

POLITICAL COMMITTEE SPECIAL PRE-ELECTION REPORT OF DIRECT EXPENDITURES

FORM PAC-E

1 ACCOUNT # (Ethics Commission Filers) 00015883		2 PAGE # 1 of 1		OFFICE USE ONLY	
3 COMMITTEE NAME Austin Police Association PAC					
4 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Valencia NICKNAME LAST SUFFIX Escobar		Receipt # <div style="text-align: right; font-weight: bold;">2014 DEC 8 PM 2</div>	
5 CAMPAIGN TREASURER'S MAILING ADDRESS		STREET OR PO BOX APT / SUITE # CITY STATE ZIP CODE 5817 Wilcab Road Austin, TX 78721		Date Hand-delivered Amount Date Processed Date Imaged	
DIRECT CAMPAIGN EXPENDITURES					
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees </div> <div style="width: 25%;"> Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense </div> <div style="width: 25%;"> Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense </div> <div style="width: 25%;"> Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) </div> </div> <p style="text-align: center;">The INSTRUCTION GUIDE explains how to complete this form.</p>					
6 Date 12/08/2014		7 Payee name Kelly Graphics			
8 Amount (\$) \$2,488.81		9 Payee address City: State: Zip Code 1409 Quaker Ridge Austin, TX 78746			
10 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) <input type="checkbox"/> Printing, Mailing, Postage fees for a political mailer	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Flannigan, Jimmy (Mr.)		Office sought: Office held: Austin City Council District 6	
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) <input type="checkbox"/>	
Complete ONLY 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) <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	