

**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: Mrs. FIRST: Valencia MI: NICKNAME: LAST: Escobar SUFFIX:	Receipt #	
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	

2014 DEC 8 PM 2
 RECEIVED
 AUSTIN CITY CLERK

DIRECT CAMPAIGN EXPENDITURES

EXPENDITURE CATEGORIES

- | | | | |
|--|---|---|--|
| Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees | Gifts/Awards/Memorial 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) |
|--|---|---|--|

The INSTRUCTION GUIDE explains how to complete this form.

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: Austin City Council District 6 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:

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: