

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00016265

2 PAGE #
1 of 5

3 COMMITTEE NAME

Austin Apartment Association PAC

OFFICE USE ONLY

Date Received

2014 SEP 5 PM 12:02
 RECEIVED
 AUSTIN CITY CLERK

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT/SUITE #; CITY; STATE ZIP CODE

4107 Medical Parkway
Suite 100
Austin, TX 78756

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR
Ms.

FIRST
Kristan

MI

Receipt #

Amount

NICKNAME

LAST
Arrona

SUFFIX

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8620 Burnet Road
Suite 475
Austin, TX 78757

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8620 Burnet Road
Suite 475
Austin, TX 78757

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 323-0990

9 REPORT TYPE

☒ Monthly
(Enter date below)

☐ 10th day after campaign
treasurer termination

☐ Dissolution
(attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

☐ January 5
☐ February 5
☐ March 5

☐ April 5
☐ May 5
☐ June 5

☐ July 5
☐ August 5
☒ September 5

☐ October 5
☐ November 5
☐ December 5

11 PERIOD COVERED

Month Day Year

07/26/2014

THROUGH

Month Day Year

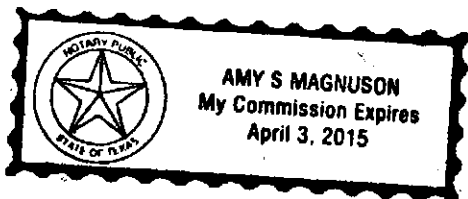
08/25/2014

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Austin Apartment Association PAC		ACCOUNT # 00016265
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
		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 \$10 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$20 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold.		\$ 932.50
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 11,215.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,144.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 119,702.06
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.

Kristan J. Arrona

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kristan J. Arrona, this the 2nd day of September, 2014, to certify which, witness my hand and seal of office.

Amy S. Magnuson
Signature of officer administering oath

Amy S. Magnuson
Printed Name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 3/5	
2 FILER NAME Austin Apartment Association PAC		3 ACCOUNT # (Ethics Commission filers) 00016265	
4 Date 08/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrews, Carol (Ms.) 6 Contributor address; City; State; Zip Code 22503 Lantana Drive Magnolia, TX 77355	7 Amount of contribution (\$) \$24.75	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Sales		10 Employer (See Instructions) Move.com	
Date 08/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Apartment Association of Greater Dallas-PAC Contributor address; City; State; Zip Code 4230 L.B.J. Freeway Suite 140 Dallas, TX 75244	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bisson, Conney Contributor address; City; State; Zip Code 507 Beverly Lane Leander, TX 78641-2492	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) IMT Residential	
Date 08/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Tami (Mrs.) Contributor address; City; State; Zip Code 11304 Doss Hills Drive Austin, TX 78750	Amount of contribution (\$) \$133.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Regional Manager		Employer (See Instructions) Avalon Bay	
Date 08/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rackley, Josh (Mr.) Contributor address; City; State; Zip Code 3504 Ashmere Loop Round Rock, TX 78681	Amount of contribution (\$) \$24.75	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Buzz Marketing	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 4/5	
2 FILER NAME Austin Apartment Association PAC		3 ACCOUNT # (Ethics Commission filers) 00016265	
4 Date 08/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schneider, Shonna (Ms.) 6 Contributor address; City; State; Zip Code 515 Sunrise Terrace Cedar Park, TX 78613	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Sales		10 Employer (See Instructions) The Liberty Group	

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 # Schedule: 1/1 Report: 5/5		2 FILER NAME Austin Apartment Association PAC		3 ACCOUNT # (TEC filers) 00016265	
4 Date 08/01/2014		5 Payee name American Express			
6 Amount (\$) \$136.88 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address City: State: Zip Code PO Box 53852 Phoenix, AR 85072-3852			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 08/06/2014		Payee name Schwertner, Charles (Dr.)			
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address City: State: Zip Code PO Box 2448 Georgetown, TX 78627			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 08/01/2014		Payee name Wells Fargo Bank			
Amount (\$) \$7.95 <input type="checkbox"/> Expenditure from corporate funds		Payee address City: State: Zip Code 1901 West William Cannon Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 08/06/2014		Payee name Workman, Paul (Mr.)			
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address City: State: Zip Code PO Box 90671 Austin, TX 78709-0671			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			