

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: 14
3 COMMITTEE NAME Our Town Austin			OFFICE USE ONLY
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2900 W Anderson Ln C200 #132 Austin, TX 78757			Date Received OCC RECEIVED AT JAN 13 '20 PM 3:01 Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI SHARON NICKNAME LAST SUFFIX BLUTHE			Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9206 BRIGADOON COVE AUSTIN, TX 78750			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 789-6152			
9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED Month Day Year 10 / 28 / 19 THROUGH 12 / 31 / 19			
11 ELECTION ELECTION DATE Month Day Year / / ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input 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

Our Town Austin

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE
PURPOSE

(Attach lists on plain
paper to complete this
report if necessary.)

☐ CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

☒ SUPPORT
(Candidate or Measure)

☐ OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☐ OPPOSE
(Candidate or Measure)

☐ ASSIST
(Officeholder)

☒ MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

*RECALL CM DIST 9 KATHIE TOVO, RECALL CM DIST 8
PAIGE ELLIS, RECALL CM DIST 5 ANN KITCHEN
RECALL CM DIST 3 - SABINO RENTERIA, RECALL CM DIST 1
NATASHA HARPER MADISON, RECALL MAYOR STEVE ADLER*

15 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ *598.59*

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

\$ *2,251.00*

EXPENDITURE
TOTALS

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

\$ *119.82*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,301.38*

CONTRIBUTION
BALANCE

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

\$ *2,263.63*
~~\$ 1,951.03~~

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ *0*

16 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to
be reported by me under Title 15, Election Code.

X Sharon Blythe
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Sharon Blythe*, this the *8th*
day of *January*, 20 *20*, to certify which, witness my hand and seal of office.

Deanna Goodson
Signature of officer administering oath

Deanna Goodson
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>ONE TOWN AUSTIN</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,251.20</i>
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	\$ <i>3,301.38</i>
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:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

BRIAN VAUGHAN

7 Amount of contribution (\$)

26.27

6 Contributor address;

City;

State;

Zip Code

9600 ESCARPMENT
BL, STE 745 PMB #113

AUSTIN

TX

78749

8 Principal occupation / Job title (See Instructions)

SELF

9 Employer (See Instructions)

SELF

Date

10/28/19

Full name of contributor

☐ out-of-state PAC (ID#:

GARY TEAL

Amount of contribution (\$)

25

Contributor address;

City;

State;

Zip Code

609 CLAYTON LN,
APT 312

AUSTIN

TX

78752

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

10/30/19

Full name of contributor

☐ out-of-state PAC (ID#:

FRANKLIN VAN OS

Amount of contribution (\$)

50

Contributor address;

City;

State;

Zip Code

1804 NEWTON ST

AUSTIN

TX

78704

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

SELF

Date

10/30/19

Full name of contributor

☐ out-of-state PAC (ID#:

JAMES MACKIE

Amount of contribution (\$)

26.27

Contributor address;

City;

State;

Zip Code

4807 WOODVIEW
AVE

AUSTIN

TX

78756

Principal occupation / Job title (See Instructions)

GEOLOGIST

Employer (See Instructions)

ATX ENERGY PARTNERS

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:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/30/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

CHARLES LOFLIN

7 Amount of contribution (\$)

50

6 Contributor address;

City;

State;

Zip Code

1305 MONET DR AUSTIN TX 78726

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

10/30/19

Full name of contributor

☐ out-of-state PAC (ID#:

SHARON BLYTHE

Amount of contribution (\$)

350

Contributor address;

City;

State;

Zip Code

9206 BRIGADOON CV AUSTIN TX 78750

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

10/30/19

Full name of contributor

☐ out-of-state PAC (ID#:

GREG HUGHES

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

5002 WING RD AUSTIN TX 78749

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

10/31/19

Full name of contributor

☐ out-of-state PAC (ID#:

DEBRA TAGGART

Amount of contribution (\$)

26.27

Contributor address;

City;

State;

Zip Code

11803 MUSTANG CHASE AUSTIN TX 78727

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/31/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

KERRY ANN ODEM

7 Amount of contribution (\$)

52.23

6 Contributor address;

12221 TAWNY FARMS
RD

City;

AUSTIN

State;

TX

Zip Code

78748

8 Principal occupation / Job title (See Instructions)

FINANCIAL CONSULTANT

9 Employer (See Instructions)

SELF

Date

11/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

STACY WHEELLEY

Amount of contribution (\$)

100

Contributor address;

2320 WILLOW ST A

City;

AUSTIN

State;

TX

Zip Code

78702

Principal occupation / Job title (See Instructions)

SALES

Employer (See Instructions)

NTRA

Date

11/2/19

Full name of contributor

☐ out-of-state PAC (ID#:

WEI LI

Amount of contribution (\$)

26.27

Contributor address;

8124 LADERA VERDE
DRIVE

City;

AUSTIN

State;

TX

Zip Code

78702

Principal occupation / Job title (See Instructions)

COMPUTER ENGINEER

Employer (See Instructions)

INTEL

Date

11/7/19

Full name of contributor

☐ out-of-state PAC (ID#:

DREW BUCCI

Amount of contribution (\$)

114.54

Contributor address;

10005 ROCKING
HORSE RD

City;

AUSTIN

State;

TX

Zip Code

78748

Principal occupation / Job title (See Instructions)

INSURANCE ADJUSTER

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

11/8/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

PAT EURE

7 Amount of contribution (\$)

26.27

6 Contributor address;

City;

State;

Zip Code

3803 MT BONNELL
RD

AUSTIN

TX

78741

8 Principal occupation / Job title (See Instructions)

ADMINISTRATIVE ASST

9 Employer (See Instructions)

SELF

Date

11/14/19

Full name of contributor

☐ out-of-state PAC (ID#:

KAREN BUCK

Amount of contribution (\$)

26.27

Contributor address;

City;

State;

Zip Code

1726 TIMBERWOOD
DRIVE

AUSTIN

TX

78741

Principal occupation / Job title (See Instructions)

ACCOUNTANT

Employer (See Instructions)

UT

Date

11/15/19

Full name of contributor

☐ out-of-state PAC (ID#:

WYNNE HEXAMER

Amount of contribution (\$)

52.23

Contributor address;

City;

State;

Zip Code

1719 FAWN DR

AUSTIN

TX

78741

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

TX DEPT OF AGRICULTURE

Date

11/15/19

Full name of contributor

☐ out-of-state PAC (ID#:

NW AUSTIN REP NWARW

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

8709 TIN ROOF
COVE

AUSTIN

TX

78681

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

RUTH HOWARD

7 Amount of contribution (\$)

10.70

6 Contributor address;

City;

State;

Zip Code

4900 Interlachen Lane Austin TX 78747

8 Principal occupation / Job title (See Instructions)

~~RETIRED~~ RETIRED

9 Employer (See Instructions)

N/A

Date

11/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

MELISSA DE PAGTER

Amount of contribution (\$)

25

Contributor address;

City;

State;

Zip Code

206 ELISA DR AUSTIN TX 78752

Principal occupation / Job title (See Instructions)

LEGAL SECRETARY

Employer (See Instructions)

BAKER, BOTTS, LLP

Date

11/24/19

Full name of contributor

☐ out-of-state PAC (ID#:

CHERIL CAROLINA

Amount of contribution (\$)

31.46

Contributor address;

City;

State;

Zip Code

PO BOX 202345 AUSTIN TX 78720

Principal occupation / Job title (See Instructions)

CLINICAL RESEARCH ASSOCIATE

Employer (See Instructions)

SELF

Date

11/24/19

Full name of contributor

☐ out-of-state PAC (ID#:

PAMELA FARLEY

Amount of contribution (\$)

26.27

Contributor address;

City;

State;

Zip Code

12104 JILL SUE CT AUSTIN TX 78750

Principal occupation / Job title (See Instructions)

none

Employer (See Instructions)

n/a

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:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

11/24/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

M. PATT

7 Amount of contribution (\$)

50

6 Contributor address;

City;

State;

Zip Code

11605 Coalwood Cv Austin TX 78739

8 Principal occupation / Job title (See Instructions)

n/a

9 Employer (See Instructions)

n/a

Date

11/24/19

Full name of contributor

☐ out-of-state PAC (ID#:

JOYCE HOWELL

Amount of contribution (\$)

26.27

Contributor address;

City;

State;

Zip Code

PO BOX 663 KINGSLAND TX 78639

Principal occupation / Job title (See Instructions)

ARTIST

Employer (See Instructions)

SELF

Date

11/24/19

Full name of contributor

☐ out-of-state PAC (ID#:

CELESTE WILEY

Amount of contribution (\$)

50

Contributor address;

City;

State;

Zip Code

4807 BROKEN ARROW AUSTIN TX 78745
PASS

Principal occupation / Job title (See Instructions)

ENVIRONMENTAL SCIENTIST

Employer (See Instructions)

RETIRED

Date

11/24/19

Full name of contributor

☐ out-of-state PAC (ID#:

PATRICK BRENNAN

Amount of contribution (\$)

52.23

Contributor address;

City;

State;

Zip Code

5909 CAPE CORAL AUSTIN TX 78746
HR

Principal occupation / Job title (See Instructions)

BOOKKEEPER / ACCOUNTING

Employer (See Instructions)

SELF

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:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

11/24/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

BECKY WOOLEY

7 Amount of contribution (\$)

20

6 Contributor address;

City;

State;

