

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) 00066477		2 PAGE # 1 of 3	
3 COMMITTEE NAME Stonewall Democrats of Austin				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 40898 Austin, TX 78704			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mr. Rich NICKNAME LAST SUFFIX Bailey			
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7107 Tawny Circle Austin, TX 78745-6426			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE PO Box 2062 Austin, TX 78768-2062			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 771-3538			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 02/23/2014 06/30/2014			
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11/04/2014			

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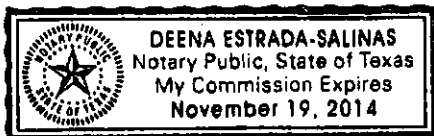
GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME Stonewall Democrats of Austin		ACCOUNT # 00066477		
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 Democratic Party		
		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 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$100 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <input checked="" type="checkbox"/> Check here if this report qualifies for the higher itemization threshold.		\$ 420.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 420.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 16.66	
	4. TOTAL POLITICAL EXPENDITURES		\$ 883.31	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,033.55	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00	

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.



Rich Bailey

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rich Bailey, this the 10th dayof July, 2014, 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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 3 of 3		2 FILER NAME Stonewall Democrats of Austin		3 ACCOUNT # (TEC filers) 00066477	
4 Date 04/07/2014		5 Payee name Texas Stonewall Democratic Caucus			
6 Amount (\$) \$35.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address City; State; Zip Code P. O. Box 42200 Austin, TX 78704-2200			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - Membership Dues		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Quarterly membership dues	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/16/2014		Payee name Texas Stonewall Democratic Caucus			
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code P. O. Box 42200 Austin, TX 78704-2200			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship of TSDC Reception at State Conventi - on	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/18/2014		Payee name Travis County Democratic Party			
Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code 1311 E. 6th St Austin, TX 78702-3368			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Table at the County Convention	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 04/28/2014		Payee name Worley Printing			
Amount (\$) \$431.65 <input type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code 3217 IH-35 North Austin, TX 78722-2203			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Business cards,stickers,Thank You cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	