

**MONTHLY FILING GENERAL-PURPOSE
COMMITTEE CAMPAIGN FINANCE REPORT**
COPY
**FORM MPAC
COVER SHEET PG 1**

The MPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00015883		2 PAGE # 1 of 11	
3 COMMITTEE NAME Austin Police Association PAC				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX: APT/SUITE #: CITY: STATE ZIP CODE 5817 Wilcab Road Austin, TX 78721			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Valencia NICKNAME LAST SUFFIX Escobar		Receipt # Amount 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 5817 Wilcab Road Austin, TX 78721			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 5817 Wilcab Road Austin, TX 78721			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 474-6993 213			
9 REPORT TYPE		<input checked="" type="checkbox"/> Monthly (Enter date below) <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE		<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input checked="" type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5			
11 PERIOD COVERED		Month Day Year 08/26/2014 THROUGH 09/25/2014			

GO TO PAGE 2

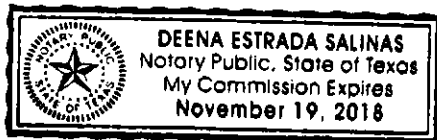
MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Austin Police Association PAC		ACCOUNT # 00015883
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 Ora Houston for Austin City Council District 1
		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.
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 3,010.80
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,084.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 66,887.99
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.



Jimmie K. Williams
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jimmie Williams, this the 29th day of September, 2014, to certify which, witness my hand and seal of office.

Deena Estrada Salinas
Signature of officer administering oath

Deena Estrada Salinas
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**MONTHLY FILING GPAC REPORT:
PURPOSE****FORM MPAC
ADDENDUM**

Page 3 of 11

COMMITTEE NAME Austin Police Association PAC		ACCOUNT # 00015883
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 Delia Garza for Austin City Council District 2 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)	
	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported Katrina Daniel for Austin City Council District 4 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)	
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 Robert Thomas for Austin City Council Dist. 10 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)	

**MONTHLY FILING GPAC REPORT:
PURPOSE****FORM MPAC
ADDENDUM**

Page 4 of 11

COMMITTEE NAME Austin Police Association PAC		ACCOUNT # 00015883
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)	Kirk Watson, Texas Senator
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 Melissa Zone for Austin City Council Dist. 7
		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)	
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)	Kirk Watson, Texas Senator

**MONTHLY FILING GPAC REPORT:
PURPOSE****FORM MPAC
ADDENDUM**

Page 5 of 11

COMMITTEE NAME Austin Police Association PAC

ACCOUNT #

00015883

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)	Dawnna Dukes, TX State Representative

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 6/11	
2 FILER NAME Austin Police Association PAC		3 ACCOUNT # (Ethics Commission filers) 00015883	
4 Date 09/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bigongiari, Anthony (Mr.) 6 Contributor address; City; State; Zip Code 715 E. 8th Street Austin, TX 78701	7 Amount of contribution (\$) \$18.00	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) Austin Police Officer		10 Employer (See Instructions) Austin Police Department	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Michael (Mr.) Contributor address; City; State; Zip Code 715 E. 8th Street Austin, TX 78701	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Austin Police Officer		Employer (See Instructions) Austin Police Department	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casaday, Kenneth (Mr.) Contributor address; City; State; Zip Code 715 E. 8th Street Austin, TX 78701	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Austin Police Officer		Employer (See Instructions) Austin Police Department	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crumrine, Michael (Mr.) Contributor address; City; State; Zip Code 715 E. 8th Street Austin, TX 78701	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Austin Police Officer		Employer (See Instructions) Austin Police Department	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dusterhoff, Jason (Mr.) Contributor address; City; State; Zip Code 715 E. 8th Street Austin, TX 78701	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Austin Police Officer		Employer (See Instructions) Austin Police Department	

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 7/11

2 FILER NAME Austin Police Association PAC**3** ACCOUNT # (Ethics Commission filers)

00015883

4 Date

09/06/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
McDonald, David (Mr.)**6** Contributor address; City; State; Zip Code
715 E. 8th Street
Austin, TX 78701**7** Amount of
contribution (\$)

\$20.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)
Austin Police Officer**10** Employer (See Instructions)
Austin Police Department

Date

09/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Price, Joseph (Mr.)Contributor address; City; State; Zip Code
715 E. 8th Street
Austin, TX 78701Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Austin Police OfficerEmployer (See Instructions)
Austin Police Department

