



# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Our Town Austin		<b>13 Filer ID</b> (Ethics Commission Filers) 00090474	
<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> Candidate  <input type="checkbox"/> Officeholder	<b>CANDIDATE / OFFICEHOLDER NAME</b>  <hr/> <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>  <hr/> <b>BALLOT IDENTIFICATION / #</b> <span style="float:right;"><b>ELECTION DATE</b></span> Month Day Year 11/03/2020  <b>DESCRIPTION</b> Recall Mayor Steve Adler	
	<input checked="" type="checkbox"/> Measure		
	<b>15 CONTRIBUTION TOTALS</b>		<b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</b> \$ 0.00
	<b>EXPENDITURE TOTALS</b>		<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b> \$ 2,275.10
<b>CONTRIBUTION BALANCE</b>		<b>3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED</b> \$ 0.00	
<b>OUTSTANDING LOAN TOTALS</b>		<b>4. TOTAL POLITICAL EXPENDITURES</b> \$ 3,864.44	
		<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b> \$ 674.40	
		<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b> \$ 0.00	

**16 AFFIDAVIT**

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

\_\_\_\_\_  
 Sharon Blythe  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

**FORM SPAC  
ADDENDUM**

Page 3 of 21

<b>12 COMMITTEE NAME</b> Our Town Austin	<b>13 Filer ID</b> (Ethics Commission Filers) 00090474
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<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholders only)	<input type="checkbox"/> <b>CANDIDATE</b>  <input type="checkbox"/> <b>OFFICE HOLDER</b>	<b>CANDIDATE / OFFICE HOLDER NAME</b>  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>						
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>BALLOT IDENTIFICATION</b></td> <td style="width:40%;"><b>ELECTION DATE</b></td> </tr> <tr> <td></td> <td style="text-align: center;">MONTH DAY YEAR</td> </tr> <tr> <td></td> <td style="text-align: center;">11/03/2020</td> </tr> </table>	<b>BALLOT IDENTIFICATION</b>	<b>ELECTION DATE</b>		MONTH DAY YEAR		11/03/2020
	<b>BALLOT IDENTIFICATION</b>	<b>ELECTION DATE</b>						
		MONTH DAY YEAR						
	11/03/2020							
<b>DESCRIPTION</b> Recall Natasha Harper-Madison								

<b>COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholders only)	<input type="checkbox"/> <b>CANDIDATE</b>  <input type="checkbox"/> <b>OFFICE HOLDER</b>	<b>CANDIDATE / OFFICE HOLDER NAME</b>  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>						
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>BALLOT IDENTIFICATION</b></td> <td style="width:40%;"><b>ELECTION DATE</b></td> </tr> <tr> <td></td> <td style="text-align: center;">MONTH DAY YEAR</td> </tr> <tr> <td></td> <td style="text-align: center;">11/03/2020</td> </tr> </table>	<b>BALLOT IDENTIFICATION</b>	<b>ELECTION DATE</b>		MONTH DAY YEAR		11/03/2020
	<b>BALLOT IDENTIFICATION</b>	<b>ELECTION DATE</b>						
		MONTH DAY YEAR						
	11/03/2020							
<b>DESCRIPTION</b> Recall Sabino Renteria								

<b>COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholders only)	<input type="checkbox"/> <b>CANDIDATE</b>  <input type="checkbox"/> <b>OFFICE HOLDER</b>	<b>CANDIDATE / OFFICE HOLDER NAME</b>  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>						
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>BALLOT IDENTIFICATION</b></td> <td style="width:40%;"><b>ELECTION DATE</b></td> </tr> <tr> <td></td> <td style="text-align: center;">MONTH DAY YEAR</td> </tr> <tr> <td></td> <td style="text-align: center;">11/03/2020</td> </tr> </table>	<b>BALLOT IDENTIFICATION</b>	<b>ELECTION DATE</b>		MONTH DAY YEAR		11/03/2020
	<b>BALLOT IDENTIFICATION</b>	<b>ELECTION DATE</b>						
		MONTH DAY YEAR						
	11/03/2020							
<b>DESCRIPTION</b> Recall Ann Kitchen								

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE**

<b>12 COMMITTEE NAME</b> Our Town Austin	<b>13 Filer ID</b> (Ethics Commission Filers) 00090474
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<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)	<input type="checkbox"/> CANDIDATE  <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)						
<input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)	<input checked="" type="checkbox"/> <b>MEASURE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">BALLOT IDENTIFICATION</td> <td style="width:30%;">ELECTION DATE</td> </tr> <tr> <td></td> <td>MONTH DAY YEAR</td> </tr> <tr> <td></td> <td>11/03/2020</td> </tr> </table>	BALLOT IDENTIFICATION	ELECTION DATE		MONTH DAY YEAR		11/03/2020
BALLOT IDENTIFICATION	ELECTION DATE							
	MONTH DAY YEAR							
	11/03/2020							
<input type="checkbox"/> <b>ASSIST</b> (Officeholders only)		DESCRIPTION Recall Paige Ellis						

<b>COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)	<input type="checkbox"/> CANDIDATE  <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)						
<input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)	<input checked="" type="checkbox"/> <b>MEASURE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">BALLOT IDENTIFICATION</td> <td style="width:30%;">ELECTION DATE</td> </tr> <tr> <td></td> <td>MONTH DAY YEAR</td> </tr> <tr> <td></td> <td>11/03/2020</td> </tr> </table>	BALLOT IDENTIFICATION	ELECTION DATE		MONTH DAY YEAR		11/03/2020
BALLOT IDENTIFICATION	ELECTION DATE							
	MONTH DAY YEAR							
	11/03/2020							
<input type="checkbox"/> <b>ASSIST</b> (Officeholders only)		DESCRIPTION Recall Katie Tovo						

# SUBTOTALS - SPAC

<b>17 COMMITTEE NAME</b> Our Town Austin	<b>18 Filer ID</b> (Ethics Commission Filers) 00090474
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<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,275.10
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input type="checkbox"/>	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/>	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/>	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 0.00
8. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,864.44
9. <input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
10. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
12. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/8 Rpt: 6/21
<b>2</b> FILER NAME Our Town Austin		<b>3</b> Filer ID (Ethics Commission Filers) 00090474
<b>4</b> Date 02/24/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaver, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code 6801 Beckett Rd 133R  Austin, TX 78749	<b>7</b> Amount of Contribution (\$)  \$26.27
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 03/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brady, Harry <hr/> Contributor address; City; State; Zip Code 1901 East Anderson Lane Apt 1  Austin, TX 78752	Amount of Contribution (\$)  \$26.27
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Brandon <hr/> Contributor address; City; State; Zip Code 2700 Culver Cliff Lane  Cedar Park, TX 78613	Amount of Contribution (\$)  \$21.08
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castille, Joseph <hr/> Contributor address; City; State; Zip Code 1700 Brown Bear Lane  Manchaca, TX 78652	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) ValleyView
Date 02/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castille, Joseph <hr/> Contributor address; City; State; Zip Code 1700 Brown Bear Lane  Manchaca, TX 78652	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) ValleyView

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/8 Rpt: 7/21
<b>2</b> FILER NAME Our Town Austin		<b>3</b> Filer ID (Ethics Commission Filers) 00090474
<b>4</b> Date 02/13/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chastain, Stephen <hr/> <b>6</b> Contributor address; City; State; Zip Code 3501 Peregrine Falcon Dr  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$52.23
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 01/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cox, Bryan <hr/> Contributor address; City; State; Zip Code 2400 Wickersham Lane  Austin, TX 78741	Amount of Contribution (\$)  \$10.70
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self-employed
Date 02/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Currie, Jay <hr/> Contributor address; City; State; Zip Code 8905 Villa Norte Dr  Austin, TX 78726	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self
Date 03/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Darr, Shyra <hr/> Contributor address; City; State; Zip Code 4601 Moose Drive  Austin, TX 78749	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Government		Employer (See Instructions) TX HHSC
Date 01/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Pagter, Melissa <hr/> Contributor address; City; State; Zip Code 206 E. Lisa Drive  Austin, TX 78752	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Baker Botts LLP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/8 Rpt: 8/21
<b>2</b> FILER NAME Our Town Austin		<b>3</b> Filer ID (Ethics Commission Filers) 00090474
<b>4</b> Date 02/28/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Pagter, Melissa <hr/> <b>6</b> Contributor address; City; State; Zip Code 206 E. Lisa Drive  Austin, TX 78752	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Legal Secretary		<b>9</b> Employer (See Instructions) Baker Botts LLP
Date 03/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Pagter, Melissa <hr/> Contributor address; City; State; Zip Code 206 E. Lisa Drive  Austin, TX 78752	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Baker Botts LLP
Date 04/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Pagter, Melissa <hr/> Contributor address; City; State; Zip Code 206 E. Lisa Drive  Austin, TX 78752	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Baker Botts LLP
Date 05/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Pagter, Melissa <hr/> Contributor address; City; State; Zip Code 206 E. Lisa Drive  Austin, TX 78752	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Baker Botts LLP
Date 06/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Pagter, Melissa <hr/> Contributor address; City; State; Zip Code 206 E. Lisa Drive  Austin, TX 78752	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Baker Botts LLP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/8 Rpt: 9/21
<b>2</b> FILER NAME Our Town Austin		<b>3</b> Filer ID (Ethics Commission Filers) 00090474
<b>4</b> Date 02/18/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodd, Charles <hr/> <b>6</b> Contributor address; City; State; Zip Code 4527 N Lamar Blvd  Austin, TX 78751	<b>7</b> Amount of Contribution (\$)  \$26.27
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Self-employed
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Mark <hr/> Contributor address; City; State; Zip Code 54 Rainey St. Unit 1206  Austin, TX 78701	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed
Date 02/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Graham <hr/> Contributor address; City; State; Zip Code 12715 Yearling Cove  Austin, TX 78727	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ethern, Steve <hr/> Contributor address; City; State; Zip Code 4415 Eagles Landing Drive  Austin, TX 78735	Amount of Contribution (\$)  \$26.27
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) 3M
Date 01/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallock, Pam <hr/> Contributor address; City; State; Zip Code 9110 Happy Trail  Austin, TX 78754	Amount of Contribution (\$)  \$26.27
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/8 Rpt: 10/21
2 FILER NAME Our Town Austin		3 Filer ID (Ethics Commission Filers) 00090474
4 Date 02/13/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ruth	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) Teacher		9 Employer (See Instructions) Retired
Date 03/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ruth	Amount of Contribution (\$)  \$26.27
	Contributor address; City; State; Zip Code 4900 Interlachen Lane  Austin, TX 78747	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 04/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ruth	Amount of Contribution (\$)  \$26.27
	Contributor address; City; State; Zip Code 4900 Interlachen Lane  Austin, TX 78747	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 05/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ruth	Amount of Contribution (\$)  \$26.27
	Contributor address; City; State; Zip Code 4900 Interlachen Lane  Austin, TX 78747	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 02/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson, Linda	Amount of Contribution (\$)  \$52.23
	Contributor address; City; State; Zip Code 2203 Indian Trail  Austin, TX 78703	
Principal occupation / Job title (See Instructions) Caretaker		Employer (See Instructions) Self-employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/8 Rpt: 11/21
<b>2</b> FILER NAME Our Town Austin		<b>3</b> Filer ID (Ethics Commission Filers) 00090474
<b>4</b> Date 02/17/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code 6701 Manzanita Street  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$52.23
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self-employed
Date 02/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kodosky, Warren <hr/> Contributor address; City; State; Zip Code 8700 Sparta Lane  Austin, TX 78729	Amount of Contribution (\$)  \$104.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kozak, Jeanna <hr/> Contributor address; City; State; Zip Code 4251 FM2181  Corithn, TX 76210	Amount of Contribution (\$)  \$52.23
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kranz, Richard <hr/> Contributor address; City; State; Zip Code 40 N Interstate 35, Apt 6A3  Austin, TX 78701	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self-employed
Date 01/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malachow, Steve <hr/> Contributor address; City; State; Zip Code 4721 Monte Carmelo Place  Austin, TX 78738	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self-employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/8 Rpt: 12/21
<b>2</b> FILER NAME Our Town Austin		<b>3</b> Filer ID (Ethics Commission Filers) 00090474
<b>4</b> Date 02/18/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Amy <hr/> <b>6</b> Contributor address; City; State; Zip Code 5908 Nasco Dr  Austin, TX 78757	<b>7</b> Amount of Contribution (\$)  \$26.27
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Capital Title
Date 01/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Odem, Kerry <hr/> Contributor address; City; State; Zip Code 12221 Tawny Farms Road  Austin, TX 78748	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-employed
Date 02/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pekkala, Richard <hr/> Contributor address; City; State; Zip Code 8702 Dorman Cove  Austin, TX 78717	Amount of Contribution (\$)  \$10.70
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Intel
Date 03/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pinigis, Elisa <hr/> Contributor address; City; State; Zip Code 4321 Sendero Dr.  Austin, TX 78735	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self-employed
Date 01/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prostko, Tracy <hr/> Contributor address; City; State; Zip Code 112 Barbie Court  Lakeway, TX 78734	Amount of Contribution (\$)  \$26.27
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self-employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/8 Rpt: 13/21
<b>2</b> FILER NAME Our Town Austin		<b>3</b> Filer ID (Ethics Commission Filers) 00090474
<b>4</b> Date 01/29/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raley, Kris <hr/> <b>6</b> Contributor address; City; State; Zip Code 2033 Creole Drive  Austin, TX 78728	<b>7</b> Amount of Contribution (\$)  \$26.27
<b>8</b> Principal occupation / Job title (See Instructions) Self-employed		<b>9</b> Employer (See Instructions) Self-employed
Date 06/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Staley, William <hr/> Contributor address; City; State; Zip Code 1700 University Blvd #1438  Round Rock, TX 78665	Amount of Contribution (\$)  \$52.23
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Bank
Date 02/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Starkey, Leanne <hr/> Contributor address; City; State; Zip Code 3212 John Campbell Trail  Austin, TX 78735	Amount of Contribution (\$)  \$26.27
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thacker, Samuel <hr/> Contributor address; City; State; Zip Code 1401 Satellite VW 3107  Round Rock, TX 78665	Amount of Contribution (\$)  \$52.23
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) BFS-USA
Date 06/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, Jeff <hr/> Contributor address; City; State; Zip Code 101 Colorado Street  Austin, TX 78701	Amount of Contribution (\$)  \$104.15
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 14/21

2 FILER NAME  
Our Town Austin

3 Filer ID (Ethics Commission Filers)  
00090474

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

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)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 15/21
<b>2</b> FILER NAME Our Town Austin		<b>3</b> Filer ID (Ethics Commission Filers) 00090474
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 16/21	<b>2</b> FILER NAME Our Town Austin	<b>3</b> Filer ID (Ethics Commission Filers) 00090474
<b>4</b> Date 02/15/2020	<b>5</b> Payee name Dollar Tree	
<b>6</b> Amount (\$) \$32.48	<b>7</b> Payee address; City; State; Zip Code 2506 W. Parmer Lane  Austin, TX 78727	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2020	Payee name Dollar Tree	
Amount (\$) \$60.62	Payee address; City; State; Zip Code 2506 W. Parmer Lane  Austin, TX 78727	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2020	Payee name Donor Box	
Amount (\$) \$15.76	Payee address; City; State; Zip Code 5 3rd Street #900  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 17/21	<b>2</b> FILER NAME Our Town Austin	<b>3</b> Filer ID (Ethics Commission Filers) 00090474
<b>4</b> Date 01/31/2020	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$55.19	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/13/2020	Payee name Facebook	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2020	Payee name FedEx	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 9222 Burnet Rd #101  Austin, TX 78758	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 18/21	<b>2</b> FILER NAME Our Town Austin	<b>3</b> Filer ID (Ethics Commission Filers) 00090474
<b>4</b> Date 02/18/2020	<b>5</b> Payee name FedEx	
<b>6</b> Amount (\$) \$9.43	<b>7</b> Payee address; City; State; Zip Code 9222 Burnet Rd #101  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2020	Payee name FedEx	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 9222 Burnet Rd #101  Austin, TX 78758	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2020	Payee name FedEx	
Amount (\$) \$65.86	Payee address; City; State; Zip Code 9222 Burnet Rd #101  Austin, TX 78758	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 19/21	<b>2</b> FILER NAME Our Town Austin	<b>3</b> Filer ID (Ethics Commission Filers) 00090474
<b>4</b> Date 01/10/2020	<b>5</b> Payee name Goodson, Deanna	
<b>6</b> Amount (\$) \$315.00	<b>7</b> Payee address; City; State; Zip Code 4105 Kilgore Lane  Austin, TX 78727	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Support
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/26/2020	Payee name Goodson, Deanna	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 4105 Kilgore Lane  Austin, TX 78727	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Support
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/17/2020	Payee name Super Cheap Signs	
Amount (\$) \$852.43	Payee address; City; State; Zip Code 9200 Waterford Center #100  Austin, TX 78758	
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 Yard Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 20/21	<b>2</b> FILER NAME Our Town Austin	<b>3</b> Filer ID (Ethics Commission Filers) 00090474
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<b>4</b> Date 02/24/2020	<b>5</b> Payee name Super Cheap Signs
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<b>6</b> Amount (\$) \$617.03	<b>7</b> Payee address; City; State; Zip Code 9200 Waterford Center #100  Austin, TX 78758
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/07/2020	Payee name Super Cheap Signs
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Amount (\$) \$690.64	Payee address; City; State; Zip Code 9200 Waterford Center #100  Austin, TX 78758
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yard signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# TEXT ANNOTATION

Sch: 1/1 Rpt: 21/21

FILER NAME

Our Town Austin

Filer ID (Ethics Commission Filers)

00090474

Schedule

C1

Information entered by filer as a memo:

Our Town Austin did not accept any contributions from a corporation or labor organization.