FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00090779 3 COMMITTEE NAME **OFFICE USE ONLY** Voices for District 4 Date Received **ELECTRONICALLY FILED** 01/17/2022 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 9010 Quail Creek Drive Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78758 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Sarah NAME NICKNAME LAST **SUFFIX** Pettus STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 9010 Quail Creek Drive STREET **ADDRESS** (Residence or Business) Austin, TX 78758 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 738-1532 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED 01/07/2022 **THROUGH** 01/17/2022 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 01/25/2022 χ Special General **GO TO PAGE 2**

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Con	nmission Filers)	
Voices for District 4			00090779			
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME	<u> </u>			
PURPOSE		Ms. Jade Lovera				
(Attach lists on plain paper to complete this	X Candidate					
report if necessary.)	Officeholder					
		OFFICE SOUGHT (candidate) / OFFICE HEI Council Member, District 4	,			
X SUPPORT				011 5 4 7 5		
(Candidate or Measure)		BALLOT IDENTIFICATION / #	Month	ON DATE Day	Year	
OPPOSE			WORL	Day	real	
(Candidate or Measure)	Managura					
ASSIST	Measure	DESCRIPTION				
(Officeholder)						
15 CONTRIBUTION	1 TOTAL POLITICAL CON		N PI EDGES	1		
TOTALS		EES OF LOANS), UNLESS ITEMIZED	N F LLDGL3,	\$	\$0.00	
	2. TOTAL POLITICAL C			_	#44.000.00	
	(OTHER THAN PLEDGE	ES, LOANS, OR GUARANTEES OF LOANS)		\$	\$41,000.00	
EXPENDITURE	3. TOTAL POLITICAL EXP					
TOTALS				\$	\$0.00	
		\$	\$35,087.11			
			400,001.111			
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE					\$5,912.89	
BALANCE	BALANCE REPORTING PERIOD					
OUTSTANDING	6 TOTAL PRINCIPAL AMO	DUNT OF ALL OUTSTANDING LOANS AS OF	THELAST			
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 pe and correct and includes all information				
		Title 15, Election Code.	in required to be	reported by	ine under	
		Sara	h Pettus			
455W NOT45W	OTAND / OF AL ADOME		ampaign Treasur	er		
AFFIX NOTARY	STAMP / SEAL ABOVE	-				
Sworn to and subscribed	before me, by the said	,		day		
of						
Signature of officer ad	ministering oath Pri	nted name of officer administering oath	Title of office	er administe	ring oath	

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 7 (Ethics Commission Filers) 12 COMMITTEE NAME 13 Filer ID Voices for District 4 00090779 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Mr. Jose "Chito" Vela (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER Council Member, District 4 **SUPPORT** (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR X OPPOSE MEASURE (Candidate or Measure) DESCRIPTION **ASSIST** (Officeholders only)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

			4 of 7
17 COMMITT	(Ethics Commission Filers)		
19 SCHEDUI NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 41,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 35,087.11
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/7
2	FILER NAME Voices for District 4	3	Filer ID (Ethics Commission Filers) 00090779
4	Date 01/10/2022 5 Full name of contributor out-of-state PAC (ID#:) City Accountability Project PAC 6 Contributor address; City; State; Zip Code 5802 Lookout Mountain Dr. Austin, TX 78731	7	Amount of Contribution (\$) \$7,500.00
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	ctions)	
	Date O1/07/2022 Restore Leadership ATX PAC Contributor address; City; State; Zip Code 6836 Austin Center Blvd #280 Austin, TX 78731		Amount of Contribution (\$) \$33,500.00
	Principal occupation / Job title (See Instructions) Employer (See Instruct	ctions)	

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

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)

	Credit Card Payment The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 1/2 Rpt: 6/7	Voices for District 4	00090779							
4	Date	5 Payee name								
	01/11/2022	AustinTexasPrint								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$3,350.00	6448 E Hwy 290 c102								
		Austin, TX 78723								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description							
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.							
	LAFENDITORE		Check if Austin, TX, officeholder living expense							
			Mailers							
_	Operation ONE V if dispose	Open lideta (Office legislation resume	Office held							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/13/2022	AustinTexasPrint								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$3,894.27	6448 E Hwy 290 c102								
		Austin, TX 78723								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description							
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
			Mailers							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/O	1								
	Date	Payee name								
	01/10/2022	HD Campaigns								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$25,000.00	4711 Spicewood Springs Rd. #227								
		Austin, TX 78759								
	PURPOSE		Description							
	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	-	Check if Austin, TX, officeholder living expense							
			Blockwalkers							
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held							
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Densitions Made By
Getting Contributions/ Densitions Made By
Getting Food/Beverage
Contributions/ Densitions Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		Committee Legal Services Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)					
L	<u> </u>				n Guide explains	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	chedule F1: 2 FILER NAME				3	Filer ID	(Ethics Commis	ssion Filers)			
	Sch: 2/2 Rpt: 7/7		Voices for District 4						00090779			
4	Date	5	Payee name									
	01/10/2022		HD Campaigns									
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
l	\$1,100.00			wood Springs	s Rd. #227	·						
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			Austin, TX	78750								
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8	PURPOSE OF	(a)		ee Categories listed		chedule)	(b)	Description	otoi	do of Toyon Con	anlata Cabadula T	
	EXPENDITURE		Salaries/Wa	ages/Contrac	t Labor			=		officeholder livin	nplete Schedule T. g expense	
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ľ	expenditure to benefit C/OI		ouralactor on	ocholder hame	,	011100 000	giit			01110011	oiu	
⊨	Dete	П										
	Date		Payee name									
L	01/07/2022	L	Southside F									
	Amount (\$)		Payee addre		State	e; Zip Co	ode					
	\$871.42		3005 S Lan	nar Blvd								
		Austin, TX 78704										
Г	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Printing Exp		·	,		Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
EXPENDITURE								—	, TX	officeholder livin	g expense	
Pushcards												
l	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
L	experiulture to benefit G/OFI											
	Date		Payee name									
	01/13/2022		Southside F	Printing								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$871.42 3005 S Lamar Blvd											
	Austin, TX 78704											
H	PURPOSE	(a)	Category (c	ee Categories listed	at the ten of this as	ah a dula)	(b)	Description				
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