

# 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>6</b>
--	---	----------------------------------

3 COMMITTEE NAME <b>UNITY PAC</b>	OFFICE USE ONLY
--------------------------------------	-----------------

4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>604 WEST 11TH STREET AUSTIN, TX 78701</b>	Date Received <b>2016 NOV 4</b>
---	--	------------------------------------

5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mr TED</b>	Date Hand-delivered or Postmarked <b>NOV 11 11 35</b>
	NICKNAME LAST SUFFIX <b>SIPP</b>	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>604 West 11th Street 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 <b>604 West 11th Street Austin, TX 78701</b>
--	--

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 657-5414</b>
----------------------------	---

9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" 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    THROUGH    Month Day Year <b>1 / 1 / 2016    THROUGH    6 / 30 / 2016</b>
-------------------	--

11 ELECTION	ELECTION DATE Month Day Year <b>11 / 8 / 2016</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
-------------	---	--

**GO TO PAGE 2**

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

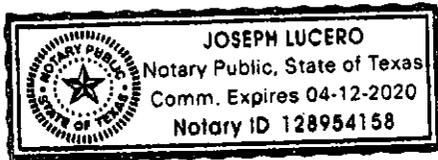
**FORM SPAC  
COVER SHEET PG 2**

**12 COMMITTEE NAME** UNITY PAC **ACCOUNT # (Ethics Commission Filers)**

<b>13 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>  <input type="checkbox"/> <b>OFFICEHOLDER</b>  <input checked="" type="checkbox"/> <b>MEASURE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>						
		<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>						
		<table border="0"> <tr> <td><b>BALLOT IDENTIFICATION / #</b></td> <td><b>ELECTION DATE</b></td> </tr> <tr> <td><u>PROPOSITION #1</u></td> <td>Month / Day / Year <u>11 / 8 / 2016</u></td> </tr> <tr> <td colspan="2"><b>DESCRIPTION</b></td> </tr> <tr> <td colspan="2"><u>*720 MILLION TRANSPORTATION BOND</u></td> </tr> </table>	<b>BALLOT IDENTIFICATION / #</b>	<b>ELECTION DATE</b>	<u>PROPOSITION #1</u>	Month / Day / Year <u>11 / 8 / 2016</u>	<b>DESCRIPTION</b>	
<b>BALLOT IDENTIFICATION / #</b>	<b>ELECTION DATE</b>							
<u>PROPOSITION #1</u>	Month / Day / Year <u>11 / 8 / 2016</u>							
<b>DESCRIPTION</b>								
<u>*720 MILLION TRANSPORTATION BOND</u>								

<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)	\$ <u>16,250.</u>	
	<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
		4. TOTAL POLITICAL EXPENDITURES	\$ <u>16,610.51</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>9,917.98</u>	
<b>OUTSTANDING LOAN TOTALS</b>	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.

Ted Siff

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ted Siff this the 4 day of November, 20 16, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Joseph Lucero  
Printed name of officer administering oath

Notary  
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: <b>1 of 3</b>	
2 FILER NAME <b>UNITY PAC</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/9/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HILL COUNTRY CONSERVANCY</b>	7 Amount of contribution (\$) <b>\$5,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P O Box 163125, Austin, TX 78716</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2/4/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AUSTIN METRO TRAILS &amp; GREENWAYS</b>	Amount of contribution (\$) <b>\$1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5423 SHALWOOD, AUSTIN, TX 78756</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/4/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID FOSTER</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1902 FORESTGLADE, AUSTIN, TX 78745</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/9/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AORA</b>	Amount of contribution (\$) <b>\$1,250.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>505 WALSH ST BS, AUSTIN, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-12-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHAL CREEK CONSERVANCY</b>	Amount of contribution (\$) <b>4000.-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>201 W. 7TH ST, AUSTIN, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 3

2 FILER NAME

UNITY PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/19/2016

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

BIKE AUSTIN PAC

6 Contributor address; City; State; Zip Code

1000 BRAZOS ST., AUSTIN, TX 78701

7 Amount of contribution (\$)

\$ 1,000.-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/9/2016

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

BIKE TEXAS

Contributor address; City; State; Zip Code

3301 E. 5TH ST., AUSTIN, TX 78702

Amount of contribution (\$)

\$ 1,000.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/2016

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

THE TRAIL FOUNDATION

Contributor address; City; State; Zip Code

P O BOX 5195, AUSTIN, TX 78763

Amount of contribution (\$)

\$ 1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/4/2016

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

BLACK + VEENHOY, AIA

Contributor address; City; State; Zip Code

208 W. 4TH ST. #3A, AUSTIN, TX 78701

Amount of contribution (\$)

\$ 500.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/2016

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

WALLER CR CONSERVANCY

Contributor address; City; State; Zip Code

P O BOX 12363, AUSTIN, TX 78711

Amount of contribution (\$)

\$ 2,000.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:  
3 of 3

2 FILER NAME **UNITY PAC** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>2/29/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AUSTIN COMMUNITY COALITION</b>	7 Amount of contribution (\$) <b>1,500.-</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1300 W. OLTORA, STE 6, AUSTIN, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1 of 1	<b>2</b> FILER NAME UNITY PAC	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	----------------------------------	---

<b>4</b> Date 3/14/2016	<b>5</b> Payee name OPINION ANALYSIS, INC
----------------------------	--

<b>6</b> Amount (\$) 13,000.00	<b>7</b> Payee address; City; State; Zip Code 906 RIO GRANDE ST., AUSTIN, TX 78701
-----------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POLLING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) POLL BY TELEPHONE
---------------------------------	---	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

<b>Date</b> 6/27/2016	<b>Payee name</b> LITTLEFIELD CONSULTING
--------------------------	---

<b>Amount (\$)</b> 2,500.-	<b>Payee address; City; State; Zip Code</b> PO Box 90591, AUSTIN, TX 78709
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) POLLING EXPENSE	<b>Description</b> (If travel outside of Texas, complete Schedule T) IVR POLL
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

<b>Date</b> 4/24/2016	<b>Payee name</b> FED-EX
--------------------------	-----------------------------

<b>Amount (\$)</b> 98.51	<b>Payee address; City; State; Zip Code</b> 9222 BARNET ROAD, AUSTIN, TX 78758
-----------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) PRINTING EXPENSE	<b>Description</b> (If travel outside of Texas, complete Schedule T) PRINTING POLL REPORTS
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

<b>Date</b> 2/5/2015	<b>Payee name</b> WELLS FARGO
-------------------------	----------------------------------

<b>Amount (\$)</b> 1,012.00	<b>Payee address; City; State; Zip Code</b> 15TH + San Antonio, AUSTIN, TX 78701
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Accounting / Banking	<b>Description</b> (If travel outside of Texas, complete Schedule T) Returned deposit + fee
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED