

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090447		2 Total pages filed: 7	
3 COMMITTEE NAME Austin Apartment Association				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 05/03/2021 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 8620 Burnet Road #475 Austin, TX 78757				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Emily NICKNAME LAST SUFFIX Blair				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8620 Burnet Road #475 Austin, TX 78757				
7 CAMPAIGN TREASURER MAILING ADDRESS ☐ Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 323-0990 x101				
9 REPORT TYPE	☒ Monthly ☐ 10th day after campaign treasurer termination ☐ Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	☐ January 5 ☐ April 5 ☐ July 5 ☐ October 5 ☐ February 5 ☒ May 5 ☐ August 5 ☐ November 5 ☐ March 5 ☐ June 5 ☐ September 5 ☐ December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03/26/2021 04/25/2021				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Austin Apartment Association		13 Filer ID (Ethics Commission Filers) 00090447
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) ☐ check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,299.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 109,585.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT	I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Emily Blair _____ 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
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SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Austin Apartment Association		18 Filer ID (Ethics Commission Filers) 00090447
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,299.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	☒ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	☐ SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	☐ SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	☐ SCHEDULE E: LOANS	\$
10.	☐ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	☒ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 20,000.00
15.	☐ 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: Sch: 1/2 Rpt: 4/7
2 FILER NAME Austin Apartment Association		3 Filer ID (Ethics Commission Filers) 00090447
4 Date 03/30/2021	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Archuleta, Danielle 6 Contributor address; City; State; Zip Code 3409 Zebecca Creeks Dr. Austin, TX 78732	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Market Manager		9 Employer (See Instructions) Fetch Package
Date 04/23/2021	Full name of contributor ☐ out-of-state PAC (ID#: _____) Atkinson, Johnny Contributor address; City; State; Zip Code 2500 Comburg Way Austin, TX 78748	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Security Systems Consultant		Employer (See Instructions) ACT Security
Date 04/23/2021	Full name of contributor ☐ out-of-state PAC (ID#: _____) Burleson, Kris Contributor address; City; State; Zip Code 2212 Lookout Range Drive Leander, TX 78641	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Regional VP		Employer (See Instructions) Inter Solutions Staffing
Date 04/23/2021	Full name of contributor ☐ out-of-state PAC (ID#: _____) Domel, Joslyn Contributor address; City; State; Zip Code 115 Oak Ridge Circle Georgetown, TX 78628	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Regional Manager		Employer (See Instructions) Belco Industries
Date 03/26/2021	Full name of contributor ☐ out-of-state PAC (ID#: _____) Fail, Clinton Contributor address; City; State; Zip Code 7125 West Sherman Street Phoenix, AZ 85043	Amount of Contribution (\$) \$650.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) AZ Parts Master

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
2 FILER NAME Austin Apartment Association		3 Filer ID (Ethics Commission Filers) 00090447
4 Date 04/23/2021	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Flores, Rene 6 Contributor address; City; State; Zip Code 2913 Wadsworth Way Austin, TX 78748	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Owner/Manager		9 Employer (See Instructions) Platinum Pools
Date 04/23/2021	Full name of contributor ☐ out-of-state PAC (ID#: _____) Park, Stephani Contributor address; City; State; Zip Code 14157 Running Deer Trail Austin, TX 78734	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Regional Manager		Employer (See Instructions) Avenue 5 Residential
Date 04/25/2021	Full name of contributor ☐ out-of-state PAC (ID#: _____) Walker, Melinda Contributor address; City; State; Zip Code 2808 St. Frances Court Round Rock, TX 78665	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Regional VP		Employer (See Instructions) Churchhill Forge Properties

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 6/7

2 FILER NAME

Austin Apartment Association

3 Filer ID (Ethics Commission Filers)

00090447

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)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 7/7	2 FILER NAME Austin Apartment Association	3 Filer ID (Ethics Commission Filers) 00090447
4 Date 03/31/2021	5 Payee name ATXelerator	
6 Amount (\$) 20,000.00 ☐ Expenditure from corporate funds	7 Payee Address; City; State; Zip 4200 Marathon Blvd Suite 300 Austin, TX 78756	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Organization Support	(b) Description (See instructions regarding type of information required.) Program Sponsorship