SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

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Г			1 Filer ID (Ethics	Commission Filers)	2 Total pages file	ed:
The SPAC Instruction Guide explains how to complete this form.					201	
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3	COMMITTEE NAME			•	OFFICE	USEONLY
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	Austinites for Ed	quity				
<u></u>					` `	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE: ZIP CODE	İ .	
	ADDRESS				Ĭ	2
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	Change of Address					-> 5
}		1812 Centre Creek Dr Suite 310 Aust	in, TX 78754			NON
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┝	CAMPAIGN	MS / MRS / MR FIRST		MI	<u> </u>	1 * 4 -
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10		·				•
]	TREASURER					
1	STREET ADDRESS	15408 Interlachen Dr Austin, TX 78717			•	•
1	(Residence or Business)	70-700 Madida Car Park (17 To 17)	,			
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	TREASURER			*		;
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١.	CAMPAIGN	AREA CODE PHONE NUMBER		EXTENSION		
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	TREASURER					r
	PHONE	(512) 656-4892		,		
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9	REPORT TYPE	X January 15 30	Oth day before election		Exceeded \$500 limit	
1				\equiv	Disselation /Amore DAC	DD'
		July 15	th day before election		Dissolution (Attach PAC	-UN)
1		∏ Ri	unoff .	["]	10th day after campaign	n treasurer termination
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_ر						
10	PERIOD	Month Day Year			Month Day	Year
	COVERED					
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11	ELECTION				*	
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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		3	13 Filer ID (Ethics Commission Filers)			
gr 15	*		z fies			
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME				
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	Mike Martinez, Ora Houston, Delia Garza, Sebino Re Jimmy Flannigan, Leslie Pool, Ed Scruggs, Kathy To				
SUPPORT (Candidate or Measure)		OFFICE SOUGHT (candidate) / OFFICE HELD (office Mayor, Dist 1,2,3,4,5,6,7,8,8,10	eholder)			
OPPOSE (Candidate or Measure)	W					
ASSIST - (Officeholder)	MEASURE	BALLOT IDENTIFICATION /# Mor	ELECTION DATE the Day Year			
(Oncarotal)	59	DESCRIPTION	= :			
15 CONTRIBUTION TOTALS	TOTAL POLITICAL PLEDGES, LOANS	CONTRIBUTIONS OF \$50 OR LESS (OTHER, OR GUARANTEES OF LOANS), UNLESS ITE	THAN \$			
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOAN	s) \$			
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS	TEMIZED \$			
2 0	4. TOTAL POLITICA	\$ \$87,939.39				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LANG PERIOD	\$ \$6,866.94			
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE \$			
16 AFFIDAVIT	6	Lawore or affirm and armonalty of				
CHRIS BLANTON Notary Public, State of Texas Comm. Expires 02-26-2020 Notary ID 130557468 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						
day of November, 20 16, to certify which, witness my hand and seal of office.						
Cheis Blanton Notary Public						
Signature of officer administ	Signature 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 Con	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	BOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORP ORGANIZATION	ORATION OR LABOR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	R ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$ _.
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$ 87,939.39
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	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	NTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$

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 Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)

Candidate/Officeholder/Politica	l Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide expla	ins how to complete this form.			
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)		
4 Date	Austinites for Equity 5 Payee name				
10/17//2014	Austin FireFighters Pub Safety	und			
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
5000.00	7537 Cameron Road Austin TX 7875	2			
8 .	(a) Category (See Categories listed at the top of thi		$\mathcal{F}_{i} = \mathcal{F}_{i}$		
PURPOSE		' 	outside of Texas. Complete Schedule T.		
OF EXPENDITURE	TV Roll	Check if Austi	In, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/Oh	•	Mayor	City Council		
	Payee name				
Date	rayee name				
10-22-2014	Natalee Mathis		•		
Amount (\$)	Payee address; City; State;	Zip Code			
84.00	7704 Copperas Dr Austin, TX 7874	9			
	Category (See Categories listed at the top of thi	s schedule) Description			
PURPOSE		Check if travel o	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
OF EXPENDITURE		Check if Austli			
EXPERIOR	Blockwalking				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Greg Casar	City Council Dist	trict 4		
Date	Рауее пате				
10-22-2014	Gattis Pizza				
Amount (\$)	Payee address; City; State;				
35.00	7525 Hwy 290 East	70723			
	Category (See Categories listed at the top of thi	s schedule) Description			
DUDDOGE		Check if travel o	utside of Texas. Complete Schedule T.		
PURPOSE		Check if Austi	n, TX, officeholder living expense		
EXPENDITURE	Phone Bank-Food				
Complete ON V if disast	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH		City Council Distr			
	ATTACH ADDITIONAL CORE	S OF THIS SCHEDIII E AS M	EEDED		

SCHEDULE F1

	EXPENDIT	URE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Office Ove nse Polling Ex Is Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2014	Austinites for Equity 5 Payee name Kelly Graphics		•	
6 Amount (\$)	7 Payee address; Cit	y; State; Zip Code		
2,591.47	1409 QuakerRidge Austin,		(h) D2-8	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Printing and Posta			utside of Texas. Complete Schedule T. n., TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r Sabino Renteria	ame .	Office sought City Council Dis	Office held trict 3
Date	Payee name			X
10-16-2014	FedEX Office			
Amount (\$)	Payee address; Cit	y; State; Zip Çode		
219,47	9222 Burnet Rd #101 A	ustin, TX 78758		
PURPOSE OF EXPENDITURE	Category (See Categories listed	at the top of this schedule)	1 🗂	utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r		Office sought City Council Dist	Office held
Date	Payee name			· .
10-20-2014	Kelly Graphics		•	
Amount (\$)	Payee address; City	y; State; Zip Code	`	
6753.65	1409 QuakerRidge Au	stin, TX 78746		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Category (See Categories listed	at the top of this schedule}		rtside of Texas. Complete Schedule T. 1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder Mandy Dealey	name	Office sought City Council Distr	Office held
	ATTACH ADDITIONA	L COPIES OF THIS	SCHEDULE AS N	EEDED

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
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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)				
•	Austinites for Equity					
4 Date	5. Payee name					
10/17/2014	Mark Littlefield					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
050.00	·					
350.00	PO Box 90591 Austin,TX 78709					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Data Info	Check if Austin, TX, officeholder living expense				
EXPENDITURE		·				
· · · · · · · · · · · · · · · · · · ·						
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/O+	10-1 Candidates	City Council and Mayor				
Date	Payee name					
10-24-2014 ,	Worley Printing	· ·				
Amount (\$)	Payee address; City; State; Zip Code					
1763.53	3217 North IH 35 Austin, TX 78722					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE		Check if Austin, TX, officeholder living expense				
EXPERIENCE.	Printing					
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OF		·				
<u> </u>		City Council District 7				
Date	Payee name					
10-24-2014	Worley Printing					
Amount (\$)	Payee address; City; State; Zip Code	· ·				
1942,31	3217 North IH 35 Austin, TX 78722	er en en en en en en en en en en en en en				
	Category (See Categories listed at the top of this schedule)	Description				
PURROCE		Check if travel outside of Texas, Complete Schedule T.				
PURPOSE OF		Check if Austin, TX, officeholder living expense				
EXPENDITURE	Postage					
Complete ONLY If direct	Candidate / Officeholder name	Office sought , Office held				
expenditure to benefit C/OH	Leslie Pool	City Council District 7				
	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

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

Office Overhead/Rental Expense Polling Expense

ising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Printing Expense Salarles/Wages/Contract Labor Candidate/Officeholder/Political Committee 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) Austinites for Equity 4 Date 5 Payee name 10/24/2014 Worley Printing 6 Amount (\$) 7 Payee address; City; State; Zip Code 2415.88 3217 North IH 35 Austin, TX 78722 (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, officeholder living expense Printing EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Ed Scruggs City Council District 8 Date Payee name 10-24-2014 Worley Printing Amount (\$) Payee address; City; State; Zip Code 1942.31 3217 North IH 35 Austin, TX 78722 Category (See Categories ilsted 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 Postage Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Ed Scruggs City Council District 8 Date Pavee name 10-24-2014 Worley Printing Amount (\$) Payee address; City; State; Zip Code 2253,49 3217 North IH 35 Austin, TX 78722 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** Printing Candidate / Officeholder name Complete ONLY if direct Office sought Office held City Council expenditure to benefit C/OH City Council District 9 Kathie Toyo

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (entry a category not listed shows)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Austinites for Equity			
4 Date	5 Payee name			
10/24/2014	Worley Printing			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
1942.31	3217 North IH 35 Austin, TX 78722			
8 .	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	•	Check It travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Postage	Check If Austin, TX, officeholder living expense		
·				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O	Kathie Tovo	City Council District 9 City Council		
7-4-	Payee name	A+ large		
Date	rayee name	7 1 1-3		
10-24-2014	Worley Printing			
Amount (\$)	Payee address; City; State; Zip Code			
1548.79	3217 North IH 35 Austin, TX 78722	·		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	•	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check If Austin, TX, officeholder Ilving expense		
EXPENDITURE	Printing			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	Jimmy Flannigan	City Council District 6		
Date	Payee name			
10-24-2014	Worley Printing			
Amount (\$)	Payee address; City; State; Zip Code			
1942.32	3217 North IH 35 Austin, TX 78722			
	Category (See Categories listed at the top of this schedule)	Description Courts Courts T		
PURPOSE		Check If travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check If Austin, TX, officeholder living expense		
EXPENDITURE.	Postage			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH	Jimmy Flannigan	City Council District 6		
	ATTACH ADDITIONAL CODIES OF THE	COHEDIII E AC 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 Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Poiling 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 issted above)

Contributions/Donations Made B Candidate/Officeholder/Politics			Travel Out Of District 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)
· · · ·	Austinites for Equity	·	
4 Date	5 Payee name		
10/28/2014	Austin Chronicle		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
			•
2114.00	PO Box 49066 Austin, TX 78765		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	·	Check if travel outsl	de of Texas. Complete Schedule T.
OF	Endorsement Ad	Check if Austin,	TX, officeholder living expense
EXPENDITURE			
		•	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Mike Martinez	Mayor	Cida Comist
			11000
Date	Payee name		out large
10-29-2014	Austin American Stateman		
Amount (\$)	Payee address; City; State; Zip Code		
3470,00	PO Box 670 Austin, TX 78767		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outsic	de of Texas, Complete Schedule T.
OF	<u> </u>	Check if Austin, T	X, officeholder living expense
EXPENDITURE	Endorsement Ad		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Mike Martinez	. ·	A A A
		Mayor	CC-1241619e
Date	Payee name		
10-28-2014	Austin Chronicle	•	
Amount (\$)	Payee address; City; State; Zip Code		· <u>-</u>
·			*
925.00	PO Box 49066 Austin, TX 78765		*.
	Category (See Categories listed at the top of this schedule)	Description	
			de of Texas, Complete Schedule T.
PURPOSE OF		m	X, officeholder living expense
EXPENDITURE	Endorsement Ad		
Complete Ohit Y if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·	City Council District	•
	Ota Houston	only countries classifier	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Austinites for Equity 5 Payee name Austin Chronicle 10/28/2014 6 Amount (\$) 7 Payee address; City; State; Zip Code 925.00 PO Box 49066 Austin, TX 78765 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check If Austin, TX, officeholder living expense Endorsement Ad **EXPENDITURE** Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Kathie Tovo City Council District 9 Payee name Date 10-29-2014 Austin Chronicle Amount (\$) Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765 925.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check If Austin, TX, officeholder living expense Endorsement Ad Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Delia Garza City Council District 2 Payee name Date 10-28-2014 Austin Chronicle Amount (\$) Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765 925.00 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 Endorsement Ad Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH City Council District 3 Sabino Renteria 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 Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Total pages Schedule F1:	2 FILER NAME	. 1	3 Filer ID (Ethics Commission Filers
, ,	Austinitian for Equity		
Date	Austinites for Equity 5 Payee name		
	Austin Chronicle		
10/28/2014			
Amount (\$)	7 Payee address; City; State; Zip Code		
•		•	
925.00	PQ Box 49066 Austin, TX 78765		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
		Check if travel or	utside of Texas. Complete Schedule T.
PURPOSE OF		Check If Austin	n, TX, officeholder living expense
EXPENDITURE	Endorsement Ad	:	
		,	•
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Ann Kitchen	City Council Dis	trict 5
Date	Payee name		
		,	
10-28-2014	Austin Chronicle		
Amount (\$)	Payee address; City; State; Zip Code		
γ αποστικ (Φ)			
925.00	PO Box 49066 Austin, TX 78765		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.
OF	•	Check if Austin	, TX, officeholder flying expense
EXPENDITURE	Endorsement Ad		
	, .		• •
Complete ONLY II disset	Candidate / Officeholder name	Office sought	Office held
Complete ONLY If direct expenditure to benefit C/OF			
	Greg Casal	City Council Distr	rict 4
Date	Payee name		
10-29-2014	Kelly Sullivan	•	
Amount (\$)	Payee address; City; State; Zip Code		
Amount (#)	Payee address, City, State, 219 0006		
	77774 TO TO TO TO TO TO TO TO TO TO TO TO TO		
55.00	5321 Valburn Circle Austin, TX 78731	:	
	Category (See Categories listed at the top of this schedule)	Description	
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PURPOSE	·		, TX, officeholder living expense
OF EXPENDITURE	Dhana hank	SHOOK IS INDIANI	,,
CAL EROTTORIC	Phone bank		
		000	· · · · · · · · · · · · · · · · · · ·
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Greg Casar	City Council Distri	ict 4

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/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 F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Austinites for Equity		
4 Date	5 Payee name		
10/29/2014	Kelly Sullivan		
6 Amount (\$)	7 Payee address; City; State; Zip Code		-
` '·			
55.00	5321 Valburn Circle Austin, TX 78731		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel of	outside of Texas. Complete Schedule T.
OF	Phone Bank	Check If Aust	In, TX, officeholder living expense
EXPENDITURE			
		. '	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	d Jimmy Flannigan	City Council Dis	strict 6
Date	Payee name		
10-29-2014	Jon Green		
Amount (\$)	Payee address; City; State; Zip Code		
56.00	614 S 1st #205 Austin, TX 78704		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			utside of Texas, Complete Schedule T.
OF		Check if Austi	n, TX, officeholder living expense
EXPENDITURE	Block Walk	·	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Ed Scruggs	City Coursell Dist	
		City Council Dist	rict 6
Date	Payee name		
10-28-2014	Austin Chronicle		
Amount (\$)	Payee address; City; State; Zip Code		
925.00	PO Bax 49066 Austin TX 78765		•
·	Category (See Categories listed at the top of this schedule)	Description	
	<u> </u>	· -	utside of Texas. Complete Schedule T.
PURPOSE			n, TX, officeholder living expense
OF EXPENDITURE	Endorsement Ad		• • • • • • • • • • • • • • • • • • • •
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/Oh		City Council Distr	
	- Lu Dollagga		
	ATTACH ADDITIONAL CORIES OF THE	S SCHEDULE AS N	EEDED

