GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

CAMPAIGN FINANCE REPORT					COVER C	HEET FG T
The GPAC Instruction G	uide explains how to complete	this form.	1 ACCOUNT # (Ethics Commi		2 Total pages fil	ed:
3 COMMITTEE NAME	Evolve Austin				OFFICE Date Received	Jag high
4 COMMITTEE ADDRESS Change of Address 5 CAMPAIGN	ADDRESS / PO BOX: APT / SUITE #; PO Box 6383 MS / MRS / MR FIRST	city; Austir	STATE: TX	78762	HD / PM Receipt # Date Processed	RECEIVED E 40
TREASURER NAME 6 CAMPAIGN TREASURER'S	Mr. Cid NICKNAME LAST Galindo STREET ADDRESS (NO PO BOX PLEASE): 411 Brazos Street	O APT/SUITE#: Suite 99	ary; Austi r	STATE;	Date Imaged ZIP CODE 78701	
TREASURER'S MAILING ADDRESS Change of Address	STREET OR PO BOX; PO Box 6383	APT / SUITE #:	cıty; Austin	STATE: TX	ZIP CODE 78762	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 297-0525	R	EXTENSIO	/ N		
9 REPORT TYPE	January 15 July 15	30th day be	fore election ore election		Dissolution (attach I	PAC-DR) gn treasurer termination
10 PERIOD COVERED	Month Day Year		THROUGH		Month Day	Year / 2014
11 ELECTION City of Austin	ELECTION DATE Month Day Year 12 / 16 / 2014	ELECTION TYPE		noff	General	Special
	G	60 TO PAC	3E 2			

GENERAL-PURPOSE COMMITTEE REPORT	:
DUDDOSE AND TOTALS	

P.O. Box 12070

FORM GPAC COVER SHEET PG 2

. 0.11. 002.71		<u> </u>	
12 COMMITTEE NAM Evolve Austin	E		ACCOUNT # (Ethics Commission Filers) 00070207
13 COMMITTEE ACTIVITY (attach lists on plain paper to complete this report if necessary.)	Candidates (identify by name or, if applicable, classify by party)	A. Supported 1. Sabino "Pio" Renteria (district 3), 2. Ji 3. Jeb Boyt (district 7) B. Opposed	mmy Flannigan (district 6)
	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	PLEDGES, LO check here 2. TOTAL POL	MIZED POLITICAL CONTRIBUTIONS (OTHER THAN DANS, OR GUARANTEES OF LOANS), UNLESS ITEM if this report qualifies for the higher itemization thres LITICAL CONTRIBUTIONS N PLEDGES, LOANS, OR GUARANTEES OF LOANS)	a 4 / 7/1/2 on
EXPENDITURE TOTALS	`	TICAL EXPENDITURES OF \$100 OR LESS, UNLESS IT	TEMIZED \$ 0
CONTRIBUTION BALANCE	5. TOTAL POLI	TICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	\$ \$ 2,467.33 AST DAY \$ \$ 7000.00 \(\frac{4}{4},232.63
OUTSTANDING LOAN TOTALS		CIPAL AMOUNT OF ALL OUTSTANDING LOANS AS F THE REPORTING PERIOD	
My Co My Co Oc AFFIX NOTARY STAME		report is true and correct/and/increported by me under Title 15, E Signature of C	of perjury, that the accompanying lude's all information required to be election code. ampaign Treasurer
Signature of officer admin	istering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule A: 3
2 FILER NAME	EVOKE ANS FIN		1 .	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	LATTY AND More Jith Want 6 Contributor address; City; State; Zip Code 105 E. & H. Sit Alviti	ihaw	contribution (\$)	description (if applicable)
11/10/14	6 Contributor address; City; State; Zip Code		2,500	
' ' ' '				
		<u> 3702 </u>	(If travel outside	of Texas, complete Schedule T)
9 Principal occu ک عدی ق (و	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Islem Coli MAN		contribution (\$)	description (if applicable)
11/17/14	Contributor address; City; State; Zip Code		10:0	
///////	2521 Blara Drive			
	Austin, TX 787	25	(If travel outside of	l of Texas, complete Schedule T)
	upation / Job title (See Instructions)	Employer (See	Instructions)	<u> </u>
2-10.	on altrict / hobby ist		52/4	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
, ,	GARNER Stoll		contribution (\$)	description (if applicable)
11/19/14	GARNER Stoll Contributor address: City; State; Zip Code 12203 Edwards Hullaco	<i>a</i>	250-00	
	12205 Edwards Hullow	KUN		
	Austin TX 78739	-		of Texas, complete Schedule T)
	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
Mida	Eric Goff Contributor address; City; State; Zip Code		3,000	
11/19/2014	Contributor address; City; State; Zip Code	1.	7, 000	
	2500 E 214 5 free	•		
	Austin, TX 7870	2	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	,
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	JiM BER NAR		contribution (\$)	description (if applicable)
11/26/14	Contributor address; City; State; Zip Code		100-00	
11/25/11	7140 Chimney CORNE	R5		
	Austin. TX 78731		(If travel outside o	of Texas, complete Schedule T)
()	pation / Job title (See Instructions)	Employer (See I		The same of the sa
				
•	ATTACH ADDITIONAL CODIES C	E TUIC COUED!!! F	AC NEEDED	

ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	idule A: 3
2 FILER NAME Evolve Aus	tin PAC		3 ACCOUNT # (E	thics Commission Fil e rs)
4 Date	5 Full name of contributor out-of-state PAC (10#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/24/14	6 Contributor address; City; State; Zip Code 2521 EINVA Drive	· · · · · · · · · · · · · · · · · · ·	15.00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	•	of Texas, complete Schedule T)
Date 11/25/14	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
, , , 	Contributor address; City; State; Zip Code 1502 Bluckennet Austin, Tx 787 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Fillicipal occi	pation / Job title (See instituctions)	Employer (Gee)	nad detions/	
Date	Full name of contributor out-of-state PAC (ID#_ Jehnifer How I hAN)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/26/19	Contributor address; City; State; Zip Code 12112 EINZIONE DAV.		15.00	
	Austin 1X 78748		•	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 1/22/24/4	Full name of contributor uul-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/24/2011	411 BANZOS ST #99 AUX HU, TX 7970	(of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:_ Gay Schumann		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/1/14	Contributor address: City; State; Zip Code 4330 GAINES RANCH Austin TX 7873	Loop	20000	
Δ L λ	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
If cont	ATTACH ADDITIONAL COPIES O tributor is out-of-state PAC, please see instru			ng requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	a a 9
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Evolve Aust	tin		00070207	
4.5.4			7 Amount of	8 In-kind contribution
4 Date	5 Full name of contributor out-of-state PAC (ID#)	contribution (\$)	description (if applicable)
į	Judé GAlligAN		100,00	<u> </u>
12/1/14	6 Contributor address; City; State; Zip Code 603 DAJIS STARET	402	100.00	
	Austin TX 787	01	(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Fullmame of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Brewdan WittsRu	10K	contribution (\$)	description (if applicable)
			11.00	
12/2/14	Contributor address; City; State; Zip Code		25.00	
[~]~[` '	4609 Parkwood Rd		•	
, and the second	AUCTIN TY 78	122	/If trough putaida	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or rexas, complete schedule 1)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	,	
Date	Full name of contributor		Amount of	In-kind contribution
50,0	And local Contribution of documents are processed and the second of the		contribution (\$)	description (if applicable)
,	MASEO BARNSTONE]
12/1H	Contributor address; City; State; Zip Code	L	100-09	<u> </u>
12/2/	3917 TACEALGIN SA	reet	100	l
. 1	2 12 1 2077	2		l i
	AUSTIN IX FEIL	J		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address: City: State: Zin Code			ı
	Contributor address; City; State; Zip Code			·
)
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or reside, complete contection if
·				
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
		/	contribution (\$)	description (if applicable)
			•	'
	Contributor address; City; State; Zip Code			
	•			
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II	nstructions)	
			· · · -	<u>-</u>
	ATTACH ADDITIONAL COPIES OF			
If cont	ributor is out-of-state PAC, please see instru	ction guide for ac	Iditional reportir	ng requirements.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C-1

