

**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) 47-1938750	2 Total pages filed:
--	--	----------------------

3 COMMITTEE NAME AUSTIN COMMUNITY COMMISSION	OFFICE USE ONLY
--	-----------------

4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1300 W. OUTLER SUITE #6 AUSTIN, TX 78704	Date Received 2014 OCT 6 PM 2 18 HD / PM Receipt # Amount Date Processed Date Imaged
---	---	--

5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX MR. WILLIAM H ABELL	RECEIVED AUSTIN CITY CLERK
---------------------------	---	-------------------------------

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE 1300 W. OUTLER SUITE #6 AUSTIN, TX 78704
---	--

7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY, STATE, ZIP CODE SAME AS ABOVE
--	--

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-1551 7105
----------------------------	--

9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff
---------------	--

10 PERIOD COVERED	Month Day Year 9 / 12 / 14 THROUGH	MANDY N CLARK Austin City Clerk This Seal Expires 9 / 25 / 14
-------------------	--	---

11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
-------------	---	--

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME AUSTIN COMMUNITY COALITION	ACCOUNT # (Ethics Commission Filers) 47-1938750
--	---

13 COMMITTEE ACTIVITY <small>(attach lists on plain paper to complete this report if necessary.)</small>	1. Candidates <small>(identify by name or, if applicable, classify by party)</small>	A. Supported <u> </u>
		B. Opposed <u> </u>
	2. Measures <small>(describe by date and location of election and nature of issue)</small>	A. Supported <u> </u>
		B. Opposed <u> </u>
	3. Officeholders Assisted <small>(identify by name or, if applicable, classify by party)</small>	<u> </u>

14 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u> </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u> </u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u> </u>

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.



W. H. Proell
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William H Proell, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

<u>MJC</u> Signature of officer administering oath	Mandy N Clark Printed name of officer administering oath	Notary 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" ••

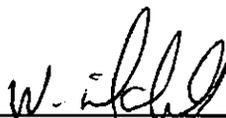
1 COMMITTEE NAME

ACTIVITIES FOR MOBILITY EFFORTS

2 ACCOUNT # (Ethics Commission Filers)

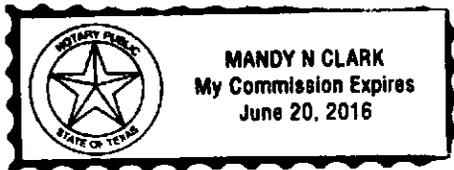
3 Affidavit of Dissolution

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 William H Stahl, this the 6th day of OCTOBER, 20 14, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Mandy N Clark

Printed name of officer administering oath

Notary

Title of officer administering oath