

# 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>5</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  Date Hand-delivered or Postmarked  Receipt # Amount Date Processed Date Imaged 2018 JAN 19 AM 10 08 RECEIVED AUSTIN CITY CLERK
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mr Ted</b> NICKNAME LAST SUFFIX <b>Suff</b>		
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 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    Month Day Year <b>10 / 30 / 2016</b> THROUGH <b>12 / 31 / 2017</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 / 7 / 2017</b>		

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# **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 / #

 TRAVIS CO BALLOT  
 PROPS #1 + #2

 ELECTION DATE  
 Month Day Year

11 / 7 / 2016

DESCRIPTION

**14 CONTRIBUTION  
TOTALS**
 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 20.-

 2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16,520.-

**EXPENDITURE  
TOTALS**

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

\$ 129.00

4. TOTAL POLITICAL EXPENDITURES

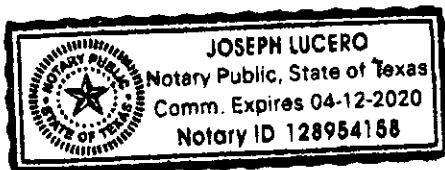
\$ 13129.00

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

\$ 6048.46

**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  
11 day of January, 20 18, to certify which, witness my hand and seal of office.


  
Signature of officer administering oath

 Joseph Lucero  
 Printed name of officer administering oath

 Notary Public  
 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:

2

2 FILER NAME

UNITY PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/6/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

HILL COUNTRY CONSERVANCY

7 Amount of contribution (\$)

4000.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 163125, Austin, TX 78716

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/12/17

Full name of contributor

☐ out-of-state PAC (ID#)

SHIELD RANCH AUSTIN

Contributor address; City; State; Zip Code

16037 HAMILTON POOL RD  
AUSTIN, TX 78738

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

7/14/17

Full name of contributor

☐ out-of-state PAC (ID#)

HILL COUNTRY ALLIANCE

Contributor address; City; State; Zip Code

15315 W. HIGHWAY 71  
AUSTIN, TX 78738

Amount of contribution (\$)

750.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/25/17

Full name of contributor

☐ out-of-state PAC (ID#)

SAVE BARTON CREEK ASSN

Contributor address; City; State; Zip Code

P.O. Box 5923, Austin, TX 78763

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

8/16/17

Full name of contributor

☐ out-of-state PAC (ID#)

WILBARGER CR. CONSERVATION ALLIANCE

Contributor address; City; State; Zip Code

2503 FLORA COVE  
AUSTIN, TX 78746

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)

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	
2 FILER NAME UNITY PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HILL COUNTRY CONSERVANCY	7 Amount of contribution (\$) 4,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P O Box 163125, Austin, TX 78716		(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)	

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**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	<b>2</b> FILER NAME UNITY PAE	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 7/9/2017	<b>5</b> Payee name Opinion Analysts, Inc.
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<b>6</b> Amount (\$) \$12,000.-	<b>7</b> Payee address; City; State; Zip Code 906 Rio Grande St. Austin TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Poll	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/7/2017	Payee name TRAVIS FORWARD PAE
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Amount (\$) \$1,000.-	Payee address; City; State; Zip Code P O Box 301074, Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN PAE CONTRIBUTION	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date NOV 16 - DEC 17	Payee name WELLS FARGO BANK
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Amount (\$) \$129.-	Payee address; City; State; Zip Code 605 W. 15TH ST, AUSTIN, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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