

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: 11

3 COMMITTEE NAME
Our Rail

4 COMMITTEE ADDRESS
 change of address
ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
PO Box 49166, Austin, TX 78765

5 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Scott
NICKNAME LAST SUFFIX
Morris

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
3705 Cedar St., Austin TX 78705

7 CAMPAIGN TREASURER'S MAILING ADDRESS
 change of address
STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
PO Box 49166, Austin, TX 78765

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 371-7961

9 REPORT TYPE
 January 15 30th day before election Exceeded \$500 limit
 July 15 8th day before election Dissolution (attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year Month Day Year
10 / 26 / 14 THROUGH 12 / 31 / 14

11 ELECTION
ELECTION DATE ELECTION TYPE
Month Day Year
11 / 04 / 14
 Primary Runoff General Special

GO TO PAGE 2

OFFICE USE ONLY
 RECEIVED
 JAN 6 AM 8 05
 AUSTIN CITY CLERK

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Our Rail	ACCOUNT # (Ethics Commission Filers)
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13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME _____ OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) _____
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # "Project Connect" Bond Referendum
	DESCRIPTION A measure funding urban rail within a sub-corridor approved by Austin City Council on 12/12/13.	ELECTION DATE Month Day Year 11 / 04 / 14

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ *
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ *
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ *
	4. TOTAL POLITICAL EXPENDITURES	\$ *
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ *
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ *

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.

* See following page

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / 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

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

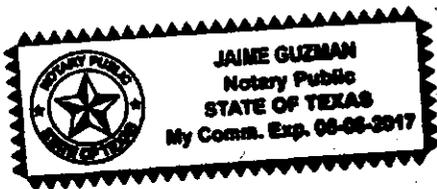
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Our Rail	ACCOUNT # (Ethics Commission Filers)
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13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE "2014 Strategic Mobility Plan" Month Day Year Bond Referendum 11 / 04 / 14
	DESCRIPTION A ballot measure containing urban rail investments approved by City Council on 6/26/14.	

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2830.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3349.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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.

[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Scott Morris, this the 5th day of Jan, 20 14 to certify which, witness my hand and seal of office.

[Signature] **JAIME GUZMAN** *Personal Banker*
Signature of officer administering 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 form.		1 Total pages Schedule A: 2	
2 FILER NAME Our Rail		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/26/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Goff	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2500 E 2nd St, Austin, TX 78702		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Director		10 Employer (See Instructions) Citi	
Date 10/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Cathcart	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 605 West Johanna Street, Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Senior Distinguished Engineer		Employer (See Instructions) Dell	
Date 10/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk Mitchell	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 4023, Austin, TX 78765		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self employed	
Date 10/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KT Musselman	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2819 Foster Lane F224, Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas Mink	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4206 BALCONES DR, Austin, TX 78731		(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Our Rail		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Bradford 6 Contributor address; City; State; Zip Code 2620 KINNEY OAKS CT, Austin, TX 78704	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caleb Pritchard Contributor address; City; State; Zip Code 1212 Guadalupe #210, Austin, TX 78701	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KT Musselman Contributor address; City; State; Zip Code 2819 Foster Lane F224, Austin, TX 78757	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Florence Contributor address; City; State; Zip Code 303 Lightsey Rd., Austin, TX 78704	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Davern Contributor address; City; State; Zip Code 818 E 37th St, Austin, TX 78705	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) National Instruments	

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	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Our Rail	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/26/14	5 Payee name PayPal		
6 Amount (\$) 7.55	7 Payee address; City; State; Zip Code 2211 North First St, San Jose, CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) PayPal Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date 10/27/14	Payee name Austin Chronicle		
Amount (\$) 511.00	Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Print Ad	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date 10/27/14	Payee name Office Max		
Amount (\$) 4.61	Payee address; City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78751		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Copies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date 10/27/14	Payee name PayPal		
Amount (\$) 14.80	Payee address; City; State; Zip Code 2211 North First St, San Jose, CA 95131		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) PayPal Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Our Rail	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/28/14	5 Payee name PayPal		
6 Amount (\$) 1.03	7 Payee address; City; State; Zip Code 2211 North First St, San Jose, CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) PayPal Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/30/14	Payee name Austin American Statesman		
Amount (\$) 2225.00	Payee address; City; State; Zip Code 305 South Congress Avenue, Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Statesman Print Ad	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/30/14	Payee name PayPal		
Amount (\$) 2.04	Payee address; City; State; Zip Code 2211 North First St, San Jose, CA 95131		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) PayPal Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/30/14	Payee name PayPal		
Amount (\$) 3.20	Payee address; City; State; Zip Code 2211 North First St, San Jose, CA 95131		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) PayPal Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Our Rail	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/30/14	5 Payee name PayPal		
6 Amount (\$) 1.75	7 Payee address; City; State; Zip Code 2211 North First St, San Jose, CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (if travel outside of Texas, complete Schedule T) PayPal Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 10/30/14	Payee name PayPal		
Amount (\$) 1.03	Payee address; City; State; Zip Code 2211 North First St, San Jose, CA 95131		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (if travel outside of Texas, complete Schedule T) PayPal Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 10/31/14	Payee name Frost Bank - Fee		
Amount (\$) 5.00	Payee address; City; State; Zip Code 1206 W. 38th Street, Suite 1101 Austin, TX 78705		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (if travel outside of Texas, complete Schedule T) Bank Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 10/31/14	Payee name PayPal		
Amount (\$) 0.88	Payee address; City; State; Zip Code 2211 North First St, San Jose, CA 95131		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (if travel outside of Texas, complete Schedule T) PayPal Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Our Rail	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/03/14	5 Payee name Scott Morris-reimbursement	
6 Amount (\$) 156.54	7 Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Statesman Print Ad on 10/30
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/28/14	Payee name Frost Bank - Fee	
Amount (\$) 5.00	Payee address; City; State; Zip Code 1206 W. 38th Street, Suite 1101 Austin, TX 78705	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/22/14	Payee name Office Max	
Amount (\$) 97.39	Payee address; City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78751	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/14	Payee name Office Max	
Amount (\$) 150.34	Payee address; City; State; Zip Code 4615 N Lamar Blvd Austin, TX 78751	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Rail Petition, Resolution Packets
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Our Rail	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/31/14	5 Payee name Pair NIC	
6 Amount (\$) 65.00	7 Payee address; City; State; Zip Code 2403 Sidney Street, Suite 210, Pittsburgh, PA 15203	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Domain Renewal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/14	Payee name Austin Groups for the Elderly	
Amount (\$) 97.04	Payee address; City; State; Zip Code 3710 Cedar St, Austin TX 78705	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) Charitable Contribution
Complete <u>ONLY</u> 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)
Complete <u>ONLY</u> 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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

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

1 COMMITTEE NAME

Our Rail

2 ACCOUNT # (Ethics Commission Filers)

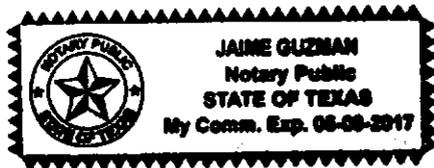
3 Affidavit of Dissolution

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 STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Scott Morris, this the 5th day of Jan, 20 15, to certify which, witness my hand and seal of office.


Signature of officer administering oath

JAIME GUZMAN
Printed name of officer administering oath

Personal Banker
Title of officer administering oath