

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

68221

2 Total pages filed:

3

## 3 COMMITTEE NAME

AUSTIN ENVIRONMENTAL DEMOCRATS PAC

## OFFICE USE ONLY

Date Received

OCC RECEIVED AT  
JUL 16 '18 PM 4:044 COMMITTEE  
ADDRESS☐ Change of Address

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

604 WEST 11TH STREET  
AUSTIN, TX 78701

HD / FM

Receipt #

Amount

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Ms. MARY ANN

NICKNAME

LAST

SUFFIX

NEELY

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

1908 BARTON PARKWAY, AUSTIN, TX 78704

7 CAMPAIGN  
TREASURER'S  
MAILING ADDRESS☐ Change of Address

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

1908 BARTON PARKWAY, AUSTIN, TX 78704

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 496-7093

## 9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Dissolution (attach PAC-DR)

☒

July 15

☐

8th day before election

☐

10th day after campaign treasurer termination

☐

Runoff

## 10 PERIOD COVERED

Month Day Year

1 / 1 / 18

THROUGH

Month Day Year

6 / 30 / 18

## 11 ELECTION

ELECTION DATE

Month Day Year

11 / 6 / 18

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

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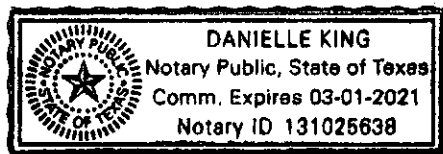
# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME <u>AUSTIN ENVIRONMENTAL DEMOCRATS PAC</u>		ACCOUNT # (Ethics Commission Filers) <u>68221</u>
13 COMMITTEE ACTIVITY (attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported <u>DEMOCRATIC PARTY CANDIDATES IN THE PRIMARY ELECTION + GENERAL ELECTION</u>
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
	14 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,285.97</u>
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>152.33</u>
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,259.84</u>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2,768.24</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-0-</u>

## 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.



Mary Ann Neely  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARY ANN NEELY, this the 6th day of July, 20 18, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

DANIELLE KING  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

**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:	<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission Filers)
1	AUSTIN ENVIRONMENT DEMOCRATS PAC		68221
<b>4</b> Date	<b>5</b> Payee name		
2/5/18	EL MERCADO - SOUTH		
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code		
270.63 <input type="checkbox"/> Expenditure from corporate funds	1302 S. 1 <sup>ST</sup> Street, Austin, TX 78704		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
	EVENT EXPENSE		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date	Payee name		
2/12/18	EL MERCADO - SOUTH		
Amount (\$)	Payee address; City; State; Zip Code		
324.75 <input type="checkbox"/> Expenditure from corporate funds	1302 S. 1 <sup>ST</sup> St., Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	EVENT EXPENSE		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date	Payee name		
4/9/18	EL MERCADO - SOUTH		
Amount (\$)	Payee address; City; State; Zip Code		
270.63 <input type="checkbox"/> Expenditure from corporate funds	1302 S. 1 <sup>ST</sup> Street, Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	EVENT EXPENSE		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date	Payee name		
6/4/18	EL MERCADO - SOUTH		
Amount (\$)	Payee address; City; State; Zip Code		
216.50 <input type="checkbox"/> Expenditure from corporate funds	1302 S. 1 <sup>ST</sup> Street, Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	EVENT EXPENSE		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED