# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

		1 Filer tD (Ethics Commission Filers)	
π	he SPAC Instruction Guid	2 Total pages filed:	
3	COMMITTEE NAME	•	OFFICE USE ONLY
		Our Rail PAC	Date Received
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  4528 Ruiz Austin TX-78723	. ∴ ⊣
	Change of Address		Date Hand-delivered or Date Postmarked
5	CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX	Receipt # Amount \$ M S S S S S S S S S S S S S S S S S S
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  4528 Ruiz St. Austin -	ZIP CODE TX 78723
7	CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE;	zip code X 78723
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 783 - 6027	
9	REPORT TYPE	July 15 Bth day before election	Exceeded \$500 limit Dissolution (Atlach PAC-DR) 10th day after campaign treasurer termination
10	PERIOD COVERED	Month Day Year  07 /16 /2016 THROUGH	Month Day Year 99 /29 /2016
11	ELECTION	ELECTION DATE  Month Day Year Prinary Runoff Other Description  General Special	
GO TO PAGE 2			

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

			<u></u>	
12 COMMITTEE NAME	Our Rai	Pic	13 Filer ID (Ethics Commission Filers)	
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE			
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office	holder)	
OPPOSE (Candidate or Measure)				
ASSIST (Officeholder)	MEASURE	City of Austin Mon	d Referendum	
(3		Mobility Bor	d Referendum	
15 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHE PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS I				
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS	\$ 3,800.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED · \$	
	4. TOTAL POLITICA	AL EXPENDITURES	\$3,693.99	
CONTRIBUTION BALANCE	1 DIALPOLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY		\$ 106.41 DF THE \$ 3,000.90	
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
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.    John Acosta   Notory Public, State of Texas   Signature of Campaign Treasurer				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said fraction with the local subscribed before me, by the said subscribed before me, by the sa				
Signature of officer adminis	I Joh	name of officer administering oath	Wother Public Title of officer administering oath	

## SUBTOTALS - SPAC

## FORM SPAC COVER SHEET PG 3

OUT Rail PAC SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$3,800.
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR	R ORGANIZATION \$
SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR ORGANIZATION	ATION OR LABOR \$
SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	PRGANIZATION \$
SCHEDULE E: LOANS	\$3,000.00
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	\$3,000.00 BIBUTIONS \$3,693.50
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	ITRIBUTIONS \$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	SINESS OF C/OH \$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$ .
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR OF ORGANIZATION  SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR OF ORGANIZATION  SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR OF SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS TO A BU  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS TO SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor | out-of-state PAC (ID#:\_\_\_\_\_\_) Andrew clements 6 Contributor address; City; State; Zip Code 1528 Ruiz St. Austin TY 78723 4 Date 7 Amount of contribution (\$) 01/11/ 1,000.00 2016 Principal occupation / Job title (See Instructions) 4 rehitecture / Xrchitect 9 Employer (See Instructions) 5 CLF-Em 8 Principal occupation / Job title (See Instructions) Self-Employed Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:\_ 07/11/ Clave Barry 2016 Contributor address; City; State; Zip Code 1505 Brantwood Austin TX 78151 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#: pave bobbs 07/201 500.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Refived Retired Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ 07/201 Roger Baker Contributor address; City; 200.00 City; State; Zip Code 1303 Bentured Austin TX 78722 Principal occupation / Job title (See Instructions) Employer (See Instructions) self-Employed INVESTOV

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME our Rail PAC 7 Amount of contribution (\$) 01/29/ Richard Mackinhon 2016 6 Contributor address: , City; State; Zip Code P.O. BOX 4721 Austin TX 78765 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Entrepreneur Amount of contribution (\$) Full name of contributor Out-of-state PAC (ID#:\_ Date Austin TX 78705 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of contribution (\$) Date POGEN BOKEN Contribuior address; City: Slate: Zip Code 1303 Bentweed Austin TX 78722 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investor Amount of contribution (\$) Date Full name of contributor ☐ nut-of-state PAC (ID#:\_ Contributor address; City; State; Zip Code 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.

LOANS	•		SCHEDULE E
The	1 Total pages Schedule E:		
2 FILER NAME	2 FILER NAME  OUV POIL PAC		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan 07/11/2016		· · · · · · · · · · · · · · · · · · ·	9 Loan Amount (\$) 3,000.00
6 Is tender a financial Institution?	8 Lender address: City:	State: Zip Code (9tin TX 78723	10 Interest rate  O 0/0  11 Malurily date
_	on / Job title (See Instructions)  Hure/Architect	13 Employer (See Instructions)	moloued
14 Description of Coll	• • • • • • • • • • • • • • • • • • • •	15 Check if personal funds were (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State. Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N		·	Malurily date
Principal occupation			
Description of Colla	steral	Check if personal funds were (See Instructions)	deposited into political account
GUARANTOR INFORMATION	Name of guarantor  Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer (D (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 7 Payee address; City; State; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name patafinder. com Amount (\$) Pavee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 01/25/2016 Amount (\$) Payee address: City; State; Zip Code 170.96 Category (See Categories listed at the top of this schedule) Check if Iravel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Logal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, afficeholder fiving expense polling Expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 07/25/2016 Amount (\$) 299.15 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE ☐ Check if Austin, TX, officeholder fiving expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office betd expenditure to benefit C/OH Payee name office Max 07/25/2016 Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if Iravel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

## 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 Feed/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 rategory not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment				
The Instruction Guide explains how to complete this form,				
1 Total pages Schedule F1:	2 FILER NAME OUV Rail	PAC 3 Fi	ler ID (Ethics Commission Filers)	
4 Date 07 DCdDoKe	5 Payee name Call Fire	Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip	te 200 Sant	a Monica 90401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this set	Check if travel outside of	Texas. Cumplete Schedule T. Hiceholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
07/29/2016	Datafind	er.com		
Amount (\$)	Payee address; City; State; Zip	Code		
222.28	7530 164th Ave. N	E suite A204	WA 98052	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if Iraveloutside of T	exas. Complete Schedule T. ticeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
07/25/20Ke		les postal "	service	
Amount (\$)	Payee address; City; State; Zip	Code		
1,042.78	822Ti Cross Pa	rk Austin	TX 78710	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this seh	Check if travel outside of To	exas. Complete Schedule T. liceholder 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				

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Focs Food/Beverage Expense Gift/Awards/Memorials Expense Logal Services

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

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

Credit Card Payment  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME OUV Rail F	<b>¾</b> C	3 Filer ID (Ethics Commission Filers)
4 Date OB/10/120Co	5 Payee name  BUMPERXOT	ive.ce	om
6 Amount (\$)	7 Payee address: City; State; Zip Code	,	
281.45	5925 Burnet Pd.	Austi	n TX 78757
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit G/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	<del>.</del>	
08/05/20Ke		rkey	
Amount (\$)	Payee address; City; State; Zip Code		
285.74	101 Lytton Ave. pa	loxito	CA 94301
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		uside of Texas. Complete Schedule T. 1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
08/14/20Ce	scott Morris		
Amount (\$)	Payee address; City; State; Zip Code		
129.59	P.O. Box 4916	8 Aust	in TX 78765
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	topense, meet w/ statistician		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			