

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: 3
3 COMMITTEE NAME THE SHUDDE PATH PAC		OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1005 BLUEBONNET LANE AUSTIN TX 78704		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS SHUDDE B. NICKNAME LAST SUFFIX FATH		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1005 BLUEBONNET LANE 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 1005 BLUEBONNET LANE AUSTIN TX 78704		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 442-2718		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 11 / 17 / 14 THROUGH 11 / 20 / 14		
11 ELECTION	ELECTION DATE Month Day Year 12 / 16 / 14 ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

AUSTIN CITY CLERK

RECEIVED

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

THE SHUDDE FATH PAC

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

MIKE MARTINEZ

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

MAYOR

BALLOT IDENTIFICATION / #
ELECTION DATE
 Month Day Year

12 / 16 / 14

DESCRIPTION

AUSTIN MAYOR RUNOFF

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

\$.00

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

\$ 1,450.00

**EXPENDITURE
TOTALS**

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

\$.00

4. TOTAL POLITICAL EXPENDITURES

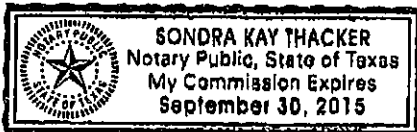
\$ 1,450.00

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

\$ 1,450.00

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

\$.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.


Shudde B. Fath

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said, SHUDDE BRYSON FATH, this the

21st day of NOVEMBER 20 14, to certify which, witness my hand and seal of office.

Sondra Kay Thacker

Signature of officer administering oath

SONDRA KAY THACKER

Printed name of officer administering oath

Title of officer administering oath

ERY AUTO TITLE -
OFFICE MANAGER

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 THE SHLODE FATH PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-20-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHLODE B. FATH	7 Amount of contribution (\$) 725.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1005 BLUEBONNET LANE, AUSTIN TX 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
Date 11-20-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BETSY FATH HILLER	Amount of contribution (\$) 725.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1005 BLUEBONNET LANE, AUSTIN TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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.