

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 47-1938750	2 Total pages filed: 4
3 COMMITTEE NAME AUSTIN COMMUNITY COALITION			OFFICE USE ONLY Date Received FILED IN THE OFFICE OF CITY CLERK ON 30 DAY OF Oct 20 14 AT 1:50 PM BY Sharon Gandy, City Clerk
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1300 W. OLTORF #6 AUSTIN, TX 78704		
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI MR. William H NICKNAME LAST SUFFIX ABDEL		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1300 W. OLTORF #6 AUSTIN, TX 78704		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE SAME AS ABOVE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-1551 #7105		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 9 / 26 / 14 THROUGH 10 / 26 / 14		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 14 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME <u>AUSTIN COMMUNITY COALITION</u>		ACCOUNT # (Ethics Commission Filers) <u>47-1938750</u>
13 COMMITTEE ACTIVITY (attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported <u>CHRIS RILEY</u>
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
14 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>1514.56</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2030.78</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>7200.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5149.22</u>

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.

Wilich

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William H. Aron, this the 28 day of October, 20 14, to certify which, witness my hand and seal of office.

Mandy N. Clark

Signature of officer administering oath

Mandy N. Clark

Printed name of officer administering oath

Title of officer administering oath

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

AUSTIN COMMUNITY COALITION

3 ACCOUNT # (Ethics Commission Filers)

47-1938750

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

9/30/14

6 Full name of pledgor

DARYL KUNICK

☐ out-of-state PAC (ID#)

7 Pledgor address; City; State; Zip Code

701 S. LAMAR BLVD AUSTIN, TX 78704

8 Amount of pledge (\$)

2500-

9 In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

RESTAURANT OWNER

11 Employer (See Instructions)

ENSO MANAGEMENT LLC

Date

10/2/14

Full name of pledgor

RECA ~~FOR~~ GOOD GOVERNMENT PAC☐ out-of-state PAC (ID#)

Pledgor address; City; State; Zip Code

98 SAN JACINTO BLVD
SUITE 510 AUSTIN, TX 78705

Amount of pledge (\$)

2500-

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

REAL ESTATE COUNCIL OF AUSTIN

Date

9/29/14

Full name of pledgor

WILLIAM H. ABELL

☐ out-of-state PAC (ID#)

Pledgor address; City; State; Zip Code

1300 W. CLYDE AVE AUSTIN, TX 78704

Amount of pledge (\$)

2000-

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETAIL STORE OWNER / CEO

Employer (See Instructions)

BICYCLE SPORT SHOP

Date

9/29/14

Full name of pledgor

RICHARD F. CRAIG

☐ out-of-state PAC (ID#)

Pledgor address; City; State; Zip Code

1419 PRESTON AVE AUSTIN, TX 78743

Amount of pledge (\$)

200-

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY AT LAW

Employer (See Instructions)

SELF-EMPLOYED

Date

Full name of pledgor

☐ out-of-state PAC (ID#)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind 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
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)

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1 Total pages Schedule F: <u>1</u>		2 FILER NAME <u>AUSTIN COMMUNITY COALITION</u>		3 ACCOUNT # (Ethics Commission Filers) <u>47-1938750</u>	
4 Date <u>12/20/14</u>		5 Payee name <u>AUSTIN SCREEN PRINTING</u>			
6 Amount (\$) <u>476.22</u> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <u>4204 MEDICAL PARKWAY AUSTIN, TX 78756</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>T-SHIRTS</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>12/28/14</u>		Payee name <u>KELLY GRAPHICS</u>			
Amount (\$) <u>1574.56</u> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <u>1409 QUAKER RIDGE AUSTIN, TX 78746</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description (If travel outside of Texas, complete Schedule T) <u>PRINTED MATERIAL</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>CHRIS RILEY</u>		Office sought <u>CITY COUNCIL</u>	Office held <u>CITY COUNCIL</u>
Date		Payee name			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED