glasscock Rd  Liberty Hill, TX 78642	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strawther, Betty  Contributor address; City; State; Zip Code 12604 FM 1372  North Zulch, TX 77872	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/15
<b>2</b> FILER NAME Storie, Tracie		<b>3</b> Filer ID
<b>4</b> Date 03/29/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sykes, David <hr/> <b>6</b> Contributor address; City; State; Zip Code 11610 Natrona Dr  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 04/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Georgia <hr/> Contributor address; City; State; Zip Code 3503 Lovage Dr  Austin, TX 78727	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trepanier, Celi <hr/> Contributor address; City; State; Zip Code 7104 High Bluff Trl  Round Rock, TX 78681	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Writer/Author		Employer (See Instructions) Self-Employed

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/15	
2 FILER NAME Storie, Tracie		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/01/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelden, Shirley Ann	8 Amount of contribution (\$) \$254.00	9 In-kind contribution description Videography
	7 Contributor address; City; State; Zip Code 2223 Bluebonnet Dr Round Rock, TX 78664	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 11/15		2 FILER NAME Storie, Tracie		3 Filer ID	
4 Date 04/20/2017		5 Payee name CheckMark Typesetting			
6 Amount (\$) \$1,344.90		7 Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd  Austin, TX 78722			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/26/2017		Payee name DonateWay			
Amount (\$) \$52.70		Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant account processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/28/2017		Payee name Heinrich, Allison			
Amount (\$) \$1,200.00		Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 12/15		2 FILER NAME Storie, Tracie		3 Filer ID
4 Date 03/30/2017		5 Payee name Office Depot		
6 Amount (\$) \$26.88		7 Payee address; City; State; Zip Code 2620 W. Anderson Ln  Austin, TX 78757		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toner	
9 Complete ONLY if direct expenditure to benefit C/OH				
		Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 13/15	2 FILER NAME Storie, Tracie	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 03/31/2017	6 Payee name HEB
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7 Amount (\$) \$29.40	8 Payee address; City; State; Zip Code 16900 N FM 620  Round Rock, TX 78681
--------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/29/2017	Payee name Mimi's Cafe
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Amount (\$) \$8.00	Payee address; City; State; Zip Code 4151 N. IH-35  Round Rock, TX 78664
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Bev for meeting
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES FROM PERSONAL FUNDS**

**SCHEDULE G**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 14/15		2 FILER NAME Storie, Tracie		3 Filer ID
4 Date 04/26/2017		5 Payee name Austin Convention Center		
6 Amount (\$) \$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 201 E. 2nd St  Austin, TX 78757		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for event	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

Date 04/06/2017		Payee name Citi Mastercard		
Amount (\$) \$210.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 388 Greenwich St  New York, NY 10013		
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for expenses on 30 Day report: Bluehost, Nancy's Sky Garden, Vistaprint, WCDP	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 1/1 Rpt: 15/15

2 FILER NAME  
Storie, Tracie

3 Filer ID

4 Date  
03/31/2017

5 Name of person from whom amount is received

Austin Telco Federal Credit Union

8 Amount (\$)

\$0.16

6 Address of person from whom amount is received; City; State; Zip Code

8928 Shoal Creek Blvd

Austin, TX 78757

7 Purpose for which amount is received

Interest

Check if political contribution returned to filer

