

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:
2

3 COMMITTEE NAME

Sensible Transportation Solutions for Austin

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 COMMITTEE
ADDRESS

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

Post Office Box 43, Austin, TX 78767

☐ change of address5 CAMPAIGN
TREASURER
NAMEMS / MRS / MR FIRST MI
Mr. Michael R. Levy

NICKNAME LAST SUFFIX

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

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

515 Congress, Suite 2375, Austin, TX 78701

7 CAMPAIGN
TREASURER'S
MAILING ADDRESS

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

☐ change of address8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 450-5100

9 REPORT TYPE

☐ January 15
☐ July 15☒ 30th day before election
☐ 8th day before election
☐ Runoff☐ Exceeded \$500 limit
☐ Dissolution (attach PAC-DR)
☐ 10th day after campaign treasurer termination10 PERIOD
COVERED

Month Day Year

07 / 01 / 2016

THROUGH

Month Day Year

09 / 29 / 2016

11 ELECTION

ELECTION DATE
Month Day Year

11 / 8 / 2016

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

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3 COMMITTEE NAME Sensible Transportation Solutions for Austin			OFFICE USE ONLY Date Received 2016 OCT 15 PM 12 12 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Postmarked Receipt# Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Post Office Box 43, Austin, TX 78767		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Michael R. Levy NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 515 Congress, Suite 2375, Austin, TX 78701		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 450-5100		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Month Day Year 07 / 01 / 2016 THROUGH 09 / 29 / 2016		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 8 / 2016		

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

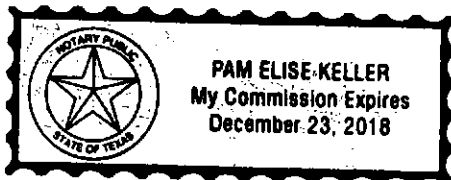
FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME **Sensible Transportation Solutions for Austin** **ACCOUNT # (Ethics Commission Filers)**

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	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # Proposition 1
	DESCRIPTION 2016 City of Austin Mobility Bond Package	

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,962.20
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
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 of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael R. Levy, this the 5th day of October, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Pam Elise Keller

Printed name of officer administering oath

Notary Public

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: <div style="text-align: center; font-size: 1.2em;">1</div>	
2 FILER NAME Sensible Transportation Solutions for Austin		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/21/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy 6 Contributor address; City; State; Zip Code PO Box 146, Austin, TX 78767	7 Amount of contribution (\$) \$5,500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) signs
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 9/21/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy Contributor address; City; State; Zip Code PO Box 146, Austin, TX 78767	Amount of contribution (\$) \$14,462.20 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) printing/signs
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.			