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 Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense 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 ID (Ethics Commission Filers) Austinites for Equity 4 Date 5 Payee name Austin Chronicle 10/28/2014 6 Amount (\$) 7 Payee address; City; State; Zip Code 925.00 PO Box 49066 Austin, TX 78765 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, officeholder living expense Endorsement Ad EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Jimmy Flannigan City Council District 6 Payee name Date 10-28-2014 Austin Chronicle Amount (\$) Payee address; City; State; Zip Code 925,00 PO Box 49066 Austin, TX 78765 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 **EXPENDITURE** Endorsement Ad Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Leslie Pool City Council District 7 Payee name Date 10-28-2014 Austin Chronicle Amount (\$) Payee address; City; State; Zip Code PO Box 49066 Austin TX 78765 925,00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSÉ Check If Austin, TX, officeholder living expense EXPENDITURE Endorsement Ad Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH City Council District 10 Mandy Dealy ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

. Solicitation/Fundraising Exper Travel In District Travel Out Of District

Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Austinites for Equity 4 Date 5 Payee name LISPS 10/30/2014 6 Amount (\$) 7 Payee address; City; State; Zip Code 1229.02 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 ___ Check If travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Postage EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Laura Pressiey City Council District Payee name 11-14-2014 Worley Printing Amount (\$) Payee address; City; State; Zip Code 3217 N IH 35 Austin, TX 78722 1544,73 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Printing Mailer Office sought Office held Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH Laura Pressley City Council District Date Payee name 11-21-2014 Clean Water Action Amount (\$) Payee address; City; State; Zip Code 600 W 28th St #202 Austin TX 78705 2000.00 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 EXPENDITURE Joint Ad Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH City Council District 8 & 6 Ed Scruggs/Jimmy Flannigan ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made 8: Candidate/Officeholder/Politica			Travel In District Travel Out Of District 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 Austinites for Equity		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
11/21/2014	Clean Water Action					
6 Amount (\$)	7 Payee address; City; State; Z	Zip Code				
2000.00	600 w 28th St Austin TX 78705					
8	(a) Category (See Categories listed at the top of this					
PURPOSE		1 —	outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Joint Ad	Check if Aust	in, TX, officehalder livin g expense			
O Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
Complete ONLY if direct expenditure to benefit C/OF		City Council Di	strict 8 & 6			
Date	Payee name					
11-24-2014	Austin Chronicle					
Amount (\$)	Payee address; City; State; 2	Zip Code				
1172.00	PO Box 49066 Austin, TX 78765					
	Category (See Categories listed at the top of this	schedule) Description				
PURPOSE		1 = `	outside of Texas. Complete Schedule T,			
OF EXPENDITURE	Debate Ad	Check If Aust	in, TX, officeholder living expense			
	Depare Au					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	H Mike Martinez	Mayor	CityCouncil			
Date	Payee name	irkpatrick				
11-24-2014	LISAL	moporti ca	·			
Amount (\$)	Payee address; City; State; 7	Zip Code				
200,00		-				
	Category (See Categories listed at the top of this	· I — ·				
PURPOSE			outside of Texas, Complete Schedule T.			
OF EXPENDITURE	Art/Design Chronicle Ad	Gheck If Aust	in, TX, officeholder ⊪ving expense			
		·				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	H Mike Martinez	Mayor	City Council			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Glft/Awards/Memorials Expense Consulting Expens Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Austinites for Equity 4 Date 5 Payee name Austin Chronicle 12-02-2014 City; State; Zip Code 6 Amount (\$) 7 Pavee address: 4000 N IH 35 Austin, TX 78751 2114.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check If travel outside of Texas. Complete Schedule T. PURPOSE Check II Austin, TX, officeholder living expense OF EXPENDITURE Labor Rally Martinez Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH idy (surci Mike Martinez Mayor Payee name 12-02-2014 Kelly Graphics Payee address; City; State; Zip Code Amount (\$) 1409 Quaker Ridge Austin TX 78746 4915,28 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 EXPENDITURE Printing & Postage Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Ellen Troxclair City Council District 8 Payee name Date Kelly Graphics 12-02-2014 Amount (\$) Pavee address: City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 4470.72 Category (See Categories listed at the top of this schedule) Description

Printing & Postage

Candidate / Officeholder name

PURPOSE

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Office held

Check It travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

City Council District 6

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehokder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollii y Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/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 F1:			3 Filer ID (Ethics Commission Filers)				
4 Date	Austinites for Equity 5 Payee name		<u> </u>				
	Worker Defense Action Fund						
12-04-2014			· · · · · · · · · · · · · · · · · · ·				
6 Amount (\$)	7 Payee address; City; State; Zip Coo						
1250.00	5604 Manor Road Austin, TX 78723						
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description					
PURPOSE	Canvassing	Check if travel of	utside of Texas. Complete Schedule T.				
OF	For Mike Martinez	Check if Austi	n, TX, officeholder living expense				
EXPENDITURE							
·							
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OF	Mike Martinez	Mayor	City Couril				
Date	Payee name						
12-04-2014	Workers Defense Action Fund						
Amount (\$)	Payee address; City; State; Zip Co.	de					
1250.00	5604 Manor Road Austin, TX 78723						
	Category (See Categories listed at the top of this schedule	e) Description	•				
PURPOSE	Convassing	Check if travel or	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
OF EXPENDITURE	for Sabino Renteria	Check if Austin					
EXPENDITORE							
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OF	Sabino Renteria	City Council Dist	nict 3				
Date	Payee name						
		-					
12-08-2014	Kelly Graphics						
Amount (\$)	Payee address; City; State; Zip Co.	de					
3528.72	1409 Quaker Ridge Austin, TX 78746		· :				
-	Category (See Categories listed at the top of this schedule		utside of Texas. Complete Schadule T.				
PURPOSE			TX, officeholder living expense				
OF EXPENDITURE	Printing & Postage	CAROOK II AUSIII					
	I mining a r ostage						
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OH	Don Zimmerman	City Council Distr	ict 6				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS N	EEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Danations Made By

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense 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/entry a category not listed above)

12-04-2014 5 Amount (\$) 7 1000.00	FILER NAME Austinites for Equity Payee name Clean Water Action Payee address; City; State; Zip Code 600 West 28th St Austin, TX 78705 Category (See Categories listed at the top of this schedule)	3 Filer ID (Ethics Commission Filer (b) Description
12-04-2014 5 Amount (\$) 7 1000.00 6 (a) PURPOSE OF	Payee name Clean Water Action Payee address; City; State; Zip Code 600 West 28th St Austin, TX 78705	(h) Description
12-04-2014 Amount (\$) 7 1000.00 (a) (a) PURPOSE OF	Clean Water Action Payee address; City; State; Zip Code 600 West 28th St Austin, TX 78705	(h) Description
Amount (\$) 7 1000.00 (a PURPOSE OF	Payee address; City; State; Zip Code 600 West 28th St Austin, TX 78705	(h) Description
1000.00 (a	600 West 28th St Austin, TX 78705	(h) Description
PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	(h) Description
PURPOSE OF) Category (See Categories listed at the top of this schedule)	(h) Description
OF		(5) 2030(1)(1)
OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Social Media	Check if Austin, TX, officeholder living expense
	Good moun	
Complete ONLY If direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	Mike Martinez	Mayor CCA+larz
Date	Payee name	
12-09-2014	Austin Chronicle	
Amount (\$)	Payee address; City; State; Zip Code	
9514.00	PO Box 49066 Austin, TX 78765	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check It travel outside of Texas. Complete Schedule T.
OF		Check If Austin, TX, officeholder living expense
EXPENDITURE	10-1 Candidate Run Off Ad	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
experience to bottom or or .	10-1 Candidates Run Off	Mayor and City Council
Date	Payee name	
Date	· - , ·- ·	* .
12-12-2014	AFSCME Polling Center	
Amount (\$)	Payee address; City; State; Zip Code	
2262.80	1625 L Street NW Washington, DC 20036	
-	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	Phone Banking	
•	•	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	Mike Martinez	Mayor Caly Council

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B	y Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District		
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labo			
Credit Card Payment	The Instruction Guide explains	how to complete this form	n.		
1 Total pages Schedule F1:	2 FILED NAME		3 Filer ID (Ethics Commission Filers)		
l lotal pages ochiodole		•	a ritor to (Lanca Commission ritory)		
4 Date	Austinites for Equity 5 Payee name	•			
	AFSCME Polling Center				
12-12-2014		<u> </u>			
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
232.74	1625 L Street NW Washington DC 20032	26 			
8	(a) Category (See Categories listed at the top of this sol	nedule) (b) Descriptio	n		
PURPOSE		Check If	travel outside of Texas. Complete Schedule T.		
OF	Phone Banking	Check i	Austin, TX, officeholder living expense		
EXPENDITURE					
.*					
9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held		
expenditure to benefit C/OF	Ora Houston	City Counc	il District 1		
` -					
Date	Payee name				
12-17-2014	Acception Characteristic				
12-17-2014	Austin Chronicle		· ·		
Amount (\$)	Payee address; City; State; Zip	Code			
•					
1366.40	PO Box 49066 Austin, TX 78765				
	Category (See Categories listed at the top of this sch	nedule) Description	·		
DURDOSE	ga-, (gardo notos at are top of this du		ravel outside of Texas, Complete Schedule T.		
PURPOSE OF		1 ==	Austin, TX, officeholder living expense		
EXPENDITURE	10-1 Candidate Congrats Ad	- Oneta II	a series of the		
	•	· .			
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held		
expenditure to benefit C/OH		eee dodg			
	10-1 Candidates	Mayor and	City Council		
Date	Payee name				
,					
12-12-2014	AFSCME Polling Center		•		
Amount (\$)	Payee address; City; State; Zip	Code			
148.79	1625 L Street NW Washington, DC	20036			
	·····	· · · · · · · · · · · · · · · · · · ·			
	Category (See Categories listed at the top of this sch				
PURPOSE		Check If to	avel outside of Texas. Complete Schedule T.		
OF	•	Check if	Austin, TX, officeholder living expense		
EXPENDITURE	Phone Banking				
	·		•		
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held		
expenditure to benefit C/OH	Sabino Renteria	City Council	District 3		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking . Consulting Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politics		Printing Expense Printing Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	_	ins how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
4 Date	Austinites for Equity 5 Payee name	
12-12-2014	AFSCME Polling Center	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
124.96	1625 L Street NW Washington DC 200	3326
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Phone Banking	Crieck ii Adabit, 12, officerouser living expense
•		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	H Greg Casar	City Council District 4
Date	Payee name	
Date.	. 4,001.4.10	
12-12-2014	AFSMCE Polling Center	
Amount (\$)	Payee address; City; State;	Zip Code
197,00	1625 L St NW Washington, DC 200	36
	Category (See Categories listed at the top of this	schedule) Description
PURPOSE		Check If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Phone Banking	Check if Austin, TX, officeholder living expense
EXPERDITORE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	Jimmy Flannigan	City Council District 6
Date	Payee name	
12-12-2014	AFSCME Polling Center	
Amount (\$)	Payee address; City; State;	Zip Code
4		
289.61	1625 L Street NW Washington, D	C 20036
	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.	Phone Banking	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		City Council District 7
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense
Printing Expense
Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID. (Ethics Commission Filers)
	Austinites for Equity	
4 Date	5 Payee name	
12-12-2014	AFSCME Polling Center	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
631.04	1625 L Street NW Washington DC 200326	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Phone Banking	Check if Austin, TX, officeholder living expense
LAFEADITORE		
3 Complete ONLY if direct	Candidate / Officeholder name	Office saught Office held
expenditure to benefit C/OF	Ed Scruggs	City Council District 8
Date	Payee name	
12-12-2014	AFSMCE Polling Center	
Amount (\$)	Payee address; City; State; Zip Code	
713.05	1625 L St NW Washington, DC 20036	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Phone Banking	Check if Austin, TX, afficehalder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	Mandy Dealey	City Council District \O
Date	Payee name	
•		
•		·
Amount (\$)	Payee 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		
٠.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL CODIES OF THIS	COUEDIII E AC MEEDED