Date

09/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Shirley, Rick (Mr.)Contributor address; City; State; Zip Code
715 E. 8th Street
Austin, TX 78701Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
Austin Police OfficerEmployer (See Instructions)
Austin Police Department

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: 1/4 Report: 8/11	2 FILER NAME Austin Police Association PAC	3 ACCOUNT # (TEC filers) 00015883
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4 Date 09/23/2014	5 Payee name Austin Police Association
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6 Amount (\$) \$265.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 5817 Wilcab Road Austin, TX 78721
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Refund credit card use: food for meet and greet austin city council candidate reception <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/22/2014	Payee name Chiappardi, Jason (Mr.)
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Amount (\$) \$47.35 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 5817 Wilcab Road Austin, TX 78721
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement: food expense for PAC Committee business meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/22/2014	Payee name Dawnna Dukes Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code P.O. Box 14645 Austin, TX 78761
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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 to fundraising efforts to reelect Dawnna Dukes for TX Representative <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Dukes, Dawnna (Ms.)	Office sought:	Office held: State Representative District 46
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Date 08/26/2014	Payee name Escobar, Valencia (Mrs.)
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Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 5817 Wilcab Road Austin, TX 78721
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Monthly fee for bank reconciliatin & PAC reportings for the month of Sept. 2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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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: 2/4 Report: 9/11		2 FILER NAME Austin Police Association PAC		3 ACCOUNT # (TEC filers) 00015883	
4 Date 09/17/2014		5 Payee name Harkrider Group, LLC			
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address City: State: Zip Code P.O. Box 11550 Austin, TX 78711			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting Services for 2014 Austin City Council Election <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Daniel, Katrina (Mrs.)		Office sought: Austin City Council District 4 Office held:	
Date		Payee name (see previous)			
Amount (\$)		Payee address City: State: Zip Code			
<input type="checkbox"/> Expenditure from corporate funds					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Garza, Delia (Mrs.)		Office sought: Austin City Council District 2 Office held:	
Date		Payee name (see previous)			
Amount (\$)		Payee address City: State: Zip Code			
<input type="checkbox"/> Expenditure from corporate funds					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Houston, Ora (Mrs.)		Office sought: Austin City Council District 1 Office held:	
Date		Payee name (see previous)			
Amount (\$)		Payee address City: State: Zip Code			
<input type="checkbox"/> Expenditure from corporate funds					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Thomas, Robert (Mr.)		Office sought: Austin City Council District 10 Office held:	

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: 3/4 Report: 10/11		2 FILER NAME Austin Police Association PAC		3 ACCOUNT # (TEC filers) 00015883	
4 Date 09/10/2014		5 Payee name Kelly Graphics			
6 Amount (\$) \$9,222.04 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address City: State: Zip Code 1409 Quaker Ridge Austin, TX 78746			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Mailer supporting Austin City Council Candidates Districts 1,2,4 & 10 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Daniel, Katrina (Mrs.)		Office sought: Austin City Council District 4 Office held:	
Date		Payee name (see previous)			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Garza, Delia (Mrs.)		Office sought: Austin City Council District 2 Office held:	
Date		Payee name (see previous)			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Houston, Ora (Mrs.)		Office sought: Austin City Council District 1 Office held:	
Date		Payee name (see previous)			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Thomas, Robert (Mr.)		Office sought: Austin City Council District 10 Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
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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: 4/4 Report: 11/11		2 FILER NAME Austin Police Association PAC		3 ACCOUNT # (TEC filers) 00015883	
4 Date 09/22/2014	5 Payee name Kirk Watson Campaign, Kirk (Mr.)				
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City: State: Zip Code P.O. Box 2004 Austin, TX 78768				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution to fundraiser to benefit the reelection of Senator Kirk Watson <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Watson, Kirk (Mr.) Office sought: Office held: State Senator District 14		
Date 09/22/2014	Payee name Kirk Watson Campaign, Kirk (Mr.)				
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City: State: Zip Code P.O. Box 2004 Austin, TX 78768				
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 for fundraising event to benefit the Kirk Watson campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Watson, Krik (Mr.) Office sought: Office held: State Senator District 14		
Date 09/22/2014	Payee name Melissa Zone Campaign				
Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City: State: Zip Code P.O. Box 10773 Austin, TX 78766				
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 to elect Melissa Zone to Austin City Council District 7 <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Zone, Melissa (Mrs.) Office sought: Office held: Austin City Council District 7		