

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI Fred L. NICKNAME LAST SUFFIX McGhee		OFFICE USE ONLY Date Received 2014 JUL 15 PM 3 18 RECEIVED AUSTIN CITY CLERK Date Hand-delivered Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		
ADDRESS / PO BOX: APT/SUITE #: CITY: STATE: ZIP CODE 2316 Thrasher Ln. Austin, TX 78741			
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 275-6027			
6 CAMPAIGN TREASURER NAME MS/MRS/MR FIRST MI Israel Lopez NICKNAME LAST SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE: ZIP CODE 6800 Villita Avenida Austin, TX 78741		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 791-5427		
9 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 5 / 8 / 2014 6 / 30 / 2014		
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE 11 / 4 / 2014 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) Austin City Council District 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

McGhee, Fred

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 105

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1405

EXPENDITURE
TOTALS

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

\$ 30

4. TOTAL POLITICAL EXPENDITURES

\$ 1966.16

CONTRIBUTION
BALANCE

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

\$ 12,507.87

OUTSTANDING
LOAN TOTALS

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

\$ 12,500

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Fred L. McGhee, this the 14 day of July, 20 14, to certify which, witness my hand and seal of office.

Grecia J. Paez
Signature of officer administering oath

Grecia J. Paez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME McGhee, Fred		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/28/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Moore, Reginald 6 Contributor address; City; State; Zip Code 8619 Barronwood Circle East Houston, TX 77083	7 Amount of contribution (\$) \$100 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Texas Slave Descendants Society	
Date 5/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kirk, Sandra Contributor address; City; State; Zip Code 2117 Clifton St. Austin, TX 78704	Amount of contribution (\$) \$200 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) Retired	
Date 5/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steinmeier, Oliver Contributor address; City; State; Zip Code 20 Creekside Ln. San Mateo, CA 94401	Amount of contribution (\$) \$350 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Oracle Corporation	
Date 5/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Washington, Gerard Contributor address; City; State; Zip Code 11500 Oak Trail Austin, TX 78753	Amount of contribution (\$) \$150 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accounts Examiner		Employer (See Instructions) Texas Comptroller	
Date 6/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carter, Jacob Contributor address; City; State; Zip Code 3329 East 12th St. Austin, TX 78721	Amount of contribution (\$) \$5 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) SHI	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME McGhee, Fred		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/5/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Slocum, Tyson 6 Contributor address; City; State; Zip Code 4600 Connecticut Ave. NW Apt. 309 Washington, DC 20008	7 Amount of contribution (\$) \$100 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Energy Policy Analyst		10 Employer (See Instructions) Public Citizen, Inc.	
Date 6/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McDavid, Carol Contributor address; City; State; Zip Code 1638 Branard Rd. Houston, TX 77006	Amount of contribution (\$) \$100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Community Archaeology Research Institute, Inc.	
Date 6/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shearer, Andrea Contributor address; City; State; Zip Code 272 Heatherwood Dr. Driftwood, TX 78619	Amount of contribution (\$) \$25 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Springs Enrichment Academy	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Washington, Gerard Contributor address; City; State; Zip Code 11500 Oak Trail Austin, TX 78753	Amount of contribution (\$) \$200 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accounts Examiner		Employer (See Instructions) Texas Comptroller	
Date 6/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tansey, Lisa Contributor address; City; State; Zip Code 2600 Barkwood Dr. Austin, TX 78748	Amount of contribution (\$) \$25 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Dental Hygienist		Employer (See Instructions) Self	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME McGhee, Fred		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/28/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McGhee, Flyree 6 Contributor address; City; State; Zip Code 2600 Barkwood Dr. Austin, TX 78748	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Administrative Assistant		10 Employer (See Instructions) Wells Fargo Private Bank	
Date 6/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jung, Richard Contributor address; City; State; Zip Code 2704 Woodland Hills Cove Austin, TX 78732	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jung Ko, PLLC	
Date 6/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Meade, Nikelle Contributor address; City; State; Zip Code 5363 Austral Loop Austin, TX 78739	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Husch Blackwell, LLP	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	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 <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME McGhee, Fred		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date of loan 6/30/14	7 Name of lender McGhee, Fred <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 12,500	
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 2316 Thrasher Ln. Austin, TX 78741	10 Interest rate 0%	
		11 Maturity date N/A	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule F: 2	2 FILER NAME McGhee, Fred		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/19/14	5 Payee name Checkmark Typesetting		
6 Amount (\$) 340.11	7 Payee address; City; State; Zip Code 3217 N. IH-35, Austin TX 78722		
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) Business Cards	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5/14/14	Payee name Texas Democratic Party		
Amount (\$) 125	Payee address; City; State; Zip Code 4818 East Ben White Blvd., Suite 104, Austin, TX 78741		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) NGP/VAN Access	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5/19/14	Payee name Rally/Piryx		
Amount (\$) 25	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Online Donation Portal	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 6/29/14	Payee name Facebook		
Amount (\$) 97.02	Payee address; City; State; Zip Code 601 Willow Road, Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Social Media Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule F: 2	2 FILER NAME McGhee, Fred	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/10/14	5 Payee name Elizabeth Christensen	
6 Amount (\$) 100	7 Payee address; City; State; Zip Code P.O. Box 1792, Austin, TX 78767	
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)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 6/8/14	Payee name Casey Chapman Ross Photography	
Amount (\$) 395	Payee address; City; State; Zip Code 1202 Folts Avenue, Austin TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Photography
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 6/28/14	Payee name Elizabeth Christensen	
Amount (\$) 315	Payee address; City; State; Zip Code P.O. Box 1792, Austin, TX 78767	
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) Voter List Analysis
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule G: 1		2 FILER NAME McGhee, Fred		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/28/14		5 Payee name Winebelly Restaurant			
6 Amount (\$) 394.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 519 West Oltorf St., Austin TX 78704			
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) Campaign Kickoff	
Date 5/8/14		Payee name La Voz			
Amount (\$) 50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 19457, Austin, TX 78760			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T)	
Date 5-19-14		Payee name Capital Area Democratic Women			
Amount (\$) 125 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 12962, Austin, TX 78711			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution/Donation		Description (If travel outside of Texas, complete Schedule T) Event Sponsorship	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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