Zip Code

13111 LAMP LIGHT
VILLAGE AVE

AUSTIN

TX

78727

8 Principal occupation / Job title (See Instructions)

n/a

9 Employer (See Instructions)

n/a

Date

11/24/19

Full name of contributor

☐ out-of-state PAC (ID#:

SUSAN ALBERTSON

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

2311 W PARKER LN AUSTIN TX 78727

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

CITY WIDE REALTY

Date

11/24/19

Full name of contributor

☐ out-of-state PAC (ID#:

DAVID D. IVEY

Amount of contribution (\$)

26.27

Contributor address;

City;

State;

Zip Code

4900 HIBISCUS VALLEY DR AUSTIN TX 78739

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

UT

Date

11/24/19

Full name of contributor

☐ out-of-state PAC (ID#:

MICHAEL BUNGA

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

12221 TANSEWILD AVE AUSTIN TX 78758

Principal occupation / Job title (See Instructions)

CLEANER

Employer (See Instructions)

PRO HOOD CLEANING

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:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

11/29/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

BARRETT ALISON

7 Amount of contribution (\$)

250

6 Contributor address;

City;

State;

Zip Code

7200 TWILIGHT
MESA DR

AUSTIN

TX

78737

8 Principal occupation / Job title (See Instructions)

PRINCIPAL

9 Employer (See Instructions)

E & PA, Inc

Date

12/1/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PATTI DAVID

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

16827 S RIDGE LN AUSTIN

TX

78734

Principal occupation / Job title (See Instructions)

SALES MANAGER

Employer (See Instructions)

SELF

Date

12/5/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

STEVE CHASTAIN

Amount of contribution (\$)

52.23

Contributor address;

City;

State;

Zip Code

3501 PEREGRINE
FALCON DR

AUSTIN

TX

78746

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

12/11/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CYNTHIA CAVANAUGH

Amount of contribution (\$)

50

Contributor address;

City;

State;

Zip Code

5300 PAIN CREEK
PKWY

AUSTIN

TX

78759

Principal occupation / Job title (See Instructions)

RANCHER

Employer (See Instructions)

SELF

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:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

12/13/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

TIMOTHY LOONAM

7 Amount of contribution (\$)

104.15

6 Contributor address;

3160 BEECAVE
RD, STE 200

City;

AUSTIN

State;

TX

Zip Code

78746

8 Principal occupation / Job title (See Instructions)

INSURANCE ADMINISTRATION

9 Employer (See Instructions)

TCST AGENCY, INC

Date

12/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

MELISSA DE PAGTER

Amount of contribution (\$)

25

Contributor address;

206 E. LISA DR

City;

AUSTIN

State;

TX

Zip Code

78752

Principal occupation / Job title (See Instructions)

LEGAL SECRETARY

Employer (See Instructions)

BAKER, BOOTS LLP

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.

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: <u>2</u>		2 FILER NAME <u>OUR TOWN AUSTIN</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>12/10/19</u>		5 Payee name <u>OFFICE DEPOT</u>			
6 Amount (\$) <u>21.65</u>		7 Payee address; <u>2620 W Anderson Ln</u>		City; <u>AUSTIN</u>	State; <u>TX</u>
				Zip Code <u>78757</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		(b) Description <u>BUSINESS CARDS</u>		
	(c) <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 <u>12/12/19</u>		Payee name <u>MANGLIA PIZZA</u>			
Amount (\$) <u>228.41</u>		Payee address; <u>12001 Burnet Rd, Ste D</u>		City; <u>AUSTIN</u>	State; <u>TX</u>
				Zip Code <u>78758</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u>		Description <u>NOTARY PARTY</u>		
	<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 <u>12/10/19</u>		Payee name <u>OFFICE DEPOT</u>			
Amount (\$) <u>30.65</u>		Payee address; <u>2620 W Anderson Ln</u>		City; <u>AUSTIN</u>	State; <u>TX</u>
				Zip Code <u>78757</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u>		Description <u>OFFICE SUPPLIES</u>		
	<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		2 FILER NAME OUR TOWN AUSTIN		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name CAROUSEL CHEEKS			
6 Amount (\$) 48.53		7 Payee address; 11152 SW Hwy		City; Palos Hills	State; IL
				Zip Code 60465	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other		(b) Description Cheeks		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date various		Candidate / Officeholder name Deanna Goodson			
Amount (\$) \$2953.15		Payee address; 4105 Kilgore Lane		City; AUSTIN	State; TX
				Zip Code 78727	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract labor		Description VIRTUAL ASSISTANT		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date 12/1/19		Candidate / Officeholder name DONOR BOX			
Amount (\$) 18.99		Payee address; 5 3rd St, Ste 900		City; San Francisco	State; CA
				Zip Code 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description DONATION PROVIDER		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder 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				
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder 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				
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED