SPECIFIC-PURPOSE COMMITTEE FORM SPAC **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The SPAC instruction Guide explains how to complete this form. 3 COMMITTEE NAME OFFICE USE ONLY Date Received **Austinites for Equity** RECEIVED ADDRESS / PO BOX; CITY: STATE: ZIP CODE COMMITTEE APT / SUITE 4: **ADDRESS** C Change of Address 1812 Centre Creek Dr Suite 310 Austin, TX 78754 Date Hand-delivered or Date Postmarked СП MS / MRS / MR FIRST 5 CAMPAIGN Receipt # Amount \$ TREASURER NAME Date Processed SUFFIX NICKNAME LAST Date Imaged ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: CITY: 6 CAMPAIGN TREASURER STREET ADDRESS 15408 interlection Dr. Austin, TX 78717 (Residence or Business) STREET ADDRESS OR PO BOX: APT / SUITE #: CITY STATE: ZIP CODE 7 CAMPAIGN TREASURER MAILING ADDRESS 1812 Centre Creek Or Suite 310 Austin, TX 78754 Change of Address AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE (512 658-4892 9 REPORT TYPE 30th day before election Exceeded \$500 !imit January 15 Dissolution (Attach PAC-DR) 8th day before election July 15 Runofi 10th day after campaign treasurer termination 10 PERIOD Month Oav Year Month Dav COVERED THROUGH 12 / 31 / 2015 ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description Month X General Special GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		1:	3 Filer ID (Ethics Commission Filers)		
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	X CANDIDATE	CANDIDATE/OFFICEHOLDER NAME One Houston, Della Garza, Sabino Renterra, Greg Casar, Ann Kitchen, Jimmy Flannigan, Leslie Pool, Kalhy Tovo, zDon Zimmerman, Allison Alter			
SUPPORT (Candidate or Measure):	X OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officehol Mayor, Dist 1,2,3,4,5,8,7,8,9,10	rder)		
OPPOSE (Candidate or Measure)					
ASSIST	MEASURE	BALLOT IDENTIFICATION /# E Morth	LECTION DATE Day Year		
(Officeholder)		DESCRIPTION			
15 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		EMIZED \$ \$30.00		
	4. TOTAL POLITICAL EXPENDITURES		\$ \$103.20		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,203.74				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL LAST DAY OF THE	THE \$			
16 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 unrea. Title 15, Election Code.					
CHRIS BLANTON Notary Public, State of Texas Comm. Expires 02-26-2020 Notary ID 130557468 Schalure of Campaign Treasurer					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said, this the, this the					
day of News. 2016, to certify which, witness my hand and seal of office.					
Chers Bland Wignature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Cor	nmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	ABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORFORGANIZATION	PORATION OR LABOR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABO	DR ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 103.20
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	NS RETURNED	\$

POLITICAL EXPENDITURES MADE 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
Cedit Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Mones/Contract Labor Soficitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of Olsinbt

Candidate/Officeriolder/Porffice Credit Card Payment	ar Comminee Legal Services Salaries A The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above) complete this form.	
1 Total pages Schedule Fi:		3 Filer ID (Ethics Commission Filers)	
1	Austinites for Equity		
4 Date	5 Payee name		
10/05/2015	Thompson & Knight LLP		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
•			
103.20	1900 San Jacinto Center 98 San Jacinto Bould	evard Austin, TX 78701-4238	
8	(a) Galegory (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outs'de of Texas. Complete Schedule T.	
OF	Legal Services	Check if Auslin, TX, officeholder living expense	
EXPENDITURE	,	Large Many	
		Legal tees	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Dale	Раусе пате		
Date	Paycenamo		
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Amount (\$)	Payee address; City; State; Zip Code		
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	1		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas, Complete Schedule T.	
OF		Check If Austin, TX, officeholder living expense	
EXPENDITURE	l	1	
	i		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH		Ombo Roll	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
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*			
	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 living expense	
OF EXPENDITURE		Circle it Audult, 17, unutationers wing separate	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	