(for use by committees that support or oppose measures only)				
	The Instruction Guide explains how to complete this form.	1 Total pages Sch	edule C-1:	
2 FILER NAT	ME EUDICE AUSTIN	1	thics Commission Filers)	
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	6 Corporation / Labor Organization address; City; State; Zip Code		 	
		Of the state of the state of	Toward committee Schoolide TV	
		(If travel outside	of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Corporation / Labor Organization address; City; State; Zip Code		 	
	/	(If travel outside	of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Corporation / Labor Organization address; City; State: Zip Code		[
10				
		(If travel outside	of Texas, complete Schedule T)	
D-4-		<u> </u>	<u> </u>	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Corporation / Labor Organization address; City; State; Zip Code	,		
	/	(If travel outside	of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Corporation / Labor Organization address; City; State; Zip Code		[[
		(If travel outside	of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Orporation / Labor Organization address; City; State; Zip Code		 -	
		(If travel outside	of Texas, complete Schedule T)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CORPORATION OR LABOR ORGANIZATION SUPPORT

P.O. Box 12070

SCHEDULE C-2

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule C-2:
FILER NAME	Evolur Austin	3 ACCOUNT # (Ethics Commission Filers
Date	5 Corporation / Labor Organization name	6 Amount (\$)
 Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
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Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date /	Corporation / Labor Organization name	Amount (\$)

PLEDGED CORPORATE OR LABOR ORGANIZATION **CONTRIBUTIONS**

P.O. Box 12070

SCHEDULE D

	The Instruction Guide explains how to complete this form.	1 Total pages Sch	nedule D:
2 FILER NA	ME Evolue Austins	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of pledge (\$)	8 In-kind description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code	((Change) and shirts	
		(if travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		1
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		1
		(If travel outside o	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside o	 of Texas, complete Schedule T)
	· · · · · · · · · · · · · · · · · · ·		-

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P.O. Box 12070

LOANS				SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pa	ages Schedule E:
2 FILER NAME	EVO luc Austin	j		DNT # (Ethics Commission Filers) の子のこの子
4 ТОТА	L OF UNITEMIZED LOANS:		⇒	\$ -0 -
5 Date of loan	7 Name of lender	out-of-state PAC ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		18 Interest rate
Y N				11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		· · · · · · · · · · · · · · · · · · ·
14 Description of Coll	ateral		,	
15 GUARANTOR INFORMATION	16 Name of guarantor		•	18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City;	State; Zip Code		
19 Principal Occupat	ion (See Instructions)	20 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zìp Code		Interest rate
Y N				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		<u> </u>
Description of Colla	ateral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instructions)	·	
If lend	ATTACH ADDITIONAL COP der is out-of-state PAC, please see inst	IES OF THIS SCHEDULE AS NEE truction guide for additional rep		quirements.

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Salaries/Wages/	• •		
Accounting/Banking	Expense Solicitation/Fund	· ·		
Consulting Expense Event Expense	Food/Beverage Expense Travel Out Of Dis	trict Contributions/Donations Made By		
Fees	Polling Expense Office Overhead/ Printing Expense	OTHER (enter a category not listed above)	tee	
	The Instruction Guide explains how to			
1 Total pages Schedule F:	2 FILER NAME Evolve Austin	3 ACCOUNT # (Ethics Commission Fill 00070207	ilers)	
4 Date	5 Payee name			
11/4/2014	Thompson & Knight, LU			
6 Amount (\$) 1,060	1	1): - 177.1		
Expenditure from corporate funds	98 San Tacinto Blvd #1900	Austin, TX 18101		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Returner		
OF Expenditure	Legal services	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/C	ЭН			
Date	Payee name A i			
11/17/2014	Jason Ahuja			
Amount (\$) 150.00	Payee address; Ucity: State: Zip Code			
Expenditure from corporate funds	4600 Monterrey Waks Blud	1#613 Austin, Tx 78749		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Contract labor	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
Date 1	Rayee name		==	
11/17/2014	Camila Villeus			
Amount (\$) 62,00	Payee address: City: State: Zip Code			
Expenditure from corporate funds	4100 Victory Dr. #345	Austin, Tx 78704		
PURPOSE	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)		
OF Expenditure	Contract Keimbursemen	P.O. BOX Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
Date 11/17/2014	Payee name			
Date 11/14/2014	Camila Pulecio			
Amount (\$) 20%, 50%	Payee address; City; State; Zip Code	- 1 1 OSNI		
Expenditure from corporate funds	4100 Victory Dr. #345	Austin, TX 78704		
PURPOSE	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T))]	
OF Expenditure	Contract Labor	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held		
SAPORTORIO TO DOMORE OF		COURTIN E ACAICEDED		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Austin, Texas 78711-2070 (512

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Expense Solicitation/Fu Legal Services Travel In Distr Food/Beverage Expense Travel Out Of	contract Labor Loan Repayment/Repundralising Expense rict Expense District ad/Rental Expense to complete this form. Loan Repayment/Repayment/Repundralising Expense Contributions/Donation Candidate/Office OTHER (enter a cate	ment & Related ons Made By older/Political Committee gory not listed above)	
1 Total pages Schedule F:	2 FILER NAME Evolve Austin	3 ACCOUNT # 00070207	(Ethics Commission Filers)	
11 /17 /2014	Page Time Evil			
6 Amount (\$) 20006 Expenditure from corporate funds	P.O. Box 5693 Austra			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Adversising Expense	(b) Description (If travel outside of Tex WUDG'TC Check if Austin, TX, officeholder livi		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date 11117 /2014 Amount (\$) 100.00	Payee name VUKA Payee address; City: State; Zlp Code			
Expenditure from corporate funds	411 Monroe St. W. Au	ustin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Tex **Cuta** NSSM Check if Austin, TX, officeholder livit	as, complete Schedule T) ng expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date 17 20 4	Payee name Angulo			
Amount (\$) 12.80	Payee address; City; State; Zip Code 411 Monroe St. W. Au			
Expenditure from corporate funds	411 Morroe St. N. Ma	3 ((1), 1 = < 7 0 7 0)		
PURPOSE OF Expenditure	Category (See categories listed at the top of this Cahedule) Cantract Labor	Description (If travel outside of Tex Art For Websit Check if Austin, TX, officeholder livi	e	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date 11/24/2014	Payee name			
Amount (\$) 120.00	Payee address; City; State; Zip Code	•		
Expenditure from corporate funds	411 Monne St W. A	,	<u></u>	
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) VINAGO OX REMOVE	De: / DOM / LN f All	edule T)	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Salaries/Wages Expense Solicitation/Fun Legal Services Travel In Distric Food/Beverage Expense Travel Out Of D	/Contract Labor Load draising Expense t Exp Contract Load (Argument)	in Repayment/Reimbursement insportation Equipment & Related iense itributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)			
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)			
- 1 - 1	Evolve Austin		00070207			
4 Date 12/3/2014	5 Payee name VUKA					
6 Amount (\$) /OD, 60 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 411 Monrol SA W. Au	utin, TX	78704			
8 PURPOSE OF Expenditure	(a) Category (See categories listed at the top of this schedule) FENTU LXPENSE	hoom	travel outside of Texas, complete Schedule T) PCN+GL TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
Date 12/5/2014	Camila Puleció					
Amount (\$) 196.00	Payee address; City; State; Zip Code	1				
Expenditure from corporate funds	4100 Wiltony Dr. #345	Austin, 7	18704			
PURPOSE OF Expenditure	category (See categories listed at the top of this schedule) Contract labor	Pabo	travel outside of Texas, complete Schedule T) Vovember TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
Date 12/6/2014	Camile Pulcus					
Amount (\$) 14.73	Payee address; City; State; Zip Code					
Expenditure from corporate funds	4180 Victory Dr. #34	5 Anstin,	Tx 78704			
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) YEIM MYSEMME	_ food	travel outside of Texas, complete Schedule T) + CO NECHT OF 1, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code		,			
Expenditure from corporate funds	<u>.</u>					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)			
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held			
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

(512) 463-5800

	The Instruction Guide explains how	v to complete this form.
1 Total pages Schedule I:	EVOIUE AUSTIN	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$) Expenditure from corporate funds	Payee address; City, State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

P.O. Box 12070

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	The	nedule J:		
2	FILER NAME	EVOLUE AUSTIN	1	ithics Commission Filers)
4	Date Returned	5 Original payee name		7 Amount Returned (\$)
		6 Original payee address; City; State; Zip Code		-0-
	Date Returned	Original payee name		Amount Returned (\$)
		Original payee address; City; State; Zip code		
	Date Returned	Original payee name		Amount Returned (\$)
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-	Date Returned	Original payee name		Amount Returned (\$)
		Original payee address; City; State; Zip Code		
	Date Returned	Original payee name	······································	Amount Returned (\$)
		Original payee address; City; State; Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED	
1		ALIAGUADDITICITAL COFILO OF THIS CONEDULE F	TO MELDED	

SCHEDULE K

INTEREST EARNED, OTHER CREDITS/GAINS/ **REFUNDS, AND PURCHASE OF INVESTMENTS**

P.O. Box 12070

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAME	EVOLUE QUETIN	3 ACCOUNT # (Ethics Commission Filers) UOO 70 20 7			
4 Date	5 Name of person from whom amount is received	8 Amount (\$)			
	6 Address of person from whom amount is received; City, State; Zip Code				
	7 Purpose for which amount is received				
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City, State; Zip Code				
	Purpose for which amount is received				
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)			
	Purpose for which amount is received				
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; State; Zip Code				
	Purpose for which amount is received	•			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED			

FOR TRAVEL OUTSIDE OF TEXAS						
The Instruction Guide explains how to complete this form. 1 Total pages Schedule			Т:			
2 FILER NAME EVOLUE AUSTIN			3 ACCOUNT # (Ethics)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			-			
5 Contribution / Expendi	ture reported	on:				
	edule A	Schedule B	Schedule C	Schedule		Schedule G
Sch	edule H	Schedule N	∐ сон-ис	сон-т	☐ PAC-C	PAC-E
6 Dates of travel	7 Name o	f person(s) travelin	g			
	8 Departui	re city or name of d	eparture location			
	9 Destination city or name of destination location					
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / C	Corporation o	r Labor Organizatio	n / Pledgor / Payee		<u> </u>	
Contribution / Expenditu	re reported o	on:		/		
Sch	edule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sch	edule H	Schedule N	COM-UC	сон-т	PAC-C	PAC-E
Dates of travel	Name of p	erson(s) traveling				
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Name of Contributor / C	orporation o	r Lador Organizatio	iii / Pledgor / Payee			
Contribution / Expenditu	ire reported o	on:				
Sche	edule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sche	edule H [Schedule N	COH-UC	СОН-Т	PAC-C	PAC-E
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
Destination city or name of destination location						
Means of transportation		Purpose of trave	l (including name of	conference, sem	inar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

(TDD 1-800-735-2989)

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Dissolution"

1 COMMITTEE NAME

2/ACCOUNT # (Ethics Commission Filers)

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of Campaign Treasurer

DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED

AFFIX NOTARY STAME / 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