

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

<p>The SPAC INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers) 10100000</p>	<p>2 PAGE # 1 of 6</p>
<p>3 COMMITTEE NAME Ten-One Victory Fund</p>		<p>OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked</p>	
<p>4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 5674 Austin, TX 78763</p>		<p>2014 JUN 25 PM 4 31 AUSTIN CITY CLERK RECEIVED</p>
<p>5 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI Alfred NICKNAME LAST SUFFIX Stanley</p>	<p>Receipt # Amount Date Processed Date Imaged</p>	
<p>6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 1409 Hardouin Ave Austin, TX 78703</p>		
<p>7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address</p>	<p>STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 5674 Austin, TX 78763</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (512) 474-4738</p>		
<p>9 REPORT TYPE</p>	<p><input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination</p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year 01/01/2014 THROUGH 06/20/2014</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE Month Day Year</p>	<p>ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</p>	

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Ten-One Victory Fund

ACCOUNT # (Ethics Commission filers)
10100000

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT (Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

OPPOSE (Candidate or Measure)

ASSIST (Officeholder only)

MEASURE

DESCRIPTION

14 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)

\$ 2,190.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 60.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,482.10

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

15 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 Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ALFRED STANLEY, this the 25 day of June, 2014, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

DENISE B PENICK
Print name of officer administering oath

[Signature]
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: 1/1 Report: 3/6	
2 FILER NAME Ten-One Victory Fund		3 ACCOUNT # (Ethics Commission filers) 10100000	
4 Date 04/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austinites for Geographic Representation 6 Contributor address; City; State; Zip Code 6705 Hwy 290 West Suite 502 #173 Austin, TX 78735	7 Amount of contribution (\$) \$62.10	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 02/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Levy, Michael (Mr.) Contributor address; City; State; Zip Code PO Box 146 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)	
Date 02/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Fred Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731	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 06/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanley, Alfred (Mr.) Contributor address; City; State; Zip Code PO Box 5674 Austin, TX 78763	Amount of contribution (\$) \$927.90	In-kind contribution description (if applicable) Partial forgiveness of 01/29/2014 loan (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
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: 1/1 Report: 5/6	2 FILER NAME Ten-One Victory Fund	3 ACCOUNT # (TEC filers) 10100000
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4 Date 01/31/2014	5 Payee name Malveaux, Rudy
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6 Amount (\$) \$1,000.00	7 Payee address City; State; Zip Code 1601 Astor Place Austin, TX 78721
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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"/> Video for 2012 Campaign
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/22/2014	Payee name Malveaux, Rudy
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Amount (\$) \$1,150.00	Payee address City; State; Zip Code 1601 Astor Place Austin, TX 78721
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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"/> Video for 2012 Campaign
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/20/2014	Payee name Stanley, Alfred (Mr.)
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Amount (\$) \$272.10	Payee address City; State; Zip Code PO Box 5674 Austin, TX 78763
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Partial repayment of loan.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

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The Instruction Guide explains how to complete this form.
** Complete only if 'Report Type' on page 1 is marked 'Dissolution' **

1 COMMITTEE NAME Ten-One Victory Fund	2 ACCOUNT # (Ethics Commission filers) 10100000
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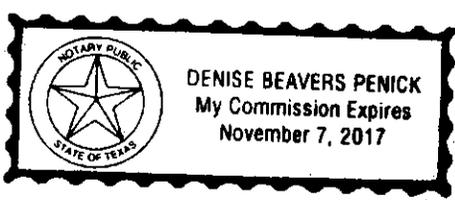
Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.



Signature of Campaign treasurer

**DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED**



AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said ALFRED STANLEY, this the 25th day of June, 2014, to certify which, witness my hand and seal of office.



Signature of officer administering oath

DENISE B PENICK

Printed name of officer administering oath

Notary

Title of officer administering oath