

# 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:

3

3 COMMITTEE NAME

UNITY PAC

## OFFICE USE ONLY

Date Received

2016 NOV 4

RECEIVED

AUSTIN CITY CLERK

Date Hand-delivered or Postmarked

5 PM 11 35

Receipt #

Amount

Date Processed

Date Imaged

4 COMMITTEE  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ change of address604 West 11th Street  
Austin, TX 787015 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr

TED

NICKNAME

LAST

SUFFIX

SIPP

6 CAMPAIGN  
TREASURER'S  
STREET ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

604 West 11th Street  
Austin TX 787017 CAMPAIGN  
TREASURER'S  
MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ change of address604 West 11th Street  
Austin, TX 787018 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 657-5414

9 REPORT TYPE

☐ January 15☒ 30th day before election☐ Exceeded \$500 limit☐ July 15☐ 8th day before election☐ Dissolution (attach PAC-DR)☐ Runoff☐ 10th day after campaign treasurer termination10 PERIOD  
COVERED

Month Day Year

7 / 1 / 2016

THROUGH

Month Day Year

9 / 29 / 2016

11 ELECTION

ELECTION DATE  
Month Day Year

11 / 8 / 2016

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ 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)

## 13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

☒ SUPPORT  
(Candidate or Measure)

☐ OPPOSE  
(Candidate or Measure)

☐ ASSIST  
(Officeholder)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

PROPOSITION #1

ELECTION DATE

Month Day Year

11 / 8 / 2016

DESCRIPTION

#120 MILLION TRANSPORTATION BOND

## 14 CONTRIBUTION TOTALS

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)

\$ 1,250.00

## EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ - 0 -

## CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

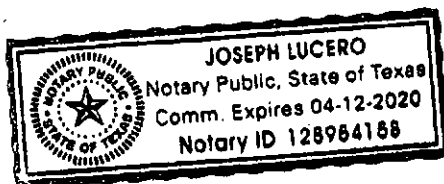
\$ 11,168.48

## OUTSTANDING LOAN TOTALS

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.

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 11/0, to certify which, witness my hand and seal of office.

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:

1 of 1

2 FILER NAME

UNITY PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/1/2016

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

HILL COUNTRY CONSERVANCY

6 Contributor address; City; State; Zip Code

P O Box 163125, Austin, TX 78716

7 Amount of contribution (\$)

\$ 1,250.00

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

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.