_	URPOSE CON FINANCE REP			-	ORM SPAC Sheet pg 1
The SPAC Instruction Gu	ide explains how to compl		CCOUNT # (thics Commission Filers)	2 Total pages	filed:
3 COMMITTEE NAME	beol agy il a <i>gp</i> a	RCCCBTATIÚV		OFFIC Date Received	AUSTIN REI IM JIN 1
4 COMMITTEE ADDRESS change of address	ADDRESS / PO BOX: APT / SUIT 6765 HWY 71 B AUSTIW, 7x 787	TE#; CITY; WEST #502-	state, zipoc -/ <i>73</i>	Date Hand-delivere	CEIVED S AM
5 CAMPAIGN TREASURER NAME	NICKNAME L	FIRST TATCY AST 0175	MI SUFFIX	Date Processed X Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE 7807 POW C POSTIW, TX	INSTER	CITY; STATE	E; ZIP CODE	
7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of address	STREET OR POBOX; 78C7 DEWCAR AUSTRU, TK 7	APT/SUITE#,	CITY; STATE	E; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N		EXTENSION		
9 REPORTTYPE	January 15 July 15	30th day before e		Exceeded \$500 limit Dissolution (attach P 10th day after campaig	/AC-DR) In treasurer termination
10 PERIOD COVERED	Month Day 67 /6/ /	Year	THROUGH	Month Da	
11 ELECTION	ELECTION DATE Month Day Year // / 6 / 12	ELECTION TYPE	E Runoff	General	Special
		GO TO PAGE	≣2		

SPECIFIC-PURPOSE COMMITTEE REPORT: FORM SPAC **PURPOSE AND TOTALS** COVER SHEET PG 2 12 COMMITTEE NAME ACCOUNT # (Ethics Commission Filers) GEOGRAPHIC REPRESENTATION AUSTIPUTES FOR 13 COMMITTEE CANDIDATE / OFFICEHOLDER NAME PURPOSE (Attach lists on plain paper to complete this CANDIDATE report if necessary.) SUPPORT OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICEHOLDER (Candidate or Measure) OPPOSE. (Candidate or Measure) BALLOT IDENTIFICATION / # ELECTION DATE MEASURE ASSIST DESCRIPTION (Officeholder) AMENDMENT CITY CHARTER 14 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ **TOTALS** \$ TOTAL POLITICAL EXPENDITURES CONTRIBUTION 5. OTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF THE REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING \$ LOAN TOTALS 15 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying eport is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Compalgn Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subspribed before me, by the said _ _, this the , 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:

FORM SPAC

12 COMMITTEE NAME	V X X		ACCOUNT # (Ethics Commission Filers)	
PUSIVING HOR DE	GLADOIC REROE	EVAJON		
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE			
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (off	iceholder)	
OPPOSE (Candidate or Measure)			ELECTION DATE	
ASSIST (Officeholder)	MEASURE	DESCRIPTION CITY CHANGE PINCUP.	/6/R	
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 698.00			
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4503.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		* 105.28	
	4. TOTAL POLITICAL EXPENDITURES		\$ 4/33,28	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 62.10			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL LAST DAY OF THE	F THE \$		
MAN COMMIS	RETT FRANKLIN SSION EXPIRES at 17, 2014	i swear, or affirm, under penalty of preport is true and correct and include reported by me under Title 15, Election Signature of Campa	s all information required to be on Code.	
Sworn to and subscribe day of the Marketta	Tonison 20 1	said Hacy Sut 5 L., to certify which, witness my Margrett Fan Uh name of pricer administering oath	hand and seal of office. Title of officer administering oath	

,	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages School	edule A:
2 FILER NAME	•		3 ACCOUNT # (E	thics Commission Filers)
AUSTNITES ;	FOR GEOGRAPHIC REPRESENTATION	,		
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/4/13	6 Contributor address; City; State; Zip Code		250,00	
	MOS BURTON DR, AUSTIN T,	x 7874	(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	· ———
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/5/13	AR THA OUBERT Contributor address; City, State, Zip Code		300,00	
	1906 AMEIGH, AWAM, 1x	78763	(If travel outside o	r - of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_		Arnount of contribution (\$)	In-kind contribution description (if applicable)
P/10/13	CLART DEYOUS 6 Contributor address; City; State; Zip Code No Box 68436, NUTTU, 7	K 78768	100,00	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See 1	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/10/13	BRIDGET SHEA CHINPA Contributor address; City; State; Zip Code 2604 GERAGHTY, AUSTIN;		60, a	1
	Leon wanter, meeting	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(If travel outside	 of Texas, complete Schedule T)
Principal occi	pation / Job title (See Instructions)	Employer (See i	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/8/13	Contributor address; City; State; Zip Code		300,00	
, -	1112 W. 9TH, KUSTA, TX 78	763	(If traval outoids	of Toyac complete Schodule T1
Principal occu	pation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)
If con	ATTACH ADDITIONAL COPIES O tributor is out-of-state PAC, please see instru			ng requirements.
1				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

O I I I I	THAN FEEDOLO ON LOAI	·		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	Full name of contributor out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/16/13	6 Contributor address; City; State; Zip Code 3/1/9 SUKGASS, AUSAW, TX 7	8743	2500	!
		,	` 	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/13/13	CAPPENAT COCCO Contributor address; City; State; Zip Code 5609 SPURFLANCE PR		10000	· {
	AUJIW, TK 78759		(If traval outside	of Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions)	Employer (See I		or rexas, complete schedule 1)
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/13/13	Contributor address; City; State; Zip Code 6800 GUN RPUE DR, Aus	:11a TX	250.00	
		78731	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	or rexas, complete contentie 17
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/13/13	Contributor address; City; State; Zip Code		100,00	
	2207 E. 22, MISTA, TX	78122	(If travel outside	of Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/17/13	Contributor address; City; State; Zip Code		1,645,00	,
	1906 RALEIGH, AUSTIN, TX	78103	(If travel outside	I
Principal occu	pation / Job title (See Instructions)	Employer (See t		
if con	ATTACH ADDITIONAL COPIES C			ng requirements.

_	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
AUSTIUM	et for GEOGRAPHIC REPARSENT	TUN		
4 Date	5 Full name of contributor out-of-state PAC (iD#_)	7 Amount of	8 In-kind contribution
12/12/13	6 Contributor address; City; State; Zip Code PO BOL 5674		contribution (\$)	description (if applicable)
/	po Box 5674			1990 COUSCARL
	AUSTIA, TX 78763		(If travel outside	' ENPERTS
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	or rexas, complete ochequie 1)
Date	Full name of contributor 📋 out-of-state PAC (10#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
			Contribution (\$)	description (it applicable)
	Contributor address; City; State; Zip Code		(If traval outside a	
Principal occu	upation / Job title (See Instructions)	Employer (See I	instructions)	of Texas, complete Schedule T)
	<u> </u>			
Date	Full name of contributor Out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			{ [
			,	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See i	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			<u> </u>
			(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		rexas, complete consider 1)
Date	Full name of contributor out-or-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	·		
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		
lf con	ATTACH ADDITIONAL COPIES C tributor is out-of-state PAC, please see instr			ng requirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CAT	regories for Box 8(4	 a)	
Advertising Expense		aries/Wages/Contract Labor	Loan Repayment	Reimbursement
Accounting/Banking	Legal Services Soli	citation/Fundraising Expense	- •	uipment & Related Expense
Consulting Expense	Food/Beverage Expense Trav	vel in District	Contributions/Dor	
Event Expense	Polling Expense Trav	vel Out Of District	Candidate/Offi	ceholder/Political Committee
Fees	Printing Expense Office	ce Overhead/Rental Expense	OTHER (enter a d	category not listed above)
	The Instruction Guide exp	ains how to complete this f	lorm.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUN	IT # (Ethics Commission Filers)
<u> </u>	AUSTRUMOS FOR GEOGRAPHIC	ACPACIONTATION		
4 Date	5 Payee name			
8/ 69 /13	AUDY MALUGAUX	•		
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
258,00		,		
	1601 ASTER PL.			
Expenditure from corporate funds	AUSTO, TX 78721			
	(a) Category (See categories listed at the top of th	In anhaduta) (B) Descriptiv	OD (If traval autoida af Tr	exas, complete Schedule T)
8 PURPOSE OF	(a) Category (see categories listed at the top of th	s schedule) (b) Descriptio	TI (II traverouskie or re	xas, complete scriedule 1)
EXPENDITURE	CONSLITING EXPENSE	=		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ıght	Office held
expenditure to benefit Ci	ОН			
Date	Payee name			
8/16/13				
	RUDY MACUEAUX Payee address; City; State;			
Amount (\$)	· · · · · · · · · · · · · · · · · · ·	Zip Code		
300,00	1601 ASTOR PC			
Expenditure from	AUSTA, 1/ 78721			
Ll corporate funds				
PURPOSE	Category (See categories listed at the top of thi	s schedule) Description	on (If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	consulars Expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ight	Office held
expenditure to benefit C/	ОН			
Date	Payee name			
12/16/13	AUNY MOINEAUX			
Amount (\$)	Payee address; City; State;	Zin Code		
7500	1601 Auston PL.	2.5 0000		
Expenditure from corporate funds	AUSTA, TX 78121	<i>r</i>		
PURPOSE	Category (See categories listed at the top of the		On (If travel outside of Te	xas, complete Schedule T)
OF			•	
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ight	Office held
expenditure to benefit C/	ОН			
Date	Payee name			
8/15/13	LADA CUMS			
Amount (\$)	Payee address; City; State;	Zin Code		
220,00		2.p 0000		
_	150 SOUTH SHEAR		-	
Expenditure from corporate funds	1565/10P, TX 786	2		
PURPOSE	Category (See categories listed at the top of thi		On (If travel outside of Te	xas, complete Schedule T)
OF	C. 15.			•
EXPENDITURE	EVENT EXPENSE	FOOD,	BEVERAG	<u> </u>
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ıght	Office held
expenditure to benefit C/	ОН			
	ATTAOU ADDITIONAL COD		- NEEDED	
i	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE A	2 4FFNFD	

POLITICAL EXPENDITURES

SCHEDULE F

					
	EXPENDITURE	CATEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Cor Solicitation/Fundrain Travel In District Travel Out Of Distr Office Overhead/Re	ntract Labor sing Expense rict ental Expense	Loan Repaymen Transportation E Contributions/Do Candidate/Of OTHER (enter a	t/Reimbursement equipment & Related Expense mations Made By ficeholder/Political Committee category not listed above)
A Total and a Cabadula Fr		explains now to c	complete tills 10		
1 Total pages Schedule F:	2 FILER NAME			3 ACCOU	INT # (Ethics Commission Filers)
	AUSTRICES FOR GEOGRAPHIC	- ACPRESCHT	atou		
4 Date	5 Payee name				
12/17/13	RUDY MALUE AU) 7 Payee address; City; Sta	<u> </u>			
6 Amount (\$)		ite; Zip Code			
1000.00	1601 ASTOR PC				
Expenditure from corporate funds	Austa, 7x 78/2	1			
· · · · ·	(a) Category (See categories listed at the to		(h) Description	. Od samuel experies ed 1	Favor as malata Cabadula Ta
8 PURPOSE OF	(See Categories liated at the to	p of dissacriedale)	(b) Description	i (ii uaverouside or i	fexas, complete Schedule T)
EXPENDITURE	Consulting FRE	NET			
9 Complete ONLY if direct	Candidate / Officeholder name)	Office soug	ht	Office held
expenditure to benefit C/	ЮН				
	T Davis name				
Date /2//3	Payee name	W			
Amount (\$)	AUDY MALUEAU Payee address; City; S	tate: 7in Code			
1,500,00	_	tate, Zip code			
Expenditure from	1601 ASBAR 1C.				
corporate funds	AUSTR, TX 781.	2_/			
PURPOSE	Category (See categories listed at the to		Description	I (If travel outside of 7	Texas, complete Schedule T)
OF		,	,	•	
EXPENDITURE	CONSULTANG DOPE	wSt-			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office soug	ht	Office held
Date	Payee name		•		
Amount (\$)	Payee address; City; S	tate; Zip Code			
Expenditure from					
corporate funds					
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of 1	fexas, complete Schedule T)
OF EXPENDITURE					
	Candidate / Officeholder name		Office soug	ht	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/			Onice song	146	Office field
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code		•	
Expenditure from corporate funds					
<u> </u>	Category (See categories listed at the to	n of this schedule)	Description	(If travel outside of 1	[exas, complete Schedule T]
PURPOSE OF	Contragor y (one caregories named at the to	_ J. and poriougie)	Jesonpuon	. (ii na-aloubide di l	ense, complete derieddid 1)
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	ht	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDIU FAS	NEEDED	·
1	AT TACITADOLI IONAL C	C. 12001 11810	JUILLOULL AG		