

# 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: <b>4</b>
3 COMMITTEE NAME <b>Sensible Transportation Solutions for Austin</b>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS  <input checked="" type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>Post Office Box 146, Austin, TX 78767</b>		Date Received
			Date Hand-delivered or Postmarked
5 CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST MI <b>Mr. Michael R. Levy</b> NICKNAME LAST SUFFIX			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 <b>515 Congress, Suite 2375, Austin, TX 78701</b>		
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 <b>( 512 ) 450-5100</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" 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 <b>09 / 30 / 2016</b> THROUGH <b>10 / 29 / 2016</b>		
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 <b>11 / 8 / 2016</b>		

**GO TO PAGE 2**

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

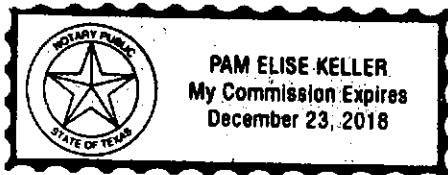
## **FORM SPAC COVER SHEET PG 2**

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

<b>13 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input checked="" type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>  
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>  
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> <b>Proposition 1</b>
	<b>DESCRIPTION</b> <b>2016 City of Austin Mobility Bond Package</b>	

<b>14 CONTRIBUTION TOTALS</b>	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)	\$ 15,587.46
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 26,630.00

### **15 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 of Campaign Treasurer

Sworn to and subscribed before me, by the said Michael R. Levy, this the 31st day of October, 20 16, to certify which, witness my hand and seal of office.

Pam Elise Keller

Notary Public

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 Total pages Schedule A: <div style="text-align: center; font-size: 1.5em;">1</div>	
2 FILER NAME Sensible Transportation Solutions for Austin		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/6/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macho Marketing 6 Contributor address; City; State; Zip Code 6757 Airport Blvd., Austin, TX 78752	7 Amount of contribution (\$) \$15,587.46 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) newspaper advertising
9 Principal occupation / Job title (See Instructions) marketing		10 Employer (See Instructions) Macho Marketing	
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)
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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)
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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)
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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)
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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)
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <span style="float: right;">1</span>
<b>2</b> FILER NAME Sensible Transportation Solutions for Austin		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
<b>5</b> Date of loan 10/13/16	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	<b>9</b> Loan Amount (\$) \$23,540.00
<b>6</b> Is lender a financial Institution?  Y <input checked="" type="radio"/> N	<b>8</b> Lender address;    City;    State;    Zip Code Post Office Box 146, Austin, TX 78767	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) retired		<b>13</b> Employer (See Instructions) retired
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>16</b> Name of guarantor  <b>17</b> Guarantor address;    City;    State;    Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation (See Instructions)		<b>20</b> Employer (See Instructions)
Date of loan 10/25/16	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	Loan Amount (\$) \$3,090.00
Is lender a financial Institution?  Y <input checked="" type="radio"/> N	Lender address;    City;    State;    Zip Code Post Office Box 146, Austin, TX 78767	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		