

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 08221	2 Total pages filed: 2
3 COMMITTEE NAME AUSTIN ENVIRONMENTAL DEMOCRATS PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 604 WEST 11TH STREET AUSTIN, TX 78701-2607	Date Received	AUSTIN CITY CLERK RECEIVED 2014 JAN 15 PM 1 56
		HD / PM	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms MARY ANN NICKNAME LAST SUFFIX NEELY	Receipt # Amount	
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1908 BARTON PARKWAY AUSTIN, TX 78704	Date Imaged	
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1908 BARTON PARKWAY AUSTIN, TX 78704		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 496-7083		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 7 / 1 / 2013    12 / 31 / 2013		
11 ELECTION.	ELECTION DATE Month Day Year 3 / 4 / 2014	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	

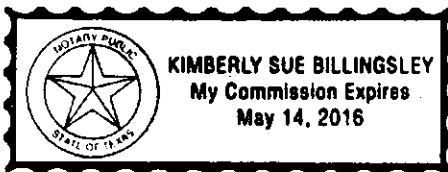
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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME <u>AUSTIN ENVIRONMENTAL DEMOCRATS PAC</u>		ACCOUNT # (Ethics Commission Filers) <u>68221</u>
13 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  <u>ALL DEMOCRATIC CANDIDATES</u>
		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)	
14 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ <u>486.40</u>
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>486.40</u>
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>350.-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>350.-</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1731.72</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.-</u>

## 15 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.

Mary Ann Neely  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Ann Neely, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.

Kimberly A. Billingsley  
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath