

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 6		
3 COMMITTEE NAME Ridesharing Works for Austin			OFFICE USE ONLY 2016 JAN 15 PM 3 28 RECEIVED AUSTIN CITY CLERK		
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 301074 Austin, TX 78703				Date Received
					Date Hand-delivered or Date Postmarked
					Receipt #
					Date Processed
			Date Imaged	Amount 28	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
		Caroline			
	NICKNAME	LAST	SUFFIX		
		Joiner			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE	
	208 W. 14th Street Austin, TX 78701				
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX;		APT / SUITE #;	CITY; STATE; ZIP CODE	
	208 W. 14th Street Austin, TX 78701				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(512)	410-9456			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 Limit		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)		
		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year		
	12/28/2015		12/31/2015		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE			
	to be determined	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
		<input type="checkbox"/> General	<input type="checkbox"/> Special		

GO TO PAGE 2

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

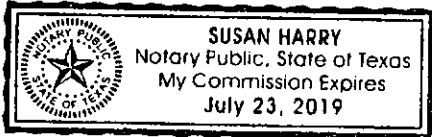
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Ridesharing Works for Austin **13 Filer ID**

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input 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 / # tbd	ELECTION DATE Month Day Year	
	DESCRIPTION City regulations for transportation network companies			

15 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)	\$	\$29,134.62
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	\$0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	\$9,345.00
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

16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Caroline Joiner, this the 15th day of January, 2016, to certify which, witness my hand and seal of office.

[Signature] Susan Harry Notary

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC

17 COMMITTEE NAME Ridesharing Works for Austin		18 Filer ID
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
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 checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 29,134.62
6.	<input checked="" type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 20,000.00
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
9.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 9,345.00
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C2: Sch: 1/1 Rpt: 4/6</p>	
<p>2 FILER NAME Ridesharing Works for Austin</p>		<p>3 Filer ID</p>	
<p>4 Date 12/31/2015</p>	<p>5 Corporation / Labor Organization name Lyft, Inc.</p> <hr/> <p>6 Corporation / Labor Organization address; City; State; Zip Code 548 Market St. #68514 San Francisco, CA 94104</p>	<p>7 Amount of contribution(\$) \$8,730.00</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>	<p>8 In-kind contribution description Legal services and staff expenses</p>
<p>Date 12/31/2015</p>	<p>Corporation / Labor Organization name TechNet</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 208 West 14th St. Austin, TX 78701</p>	<p>Amount of contribution(\$) \$2,293.00</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>	<p>In-kind contribution description staff time</p>
<p>Date 12/31/2015</p>	<p>Corporation / Labor Organization name Uber Technologies, Inc.</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 1455 Market St. 4th Floor San Francisco, CA 94103</p>	<p>Amount of contribution(\$) \$18,111.62</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>	<p>In-kind contribution description Staff time, consulting pro-rated lodging, supplies, other travel expenses</p>

PLEGGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D: Sch: 1/1 Rpt: 5/6	
2 FILER NAME Ridesharing Works for Austin		3 Filer ID	
4 Date 12/28/2015	5 Corporation / Labor Organization Name Lyft, Inc.	7 Amount of pledge (\$) \$10,000.00	8 In-kind description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code 548 Market St. #68514 San Francisco, CA 94104	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date 12/28/2015	Corporation / Labor Organization Name Uber Technologies, Inc.	7 Amount of pledge (\$) \$10,000.00	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 182 Howard Street #8 San Francisco, CA 94105	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials 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.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 6/6	2 FILER NAME Ridesharing Works for Austin	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/29/2015	6 Payee name Austin Chronicle
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7 Amount (\$) \$1,845.00	8 Payee address; City; State; Zip Code 4000 North IH 35 Austin, TX 78751
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political print advertising
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/28/2015	Payee name Block by Block
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Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 888 16th St. NW Ste. 650 Washington, DC 20006
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field program set up and organization
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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