

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) **00070085** **2 Total pages filed:**

3 COMMITTEE NAME
Keep Austin Livable for Everyone (KALE)

OFFICE USE ONLY

Date Received
2014 OCT 27 PM 1 51

Date Hand-delivered or Postmarked
AUSTIN CITY CLERK RECEIVED

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

4 COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
Post Office Box 146, Austin, TX 78767
 change of address

5 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Ms. Pam Keller
NICKNAME LAST SUFFIX

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
515 Congress, Suite 2375, Austin, TX 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
Post Office Box 146, Austin, TX 78767
 change of address

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 658-9752

9 REPORT TYPE

January 15 30th day before election Exceeded \$500 limit
 July 15 8th day before election Dissolution (attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year Month Day Year
09 / 26 / 2014 THROUGH 10 / 25 / 2014

11 ELECTION
ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 04 / 2014 General

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Keep Austin Livable for Everyone (KALE)	ACCOUNT # (Ethics Commission Filers) 00070085
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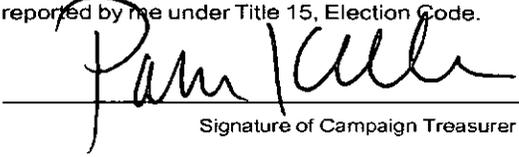
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME _____									
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) _____									
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ <table style="float:right; margin-left:20px;"> <tr> <td colspan="3">ELECTION DATE</td> </tr> <tr> <td style="text-align:center">Month</td> <td style="text-align:center">Day</td> <td style="text-align:center">Year</td> </tr> <tr> <td style="text-align:center">/</td> <td style="text-align:center">/</td> <td style="text-align:center">/</td> </tr> </table>	ELECTION DATE			Month	Day	Year	/	/	/
	ELECTION DATE										
Month	Day	Year									
/	/	/									
DESCRIPTION _____											

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 515.00
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 of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pam Keller, this the 27 day of October, 2014, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Susan Uhouse

Printed name of officer administering oath

Notary

Title of officer administering oath