

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 7
3 COMMITTEE NAME Our Rail		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 49166 Austin, TX 78765		Date Received 2014 OCT 6 AM 11 59 AUSTIN CITY CLERK RECEIVED
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Scott NICKNAME LAST SUFFIX Morris		Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3705 Cedar St., Austin TX 78705		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 49166, Austin, TX 78765		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 371-7961		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 14 THROUGH 09 / 25 / 14		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 14		

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME
Our Rail

ACCOUNT # (Ethics Commission Filers)

**13 COMMITTEE
PURPOSE**

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

☐ **SUPPORT**
(Candidate or Measure)

☒ **OPPOSE**
(Candidate or Measure)

☐ **ASSIST**
(Officeholder)

☐ **CANDIDATE**
☐ **OFFICEHOLDER**
☒ **MEASURE**

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

"Project Connect"

Bond Referendum

ELECTION DATE
Month Day Year

11 / 04 / 14

DESCRIPTION

A measure funding urban rail within a sub-corridor approved by Austin City Council on 12/12/13.

**14 CONTRIBUTION
TOTALS**

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

\$ *

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

\$ *

**EXPENDITURE
TOTALS**

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

\$ *

4. TOTAL POLITICAL EXPENDITURES

\$ *

**CONTRIBUTION
BALANCE**

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

\$ *

**OUTSTANDING
LOAN TOTALS**

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

\$ *

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.

* See following page

Signature of Campaign Treasurer

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

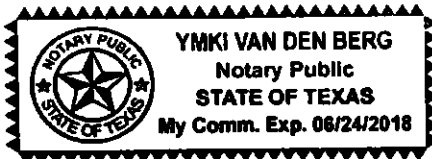
Printed name of officer administering oath

Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Our Rail		ACCOUNT # (Ethics Commission Filers)	
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # "2014 Strategic Mobility Plan" Month Day Year Bond Referendum 11 / 04 / 14	
		DESCRIPTION A ballot measure containing urban rail investments approved by City Council on 6/26/14.	
14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 60.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 760.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 29.53
	4.	TOTAL POLITICAL EXPENDITURES	\$ 314.18
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 689.06
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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 Scott Morris, this the 16 day of October, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Ymki vanden Berg
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: 1	
2 FILER NAME Our Rail		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/02/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robin Sommers 6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd FSR 2801 Austin, TX 78701	7 Amount of contribution (\$) 100.00	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 07/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Corrigan Contributor address; City; State; Zip Code 819 E. 38th Street Austin, TX 78705	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) Retired		Employer (See Instructions)	
Date 07/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Corrigan Contributor address; City; State; Zip Code 819 E. 38th Street Austin, TX 78705	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) Retired		Employer (See Instructions)	
Date 07/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrew Clements Contributor address; City; State; Zip Code 4528 Ruiz St Austin, TX 78723	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) Architect		Employer (See Instructions) State of Texas DSHS	
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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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: 3	2 FILER NAME Our Rail	3 ACCOUNT # (Ethics Commission Filers)
4 Date 07/08/14	5 Payee name Scott Morris - (reimbursement)	
6 Amount (\$) 20.00	7 Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765	
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) Twitter ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 07/15/14	Payee name Scott Morris - (reimbursement)	
Amount (\$) 13.15	Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765	
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) Office Max copies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 07/15/14	Payee name Scott Morris - (reimbursement)	
Amount (\$) 20.00	Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Twitter ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 07/15/14	Payee name Scott Morris - (reimbursement)	
Amount (\$) 6.48	Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765	
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) Target office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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 Total pages Schedule F: 3	2 FILER NAME Our Rail	3 ACCOUNT # (Ethics Commission Filers)
4 Date 07/28/14	5 Payee name Office Max	
6 Amount (\$) 84.64	7 Payee address; City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78751	
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) Flyers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/14	Candidate / Officeholder name Frost Bank	
Amount (\$) 5.00	City; State; Zip Code 1206 W. 38th Street, Suite 1101 Austin, TX 78705	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/02/14	Candidate / Officeholder name Scott Morris - (reimbursement)	
Amount (\$) 15.33	City; State; Zip Code PO Box 49166 Austin, TX 78765	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Pair Web Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/28/14	Candidate / Officeholder name Office Max	
Amount (\$) 40.04	City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78751	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Flyers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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: 3	2 FILER NAME Our Rail	3 ACCOUNT # (Ethics Commission Filers)
4 Date 08/31/14	5 Payee name Frost Bank	
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 1206 W. 38th Street, Suite 1101 Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 09/17/14	Payee name Lyndon Henry (reimbursement)	
Amount (\$) 34.10	Payee address; City; State; Zip Code 913 Acorn Oaks Dr Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Office Max copies
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 09/17/14	Payee name Lyndon Henry (reimbursement)	
Amount (\$) 11.91	Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Office Max copies
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 09/25/14	Payee name Scott Morris - (reimbursement)	
Amount (\$) 29.00	Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Shutterstock photography
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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