

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) 00090489		2 Total pages filed: 13	
3 COMMITTEE NAME Police Oversight Project				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/18/2021 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1425 Austin, TX 78767			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Eric			
		NICKNAME LAST SUFFIX Wikman			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1206 Leona St #A Austin, TX 78702			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 785-6332			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting 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 Month Day Year 01/01/2021 THROUGH 06/30/2021			
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Police Oversight Project		13 Filer ID (Ethics Commission Filers) 00090489	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year 05/01/2021	
		DESCRIPTION Camping Ban	
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4,875.61
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 693.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 4,872.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

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.

Eric Wikman

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC**FORM SPAC**
COVER SHEET PG 3
3 of 13

17 COMMITTEE NAME Police Oversight Project	18 Filer ID (Ethics Commission Filers) 00090489
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19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,622.89
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 252.72
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE E: LOANS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 693.80
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.59

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/13
2 FILER NAME Police Oversight Project		3 Filer ID (Ethics Commission Filers) 00090489
4 Date 02/14/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$283.15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$248.97
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$9.92
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$111.07
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$59.21
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/13
2 FILER NAME Police Oversight Project		3 Filer ID (Ethics Commission Filers) 00090489
4 Date 03/31/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$267.10
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$49.91
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$71.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$1,166.51
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$540.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/13
2 FILER NAME Police Oversight Project		3 Filer ID (Ethics Commission Filers) 00090489
4 Date 05/02/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$869.18
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$14.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$1.60
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$150.01
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$17.94
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/13
2 FILER NAME Police Oversight Project		3 Filer ID (Ethics Commission Filers) 00090489
4 Date 01/27/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryson, Edward 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heckendorn, Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$24.74
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heckendorn, Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$24.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heckendorn, Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$24.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heckendorn, Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/13
2 FILER NAME Police Oversight Project		3 Filer ID (Ethics Commission Filers) 00090489
4 Date 01/28/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heckendorn, <hr/> 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDougal, <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Souls Extolled <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$513.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/13	
2 FILER NAME Police Oversight Project		3 Filer ID (Ethics Commission Filers) 00090489	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/30/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruitt, Dani	8 Amount of contribution (\$) \$252.72	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code TX	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Unemployed		11 Employer (FOR NON-JUDICIAL) (See instructions) Unemployed	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 10/13	2 FILER NAME Police Oversight Project	3 Filer ID (Ethics Commission Filers) 00090489
4 Date 06/30/2021	5 Payee name BossBabes	
6 Amount (\$) \$67.96	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BossBabes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2021	Payee name Facebook	
Amount (\$) \$50.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2021	Payee name SquareSpace	
Amount (\$) \$168.90	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 11/13	2 FILER NAME Police Oversight Project	3 Filer ID (Ethics Commission Filers) 00090489
4 Date 06/29/2021	5 Payee name StreamYard	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense StreamYard
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2021	Payee name UFCU	
Amount (\$) \$120.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2021	Payee name USPS	
Amount (\$) \$166.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 12/13	2 FILER NAME Police Oversight Project	3 Filer ID (Ethics Commission Filers) 00090489
4 Date 06/30/2021	5 Payee name Zoho	
6 Amount (\$) \$95.94	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Web	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 13/13

2 FILER NAME
Police Oversight Project

3 Filer ID (Ethics Commission Filers)
00090489

4 Date
06/30/2021

5 Name of person from whom amount is received
UFCU

8 Amount (\$)
\$0.59

6 Address of person from whom amount is received; City; State; Zip Code

TX

7 Purpose for which amount is received

☐ Check if political contribution returned to filer