MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)	2 PAGE #
00016265	1 of 6

3 COMMITTEE NAME

Austin Apartment Association PAC

OFFICE USE ONLY

Date Received

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX;   APT/SUITE #;   CITY;   STATE   ZIP CODE

8620 Burnet Road
Suite 475
Austin, TX 78757

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR   FIRST   MI
Ms.   Kristan

NICKNAME   LAST   SUFFIX
Arrona

Receipt #	Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #,   CITY,   STATE;   ZIP CODE

8620 Burnet Road
Suite 475
Austin, TX 78757

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX;   APT / SUITE #,   CITY;   STATE,   ZIP CODE

8620 Burnet Road
Suite 475
Austin, TX 78757

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(512) 323-0990

9 REPORT TYPE

☒ Monthly (Enter date below)   ☐ 10th day after campaign treasurer termination   ☐ Dissolution (attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

☐ January 5   ☐ April 5   ☐ July 5   ☐ October 5
☒ February 5   ☐ May 5   ☐ August 5   ☐ November 5
☐ March 5   ☐ June 5   ☐ September 5   ☐ December 5

11 PERIOD COVERED

Month   Day   Year   Month   Day   Year

12/26/2014   THROUGH   01/25/2015

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME	Austin Apartment Association PAC	ACCOUNT # 00016265

13 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported
		B. Opposed
	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	1.	TOTAL POLITICAL CONTRIBUTIONS OF $10 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR $20 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) ☐ Check here if this report qualifies for the higher itemization threshold.	$	0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	1,473.75
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $10 OR LESS, UNLESS ITEMIZED	$	0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$	10.99
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$	104,286.32
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	0.00

15 AFFIDAVIT

AMY S MAGNUSON
My Commission Expires
April 3, 2015

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.
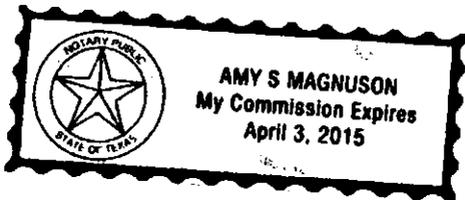
_____
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _Kristan J Arrona_ , this the _3rd_ day of _February_ ,20 _15_ , to certify which, witness my hand and seal of office.

Amy S Magnuson	_Amy S Magnuson_	_Notary_
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** PAGE # Schedule: 1/3 Report: 3/6
2 FILER NAME Austin Apartment Association PAC	**3** ACCOUNT # (Ethics Commission filers) 00016265

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) Arnold, David (Mr.)	**7** Amount of contribution ($)	**8** In-kind contribution description (if applicable)
01/16/2015	**6** Contributor address; City; State; Zip Code 4904 Caney Creek Road Austin, TX 78732	$101.00	
		(If travel outside of Texas, complete Schedule T) ☐	

9 Principal occupation / Job title (See Instructions) Editor	**10** Employer (See Instructions) Apartment Finder Magazine

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) Burleson, Nikki (Mrs.)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/15/2015	Contributor address; City; State; Zip Code 1403 Plum Creek Road Cedar Park, TX 78613	$99.00	
		(If travel outside of Texas, complete Schedule T) ☐	

Principal occupation / Job title (See Instructions) Sales Rep	Employer (See Instructions) Apartments.com

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) Do, Jamie (Ms.)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/30/2014	Contributor address; City; State; Zip Code 3210 Esperanza Crossing #5416 Austin, TX 78758	$150.00	
		(If travel outside of Texas, complete Schedule T) ☐	

Principal occupation / Job title (See Instructions) Manager	Employer (See Instructions) Stream Realty

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) Ebner, Theresa (Ms.)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/15/2015	Contributor address; City; State; Zip Code 809 Charleston Blvd Smithville, TX 78957	$150.00	
		(If travel outside of Texas, complete Schedule T) ☐	

Principal occupation / Job title (See Instructions) Property Supervisor/DM	Employer (See Instructions) LDG Development

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) Eddleman, JR (Mr.)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/16/2015	Contributor address; City; State; Zip Code 1834 Ferguson Lane Suite 1000 Austin, TX 78754	$100.00	
		(If travel outside of Texas, complete Schedule T) ☐	

Principal occupation / Job title (See Instructions) Sales Rep	Employer (See Instructions) UCS Companies

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.	**1** PAGE # Schedule: 2/3 Report: 4/6
2 FILER NAME Austin Apartment Association PAC	**3** ACCOUNT # (Ethics Commission filers) 00016265

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) Heffran, Christine (Ms.)	**7** Amount of contribution ($)	**8** In-kind contribution description (if applicable)
12/30/2014	**6** Contributor address; City; State; Zip Code 74 White Magnolia Circle Lakeway, TX 78734	$99.00	
		(If travel outside of Texas, complete Schedule T) ☐	

9 Principal occupation / Job title (See Instructions) Supervisor	**10** Employer (See Instructions) Riverstone Residential

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) Kratch, Debbie (Ms.)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/21/2015	Contributor address; City; State; Zip Code 11203 Holster CT Austin, TX 78748-7124	$150.00	
		(If travel outside of Texas, complete Schedule T) ☐	

Principal occupation / Job title (See Instructions) Property Supervisor	Employer (See Instructions) Milestone Management

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) Lamb, Joy (Ms.)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/30/2014	Contributor address; City; State; Zip Code 1705 Coral Drive Cedar Park, TX 78613	$100.00	
		(If travel outside of Texas, complete Schedule T) ☐	

Principal occupation / Job title (See Instructions) Property Supervisor	Employer (See Instructions) Capstone Real Estate Services

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) Mejia, Robina (Ms.)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/30/2014	Contributor address; City; State; Zip Code 8009 Manassas Drive Austin, TX 78715	$150.00	
		(If travel outside of Texas, complete Schedule T) ☐	

Principal occupation / Job title (See Instructions) Regional Supervisor	Employer (See Instructions) Oden Hughes Residential, LLC

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) Park, Stephani	Amount of contribution ($)	In-kind contribution description (if applicable)
12/30/2014	Contributor address; City; State; Zip Code 1165 Bulverde Road BulverdeAustin, TX 78163	$350.00	
		(If travel outside of Texas, complete Schedule T) ☐	

Principal occupation / Job title (See Instructions) Supervisor	Employer (See Instructions) Oden Hughes Residential, LLC

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.	**1** PAGE # Schedule: 3/3 Report: 5/6
2 FILER NAME Austin Apartment Association PAC	**3** ACCOUNT # (Ethics Commission filers) 00016265

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____ . _____) Wyatt, Brittany	**7** Amount of contribution ($)	**8** In-kind contribution description (if applicable)
01/15/2015	**6** Contributor address; City; State; Zip Code 17507 Port Hood Drive Leander, TX 78641	$24.75	
		(If travel outside of Texas, complete Schedule T) ☐	

9 Principal occupation / Job title (See Instructions) Manager	**10** Employer (See Instructions) IMT Residential

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE #	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/1 Report: 6/6	Austin Apartment Association PAC	00016265

4 Date	5 Payee name
01/01/2015	American Express

6 Amount ($)	7 Payee address City; State; Zip Code
$10.99 ☐ Expenditure from corporate funds	PO Box 53852 Phoenix, AR 85072-3852

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) ☐ Bank Fees ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held: