

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="font-size: 2em; text-align: center;">47</div>											
3 COMMITTEE NAME Vote Yes on Prop K PAC			OFFICE USE ONLY Date Received <div style="font-size: 1.2em; font-weight: bold;">DCC RECEIVED AT OCT 10 '18 PM 1:05</div> Date Hand-delivered or Date Postmarked <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged						
Receipt #	Amount \$													
Date Processed														
Date Imaged														
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 806 Jewell St Austin, TX 78704													
5 CAMPAIGN TREASURER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">MS / MRS / MR</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Michael</td> <td style="text-align: center;">R</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Searle</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Michael	R	NICKNAME	LAST	SUFFIX		Searle	
MS / MRS / MR	FIRST	MI												
	Michael	R												
NICKNAME	LAST	SUFFIX												
	Searle													
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 806 Jewell St Austin, TX 78704													
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Same as above													
8 CAMPAIGN TREASURER PHONE	<table style="width:100%;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:35%;">EXTENSION</td> </tr> <tr> <td>(541)</td> <td>326-2269</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(541)	326-2269						
AREA CODE	PHONE NUMBER	EXTENSION												
(541)	326-2269													
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (Attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" 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		
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	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination												
10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:33%;">Month Day Year</td> <td style="width:33%; text-align: center;">THROUGH</td> <td style="width:33%;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">7 / 1 / 2018</td> <td></td> <td style="text-align: center;">10 / 9 / 2018</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	7 / 1 / 2018		10 / 9 / 2018					
Month Day Year	THROUGH	Month Day Year												
7 / 1 / 2018		10 / 9 / 2018												
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year 11 / 6 / 2018 </td> <td style="width:60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 11 / 6 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
ELECTION DATE Month Day Year 11 / 6 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special													

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

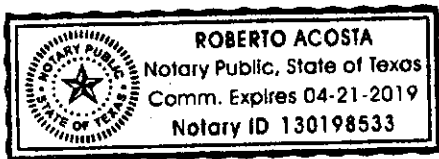
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME	13 Filer ID (Ethics Commission Filers)
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14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input 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 / # Proposition K
	ELECTION DATE Month Day Year 11 / 6 / 2018	
	DESCRIPTION Austin Efficiency Audit	

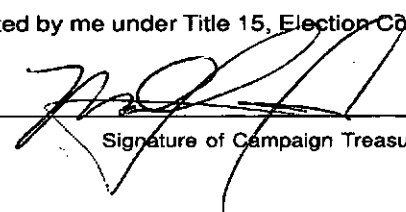
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,205
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,562.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,642.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 AFFIDAVIT




AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said MICHAEL SEARLE, this the 10TH day of OCTOBER, 2018, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

ROBERTO ACOSTA
 Printed name of officer administering oath

NOTARY PUBLIC
 Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME Vote Yes on Prop K		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$23,205	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
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 CORPORATON OR LABOR ORGANIZATION	\$	
7. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$14,562.46	
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)

4 Date

9/13/2018

5 Full name of contributor

John Pitts

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

1703 Mohle Dr

City; State; Zip Code

Austin, TX 78704

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Consultant

Date

9/13/2018

Full name of contributor

Ed English

☐ out-of-state PAC (ID#: _____)

Contributor address;

12704 Europa Ln

City; State; Zip Code

Austin, TX 78727

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/13/2018

Full name of contributor

Michael Searle

☐ out-of-state PAC (ID#: _____)

Contributor address;

806 Jewell St

City; State; Zip Code

Austin, TX 78704

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Non-Profit

Employer (See Instructions)

Executive Director

Date

9/13/2018

Full name of contributor

Matt Mackowiak

☐ out-of-state PAC (ID#: _____)

Contributor address;

9420 Research Blvd

City; State; Zip Code

Austin, TX 78759

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Potomac Strategies

Employer (See Instructions)

President

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)**4** Date

9/14/2018

5 Full name of contributor

Fred Lewis

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

4509 Edgemont Dr

City; State; Zip Code

Austin, TX 78731

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

'Self Employed

9 Employer (See Instructions)

Attorney

Date

9/15/2018

Full name of contributor

Bill Worsham

☐ out-of-state PAC (ID#: _____)

Contributor address;

1105 Norwalk Ln

City; State; Zip Code

Austin, TX 78703

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

LJA Engineering

Employer (See Instructions)

Engineer

Date

9/15/2018

Full name of contributor

Kevin Pakenham

☐ out-of-state PAC (ID#: _____)

Contributor address;

1101 Swenson Farms Blvd

City; State; Zip Code

Pflugerville, TX 78660

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

PCRS

Employer (See Instructions)

Contractor

Date

9/17/2018

Full name of contributor

Stephen Shepard

☐ out-of-state PAC (ID#: _____)

Contributor address;

6601 Rialto Blvd Unit 5201

City; State; Zip Code

Austin, TX 78735

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Association Manager

Employer (See Instructions)

BOMA Austin

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Kleinman 6 Contributor address; City; State; Zip Code P.O Box 13549 Austin, TX 78711	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Retailer		9 Employer (See Instructions) MLK LLC
Date 9/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Covo Contributor address; City; State; Zip Code 1148 Northwestern Ave Austin, TX 78702	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) PJS
Date 9/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen & Caleb Troxclair Contributor address; City; State; Zip Code 1500 Surrey Hill Dr Austin, TX 78746	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) City of Austin
Date 9/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan Gore Contributor address; City; State; Zip Code aaa Austin, TX 78749	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lawn Guy		Employer (See Instructions) Top Choice
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)**4** Date

9/19/2018

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Jay Wiley

6 Contributor address;

City; State; Zip Code

4221 Canoas Dr

Austin, TX 78730

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

Director of Operations

9 Employer (See Instructions)

Luxe OB

Date

9/19/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Karen Flanagan

Contributor address;

City; State; Zip Code

12301 Bar X Dr.

Austin, TX 78727

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Farmer

Employer (See Instructions)

Self-Employed

Date

9/19/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Matt Gore

Contributor address;

City; State; Zip Code

4825 Eagle Feather Dr

Austin, TX 78735

Amount of contribution (\$)

\$5.00

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Native

Date

9/20/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frank Rodriguez

Contributor address;

City; State; Zip Code

P.O. Box 1271

Austin, TX 78767

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Health Strategist

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)**4** Date

9/21/2018

5 Full name of contributor

Mona Mehdy

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

50004 Smokey Mountain

Austin, TX 78727

7 Amount of contribution (\$)

\$10.00

8 Principal occupation / Job title (See Instructions)

Professor

9 Employer (See Instructions)

UT Austin

Date

9/24/2018

Full name of contributor

Erin McGann

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

2304 S. 3rd St.

Austin, TX 78704

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Lion Tamer

Employer (See Instructions)

State

Date

9/24/2018

Full name of contributor

Claire Martinez

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

4513 Cliffstone Dr

Austin, TX 78735

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

9/25/2018

Full name of contributor

John May

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

8340 Doe Meadow Dr

Austin, TX 78749

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Keller Williams

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)

4 Date

9/25/2018

5 Full name of contributor

Gordon Smith

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

7301 Waterline Rd

City; State; Zip Code

Austin, TX 78731

7 Amount of contribution (\$)

\$10.00

8 Principal occupation / Job title (See Instructions)

Field Applications

9 Employer (See Instructions)

Advantest America

Date

9/25/2018

Full name of contributor

Paul Hersey

☐ out-of-state PAC (ID#: _____)

Contributor address;

405 Brady Lane

City; State; Zip Code

Austin, TX 78746

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/25/2018

Full name of contributor

Phillip Howry

☐ out-of-state PAC (ID#: _____)

Contributor address;

6201 Diamond Head Circle

City; State; Zip Code

Austin, TX 78746

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Real Estate Development

Employer (See Instructions)

Phil Howry Co.

Date

9/25/2018

Full name of contributor

John Llorens

☐ out-of-state PAC (ID#: _____)

Contributor address;

2902 Angelfire Ln

City; State; Zip Code

Austin, TX 78746

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

IT

Employer (See Instructions)

Marketouch

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)

4 Date

9/25/2018

5 Full name of contributor

Barbara Szalay

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

1322 Thaddeus Cove

City; State; Zip Code

Austin, TX 78746

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

9/26/2018

Full name of contributor

Roque de la Fuente

☐ out-of-state PAC (ID#: _____)

Contributor address;

5440 Morehouse Dr

City; State; Zip Code

San Diego, CA 92121

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self

Date

9/26/2018

Full name of contributor

Austin Stowell

☐ out-of-state PAC (ID#: _____)

Contributor address;

108 Chicon St

City; State; Zip Code

Austin, TX 78702

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

KEEP Real Estate

Date

9/27/2018

Full name of contributor

Michael Searle

☐ out-of-state PAC (ID#: _____)

Contributor address;

806 Jewell St

City; State; Zip Code

Austin, TX 78704

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

Non-Profit

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)**4** Date

9/27/2018

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Ora Houston

6 Contributor address;

City; State; Zip Code

2207 E. 22nd St

Austin, TX 78702

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

Council Member

9 Employer (See Instructions)

City of Austin

Date

9/27/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ken Rigsbee

Contributor address;

City; State; Zip Code

2507 Chisholm Trail

Spicewood, TX 78669

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/27/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Skaggs

Contributor address;

City; State; Zip Code

4700 Toreador Dr

Austin, TX 78746

Amount of contribution (\$)

\$5,000.00

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Aminex Therapeutics

Date

9/27/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

vCFO

Contributor address;

City; State; Zip Code

6836 Research Blvd

Austin, TX 78731

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Company

Employer (See Instructions)

vCFO

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 9/27/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Parsons 6 Contributor address; City; State; Zip Code 3706 Greystone Dr Austin, TX 78731	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 9/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Melancon Contributor address; City; State; Zip Code 50 E. 38th St Austin, TX 78705	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) AIBA
Date 9/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Prevratil Contributor address; City; State; Zip Code 11902 Buckingham Austin, TX 78759	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Network Admin		Employer (See Instructions) State of Texas
Date 9/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meg Wilson Contributor address; City; State; Zip Code 2005 Arthur Ln Austin, TX 78704	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)**4** Date

9/30/2018

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Leslie Pool

6 Contributor address;

City; State; Zip Code

3800 Creek Rd

Dripping Springs, TX 78620

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

10/1/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Aaron Day

Contributor address;

City; State; Zip Code

5017 McDade Dr

Austin, TX 78735

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

TTLA

Date

10/1/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Damon Fogley

Contributor address;

City; State; Zip Code

232 Evening Star

Kyle, TX 78640

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Paramedic

Employer (See Instructions)

Austin/Travis County EMS

Date

10/1/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeffrey Heckler

Contributor address;

City; State; Zip Code

2112 Sage Creek Loop

Austin, TX 78704

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Texas Solutions Group

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan McMillan 6 Contributor address; City; State; Zip Code 903 Fairmount Ave Austin, TX 78704	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Bartender		9 Employer (See Instructions) South Congress Hotel
Date 10/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen Wood Contributor address; City; State; Zip Code 5002 Sevan Cove Austin, TX 78731	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) vCFO
Date 10/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackenzie Dahl Contributor address; City; State; Zip Code 903 Fairmount Ave Austin, TX 78704	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Summer Moon Coffee
Date 10/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Nantz Contributor address; City; State; Zip Code 301 Brazos St Austin, TX 78701	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Redwood Advisors
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston McKee 6 Contributor address; City; State; Zip Code 5313 Serene Hills Dr Lakeway, TX 78738	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self Employed
Date 10/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Bailey Contributor address; City; State; Zip Code 3202 Laguna Dr Austin, TX 78741	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director of National Sales		Employer (See Instructions) Dry Creek Vineyards
Date 10/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward Tisdale Contributor address; City; State; Zip Code 4701 Gillis St Austin, TX 78745	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ED		Employer (See Instructions) Center for Austin's Future
Date 10/3/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover Alexander Contributor address; City; State; Zip Code 1303 Comal St Austin, TX 78702	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Hoover's Cooking
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viveca Martinez 6 Contributor address; City; State; Zip Code 222 E. Riverside Dr Austin, TX 78704	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) State of Texas
Date 10/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Rodgers Contributor address; City; State; Zip Code 1112 West 9th St Austin, TX 78703	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Real Estate Investment		Employer (See Instructions) Rodgers & Reichle Inc
Date 10/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Martin Contributor address; City; State; Zip Code 4301 City Park Rd Austin, TX 78730	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RVP - State Affairs		Employer (See Instructions) NAMIC
Date 10/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Kania Contributor address; City; State; Zip Code 1937 Rue De St. Tropez Austin, TX 78746	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)**4** Date

10/5/2018

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Colby Wallis

6 Contributor address;

City; State; Zip Code

8303 Washita Dr

Austin, TX 78749

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Commercial Real Estate

9 Employer (See Instructions)

Wallis Consulting

Date

10/5/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brian Thornton

Contributor address;

City; State; Zip Code

1507 Pease Rd #4

Austin, TX 78703

Amount of contribution (\$)

\$40.00

Principal occupation / Job title (See Instructions)

Policy

Employer (See Instructions)

City of Austin

Date

10/5/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Roger Borgelt

Contributor address;

City; State; Zip Code

614 S. Capital of Texas Hwy

Austin, TX 78746

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self Employed

Date

10/5/2018

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joe Petronis

Contributor address;

City; State; Zip Code

P.O. Box 1

Austin, TX 76550

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

Kforce

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/5/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Farrow <hr/> 6 Contributor address; City; State; Zip Code 9659 Timberleaf Dr Dallas, TX 75243	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Rupar <hr/> Contributor address; City; State; Zip Code 4210 Munger Ave Dallas, TX 75204	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Nationstar
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter Hobbs <hr/> Contributor address; City; State; Zip Code 512 E. Riverside Dr St.200 Austin, TX 78704	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) IT Director		Employer (See Instructions) CLI
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alice Billingsley <hr/> Contributor address; City; State; Zip Code 809 Mountain Ridge Dr Austin, TX 78641	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Outreach Director		Employer (See Instructions) City of Austin
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/2018

5 Full name of contributor

Traci Berry

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

1811 Cando Court

City; State; Zip Code

Austin, TX 78734

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

GCT

Date

10/5/2018

Full name of contributor

Mike Rodriguez

☐ out-of-state PAC (ID#: _____)

Contributor address;

10218 Braemar Dr

City; State; Zip Code

Austin, TX 78747

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See Instructions)

Military Officer

Employer (See Instructions)

Retired USAF

Date

10/5/2018

Full name of contributor

Joel Lennox

☐ out-of-state PAC (ID#: _____)

Contributor address;

2916 Sale St

City; State; Zip Code

Dallas, TX 75219

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

BDO USA

Date

10/5/2018

Full name of contributor

Art Olbert

☐ out-of-state PAC (ID#: _____)

Contributor address;

1906 Raleigh Avenue

City; State; Zip Code

Austin, TX 78703

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

IT Consultant

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/2018

5 Full name of contributor

Joe Pool

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

2106 Indian Trail

City; State; Zip Code

Austin, TX 78703

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self Employed

Date

10/5/2018

Full name of contributor

Barbary Brunner

☐ out-of-state PAC (ID#: _____)

Contributor address;

5403 Joe Sayers Ave Unit A

City; State; Zip Code

Austin, TX 78756

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Chief Marketing Officer

Employer (See Instructions)

Phunware

Date

10/5/2018

Full name of contributor

William Baird

☐ out-of-state PAC (ID#: _____)

Contributor address;

2405 Colorado St

City; State; Zip Code

Austin, TX 78702

Amount of contribution (\$)

\$30.00

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

PeolotonU

Date

10/5/2018

Full name of contributor

Catherine Van Amam

☐ out-of-state PAC (ID#: _____)

Contributor address;

1800 Edelweiss Dr

City; State; Zip Code

Cedar Park, TX 78613

Amount of contribution (\$)

\$30.00

Principal occupation / Job title (See Instructions)

Staff

Employer (See Instructions)

City of Austin

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/7/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evan Baehr 6 Contributor address; City; State; Zip Code 2605 W. 8th St Austin, TX 78703	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Teneo
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JD Ivey Contributor address; City; State; Zip Code 7717 Southwest Parkway Austin, TX 78735	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Bunch Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) SAve Our Springs Allianc
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Bowen Contributor address; City; State; Zip Code 8404 Caspian Drive Austin, TX 78749	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Jeffrey L. Bowen & Associates

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred McGhee <hr/> 6 Contributor address; City; State; Zip Code 2316 Thrasher Lane Austin, TX 78741	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Archaeologist		9 Employer (See Instructions) Self Employed
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin English <hr/> Contributor address; City; State; Zip Code 12704 Europa Ln Austin, TX 78727	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) AISD
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francoise Luca <hr/> Contributor address; City; State; Zip Code 1108 Gemini Dr Austin, TX 78758	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Westview Marketing
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Hensley <hr/> Contributor address; City; State; Zip Code 313 Plum Dr Austin, TX 78734	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) TMA
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel Flanagan 6 Contributor address; City; State; Zip Code 12301 Bar X Dr Austin, TX 78727	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Tanknology
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Cauduro Contributor address; City; State; Zip Code 341 Rosemary Hollow Buda, TX 78610	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Department Director		Employer (See Instructions) Austin Apartment Association
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Lewis Contributor address; City; State; Zip Code 3839 Bee Cave Rd. West Lake Hills, TX 78746	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self Employed
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Talley Contributor address; City; State; Zip Code 3805 Meandering Creek Cv Ausitn, TX 78746	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)**4** Date

10/8/2018

5 Full name of contributor

Nathan McDaniel

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

8000 US 290 West

City; State; Zip Code

Austin, TX 78736

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Independent Contractor

Date

10/8/2018

Full name of contributor

Pete Phillips

☐ out-of-state PAC (ID#: _____)

Contributor address;

7708 San Felipe Rd #62

City; State; Zip Code

Austin, TX 78729

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

N/A

Date

10/8/2018

Full name of contributor

Carlton Ranney

☐ out-of-state PAC (ID#: _____)

Contributor address;

4601A Depew Ave

City; State; Zip Code

Austin, TX 78751

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Filmmaker

Employer (See Instructions)

Self Employed

Date

10/8/2018

Full name of contributor

Kathryn Lewis

☐ out-of-state PAC (ID#: _____)

Contributor address;

4601A Depew Ave

City; State; Zip Code

Austin, TX 78751

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Designer

Employer (See Instructions)

Thread Collaborative

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Ramsay 6 Contributor address; City; State; Zip Code 2322 Shady Ave Pittsburg, PA 15217	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Michael Ramsay MD
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ariene Merryman Contributor address; City; State; Zip Code 2322 Shady Ave Pittsburg, PA 15217	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Ramsay Contributor address; City; State; Zip Code 3800 Creek Rd Dripping Springs, TX 78620	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trenton Pool Contributor address; City; State; Zip Code 3800 Creek Rd Dripping Springs, TX 78620	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)**4** Date

10/8/2018

5 Full name of contributor

John Bush

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

11606 Anatole Ct

City; State; Zip Code

Austin, TX 78748

7 Amount of contribution (\$)

\$10.00

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Self

Date

10/8/2018

Full name of contributor

Adam Cahn

☐ out-of-state PAC (ID#: _____)

Contributor address;

4700 E. Riverside Dr

City; State; Zip Code

Austin, TX 78741

Amount of contribution (\$)

\$1.00

Principal occupation / Job title (See Instructions)

Worker

Employer (See Instructions)

Hat Creek Burger Company

Date

10/8/2018

Full name of contributor

Dave Nalle

☐ out-of-state PAC (ID#: _____)

Contributor address;

7609 Nez Perce Tr

City; State; Zip Code

Manor, TX 78653

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Fontcraft

Date

10/8/2018

Full name of contributor

Paul Snow

☐ out-of-state PAC (ID#: _____)

Contributor address;

10906 Opa Trail

City; State; Zip Code

Austin, TX 78750

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Fatcom

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)

4 Date

10/8/2018

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gina Houston

6 Contributor address;

City; State; Zip Code

5411 Palo Blanco

Austin, TX 78744

7 Amount of contribution (\$)

\$14.00

8 Principal occupation / Job title (See Instructions)

Tax Examiner

9 Employer (See Instructions)

IRS

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

PLEGDED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check 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.

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Corporation / Labor Organization name

7 Amount of contribution (\$)

6 Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C2:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Corporation / Labor Organization name

7 Amount of Contribution \$

8 In-kind contribution description

6 Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Date

Corporation / Labor Organization name

Amount of Contribution \$

In-kind contribution description

Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Date

Corporation / Labor Organization name

Amount of Contribution \$

In-kind contribution description

Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Date

Corporation / Labor Organization name

Amount of Contribution \$

In-kind contribution description

Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Date

Corporation / Labor Organization name

Amount of Contribution \$

In-kind contribution description

Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

The Instruction Guide explains how to complete this form.

1 Total pages Schedule D:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Corporation / Labor Organization name

7 Amount of
Contribution \$

8 In-kind contribution
description

6 Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Date

Corporation / Labor Organization name

Amount of
Contribution \$

In-kind contribution
description

Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Date

Corporation / Labor Organization name

Amount of
Contribution \$

In-kind contribution
description

Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Date

Corporation / Labor Organization name

Amount of
Contribution \$

In-kind contribution
description

Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Date

Corporation / Labor Organization name

Amount of
Contribution \$

In-kind contribution
description

Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE 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:	2 FILER NAME Vote Yes On Prop K PAC	3 Filer ID (Ethics Commission Filers)
4 Date 9/19/2018	5 Payee name Rosa Santis	
6 Amount (\$) \$2,500	7 Payee address; City; State; Zip Code 403 Springdale Rd Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Space	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 9/21/2018	Payee name Vici Media	
Amount (\$) \$5,000.	Payee address; City; State; Zip Code 816 Big Woods Dr Longview, TX 75605	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Digital Marketing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 10/1/2018	Payee name Colton Bostick	
Amount (\$) \$1,000	Payee address; City; State; Zip Code 306 Gulfstream Dr Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Video Production	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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:		2 FILER NAME Vote Yes On Prop K PAC		3 Filer ID (Ethics Commission Filers)	
4 Date 10/1/2018		5 Payee name Michael Searle			
6 Amount (\$) \$2,575.00		7 Payee address; City; State; Zip Code 806 Jewell St Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Reimbursement for Yard Signs		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/1/2018		Payee name Milburn Creative			
Amount (\$) \$400.00		Payee address; City; State; Zip Code 6106 Diamond Head Drive Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Logo Design		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/1/2018		Payee name Michael Searle			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 806 Jewell St Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Reimbursement for Labor Costs		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living 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

POLITICAL EXPENDITURES MADE 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:		2 FILER NAME Vote Yes On Prop K PAC		3 Filer ID (Ethics Commission Filers)	
4 Date 10/1/2018		5 Payee name Benezet Consulting, LLC			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 3800 Creek Rd Dripping Springs, TX 78620			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/5/2018		Payee name Donorbox			
Amount (\$) \$92.40		Payee address; City; State; Zip Code 185 Mission st San Francisco, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Website Donation Software		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/5/2018		Payee name Bank of America			
Amount (\$) \$35.00		Payee address; City; State; Zip Code 100 North Tryon St Charlotte, NC 28255			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Checks		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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:	2 FILER NAME Vote Yes On Prop K PAC	3 Filer ID (Ethics Commission Filers)
4 Date 10/5/2018	5 Payee name Thomas Graphics	
6 Amount (\$) \$460.06	7 Payee address; City; State; Zip Code PO. Box 142226 Austin, TX 78714	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED INCURRED OBLIGATIONS		\$			
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date		6 Payee name			
7 Amount (\$)		8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living 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					

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME

2 Filer ID (Ethics Commission Filers)

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED**

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