Texas Ethics Commission	P.O. Box 12070	Austin, Texas	s 78711-2070	(512) 46	3-5800 (TDI	1-800-735-2989)	
	URPOSE COM FINANCE REP		•		For Cover Si	RM SPAC HEET PG 1	
The SPAC Instruction Gu	ide explains how to comple	ete this form.	1 ACCOUNT # (Ethics Commissi	ion Filers)	2 Total pages file	ıd:	
3 COMMITTEE NAME	·	 		-	OFFICE USE NLY		
KEEP AUSTIN AF	Date Received	JUL					
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUIT	TE#; CI	TY: STATE;	ZIP CODE		IN CITY C RECEIVED	
change of address					Date Hand-delivered or Receipt#	Postmarked C	
5 CAMPAIGN TREASURER NAME	MS/MRS/MR F	IRST ARD		MI	Date Processed		
	NICKNAME L	AST RSE		SUFFIX	Date Imaged		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY; STATE; ZIP CODE 401 CONGRESS, SUITE 2200, AUSTIN, TEXAS 78701						
7 CAMPAIGN TREASURER'S MAILING ADDRESS change of address	PO BOX 98, AUSTIN	APT / SUI		STATE:	ZIP CODE		
8 CAMPAIGN	AREA CODE PHONE N	IUMBER	EXTENS	ion			
TREASURER PHONE	(512) 480-50	600					
9 REPORTTYPE	January 15 X July 15		petore election		Exceeded \$500 fimit Dissolution (attach PAC	·	
10 PERIOD COVERED	Month Day	Year	THROUGH		Month Day	Year 14	
11 ELECTION	ELECTION DATE Month Day Year 11 05 13		ON TYPE	Runoff	General ,	Special	
		GOTOF	AGE 2				

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

P.O. Box 12070

FORM SPAC COVER SHEET PG 2

						
12 COMMITTEE NAME			ACCOUNT # (Ethics Commission Filers)			
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME				
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE					
X SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (of	ficeholder)			
OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION / # ELECTIO Month Day				
ASSIST (Officeholder)	MEASURE	DESCRIPTION HOUSING BONDS	1 Day Year 13			
14 CONTRIBUTION TOTALS	•	CONTRIBUTIONS OF \$50 OR LESS (OTHER THE, OR GUARANTEES OF LOANS), UNLESS ITEM	1 7			
	2. TOTAL POLITIC	\$ 0				
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EMIZED \$				
	4. TOTAL POLITIC	\$ 102.96				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTI	\$ 3,731.37				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL LAST DAY OF THE	F THE \$				
15 AFFIDAVIT		I swear, or affirm, under penalty of preport is true and correct and include reported by me under Title 15, Elect	es all information required to be			
		Signature of Camp	aign Treasurer			
A = A + A A	ped before me, by the	said Edward S. Ma				
fleigh and T	July 20_	$\frac{14}{14}$, to certify which, witness my	hand and seal of office.			
Signature of officer administra	ering oath Printer	d name of officer administering oath	Title of officer administering oath			
FUTADETH VAV HAVS						

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

	•	•	,			·	
		EXPENDITURE	CATEGORIES	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	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R	ntract Labor sing Expense rict ental Expense	Loan Repayment/Re Transportation Equip Contributions/Donation Candidate/Officer OTHER (enter a cate	ment & Related Expense	
		The Instruction Guide	e explains how to	complete this for	.,		
1	Total pages Schedule F: 1	2 FILER NAME KEEP AUSTIN AFFORDABLE 3 ACCOUNT # (Ethics Commission Filers)					
4	Date 1/14/14	5 Payee name FMP COMPUTER SERVICE	ES	•			
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	102.96	PO BOX 126, LEANDER,	TEXAS 78646				
8	PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING (b) Description (If travel outside of Texas, complete Schedule) WEBSITE SERVICES			s, complete Schedule T)		
9	Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder nam	e	Office soug	ht	Office held	
	Date	Payee name					
	Amount (\$)	Payee address; City; S	State; Zip Code				
	PURPOSE OF EXPENDITURE	Category (See calegories listed at the t	op of this schedule)	Description	(If travel outside of Texas	s, complete Schedule T)	
	Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder nam OH	8	Office soug	ht	Office held	
	Date	Payee name					
	Amount (\$)	Payee address; City; S	State; Zip Code		·		
	PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule)	Description	(If travel outside of Texa	s, complete Schadule T)	
	Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nam OH	Ю	Office soug	ht	Office held	
	Date	Payee name		.,			
	Amount (\$)	Payee address; City; S	State: Zip Code		-		
	PURPOSE OF EXPENDITURE	Category (See calegories listed at the	top of this schedule)	Description	n (If travel outside of Texa	s, complete Schedule T)	
	Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam OH	10	Office soug	pht	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED