

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>3</b>
3 COMMITTEE NAME <b>AUSTIN 1705 FOR GEOGRAPHIC REPRESENTATION</b>			<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged <b>2014 JUL 15 PM 1 38</b> <b>AUSTIN CITY CLERK RECEIVED</b>
4 COMMITTEE ADDRESS  <input checked="" type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>7807 DONCASTER AUSTIN, TX 78745</b>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>STACY L</b> NICKNAME LAST SUFFIX <b>SUITS</b>		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>7807 DONCASTER AUSTIN, TX 78745</b>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>7807 DONCASTER AUSTIN, TX 78745</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 554-2710</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>01 / 01 / 2014</b> THROUGH <b>06 / 30 / 2014</b>		
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 <b>11 / 06 / 12</b>		
<b>GO TO PAGE 2</b>			

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

## 12 COMMITTEE NAME

AUSTINITES FOR GEOGRAPHIC REPRESENTATION

ACCOUNT # (Ethics Commission Filers)

## 13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

☒ SUPPORT  
(Candidate or Measure)

☐ OPPOSE  
(Candidate or Measure)

☐ ASSIST  
(Officeholder)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day YearPROP 3  
DESCRIPTION

11 / 6 / 12

CITY CHARTER ELECTION

## 14 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

## EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

62.10

4. TOTAL POLITICAL EXPENDITURES

\$

62.10

## CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

## OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

## 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.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stacy Lynn Suits, this the 15th day of July, 20 14, 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 COMMITTEE AFFIDAVIT OF DISSOLUTION

## FORM PAC - DR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Dissolution" \*\*

**1 COMMITTEE NAME**

*AUTOMATOS FOR GEOGRAPHIC REPRESENTATION*

**2 ACCOUNT # (Ethics Commission Filers)**
**3 Affidavit of Dissolution**

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.



Signature of Campaign Treasurer

**DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED**



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Jean Stacy Lynn Smith*, this the 15<sup>th</sup> day of July, 2014, to certify which, witness my hand and seal of office.

*J Richardson*  
 Signature of officer administering oath

*Jennifer Richardson*  
 Printed name of officer administering oath

*Notary*  
 Title of officer administering oath