

# 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) 00000006		2 PAGE # 1 of 6	
3 COMMITTEE NAME Let's Go Austin PAC		OFFICE USE ONLY			
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX: P.O. Box 301074 Austin, TX 78768		Date Received: 2015 JUL 15 PM 12 27 Date Hand-delivered or Date Postmarked: RECEIVED Austin City Clerk	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR: FIRST MI Greg NICKNAME: LAST SUFFIX Hartman		Receipt #: _____ 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 3307 Winding Creek Dr. Austin, TX 78703			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 3307 Winding Creek Dr. Austin, TX 78703			
8 CAMPAIGN TREASURER PHONE		AREA CODE: PHONE NUMBER: EXTENSION: (512) 542-9744			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year 01/01/2015 THROUGH 06/30/2015			
11 ELECTION		ELECTION DATE: Month Day Year ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
GO TO PAGE 2					



**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE & TOTALS****FORM SPAC  
COVER SHEET PG 2****12 COMMITTEE NAME** Let's Go Austin PAC**ACCOUNT #** (Ethics Commission filers)  
00000006**13 COMMITTEE PURPOSE**

(Attach lists on plain paper to complete this report if necessary.)

☐ CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

☐ OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☐ SUPPORT  
(Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year☐ OPPOSE  
(Candidate or Measure)☐ ASSIST  
(Officeholder only)☐ MEASURE

DESCRIPTION

**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)

\$

0.00

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

12,446.15

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

**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 of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Hartman, this the 14 day of July, 2015, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Malenda Brooks  
Print name of officer administering oath

Executive Asst.  
Title of officer administering oath



# SUBTOTALS - SPAC

FORM SPAC  
COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 12,446.15
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
12. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 510.00
13. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 5,062.45



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorabilia Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1/1		<b>2</b> FILER NAME Let's Go Austin PAC		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/10/2015		<b>5</b> Payee name Downtown Austin Alliance			
<b>6</b> Amount (\$) \$12,446.15		<b>7</b> Payee address: City: State: Zip Code 211 East 7th Street, Suite 818, Austin, TX 78701			
<b>8</b>  PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule)  OTHER - return of contribution		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Return of contribution	
<b>9</b> 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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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**



**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/1 Report: 4/6		<b>2 FILER NAME</b> Let's Go Austin PAC	<b>3 ACCOUNT #</b> (TEC filers) 00000006
<b>4 Date</b> 06/29/2015	<b>5 Payee name</b> Austin Community Foundation		
<b>6 Amount (\$)</b> \$510.00	<b>7 Payee address</b> City: State: Zip Code 4315 Guadalupe St #300 Austin, TX 78751		
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b) Description</b> (See instructions regarding type of information required) donation



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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 5/6**2** FILER NAME Let's Go Austin PAC**3** ACCOUNT # (Ethics Commission filers)  
00000006

<b>4</b> Date  06/29/2015	<b>5</b> Name of person from whom amount is received KTBC  <b>6</b> Address of person from whom amount is received; City; State; Zip Code 119 E 10th St. Austin, TX 78701	<b>8</b> Amount (\$)  \$510.00
<b>7</b> Purpose for which amount is received media refund		

Date  01/16/2015	Name of person from whom amount is received Sinclair Broadcast Group, Inc.  Address of person from whom amount is received; City; State; Zip Code 10706 Beaver Dam Rd. Cockeysville, MD 21030	Amount (\$)  \$2,125.00
Purpose for which amount is received media refund		

Date  01/30/2015	Name of person from whom amount is received Time Warner Cable  Address of person from whom amount is received; City; State; Zip Code 12012 North Mopac Austin, TX 78758	Amount (\$)  \$2,427.45
Purpose for which amount is received media refund		



**POLITICAL COMMITTEE  
AFFIDAVIT OF DISSOLUTION****FORM PAC - DR**

Page 6 of 6

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

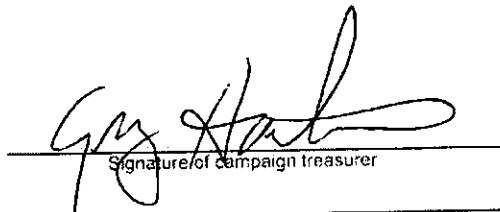
1 COMMITTEE NAME Let's Go Austin PAC

2 ACCOUNT #  
(Ethics Commission filers)  
00000006

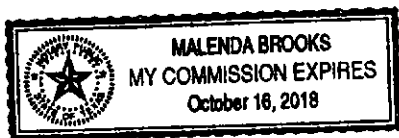
3

**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 Greg Hartman, this the 14 day  
of July, 20 15, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Malenda Brooks  
Printed name of officer administering oath

Executive Asst.  
Title of officer administering oath