

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">3</div>
3 COMMITTEE NAME <div style="font-size: 1.2em; font-family: cursive;">UNITY PAC</div>		<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center; font-weight: bold;">OCC RECEIVED AT JAN 14 '19 PM 1:01</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Imaged</div>	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  <div style="font-size: 1.1em; font-family: cursive;">604 WEST 11TH STREET AUSTIN, TX 78701</div>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR    FIRST    MI <div style="font-size: 1.1em; font-family: cursive;">Mr    Ted</div> NICKNAME    LAST    SUFFIX <div style="font-size: 1.1em; font-family: cursive;">SIFE</div>		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE  <div style="font-size: 1.1em; font-family: cursive;">604 WEST 11TH ST. AUSTIN, TX 78701</div>		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  <div style="font-size: 1.1em; font-family: cursive;">604 WEST 11TH ST. AUSTIN, TX 78701</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION  <div style="font-size: 1.1em; font-family: cursive;">(512) 657-5414</div>		
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> January 15  <input type="checkbox"/> July 15         </div> <div> <input type="checkbox"/> 30th day before election  <input type="checkbox"/> 6th day before election  <input type="checkbox"/> Runoff         </div> <div> <input type="checkbox"/> Exceeded \$500 limit  <input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination         </div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>           Month    Day    Year  <div style="font-size: 1.2em; font-family: cursive;">7 / 1 / 2018</div> </div> <div>THROUGH</div> <div>           Month    Day    Year  <div style="font-size: 1.2em; font-family: cursive;">12 / 31 / 2018</div> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>           ELECTION DATE            Month    Day    Year  <div style="font-size: 1.2em; font-family: cursive;">11 / 6 / 18</div> </div> <div>           ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special         </div> </div>		

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

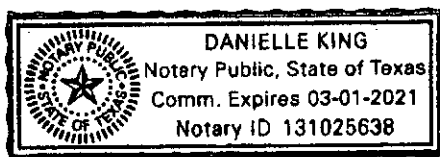
FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME UNITY PAC 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
<input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)		
<input type="checkbox"/> OPPOSE (Candidate or Measure)		
<input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <u>CITY OF AUSTIN BOND PROPOSITIONS</u> ELECTION DATE <u>11 / 6 / 2018</u> DESCRIPTION <u>THE 900 MILLION OF BOND PROPOSITIONS</u>

15 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)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,749.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

## 16 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]  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said TED SIFF, this the 10TH day of JANUARY, 20 19, 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 UNITY PAR	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 7/16/2018	<b>5</b> Payee name OPINION ANALYSTS
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<b>6</b> Amount (\$) \$7,750.00	<b>7</b> Payee address; City; State; Zip Code 400 W. 14TH STREET, AUSTIN, TX 78701
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<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)
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<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED